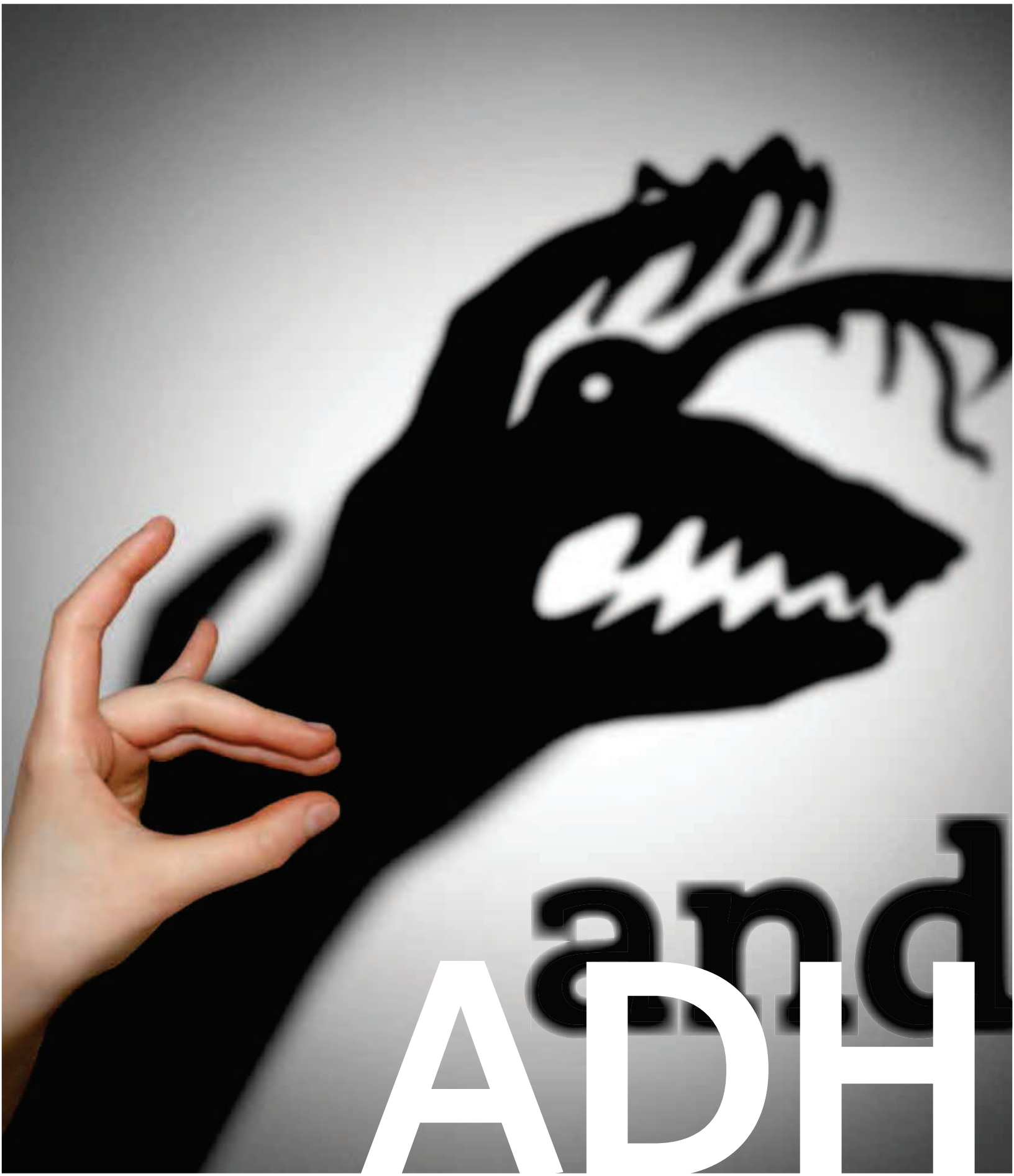
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OCD

by Roberto Olivardia, PhD

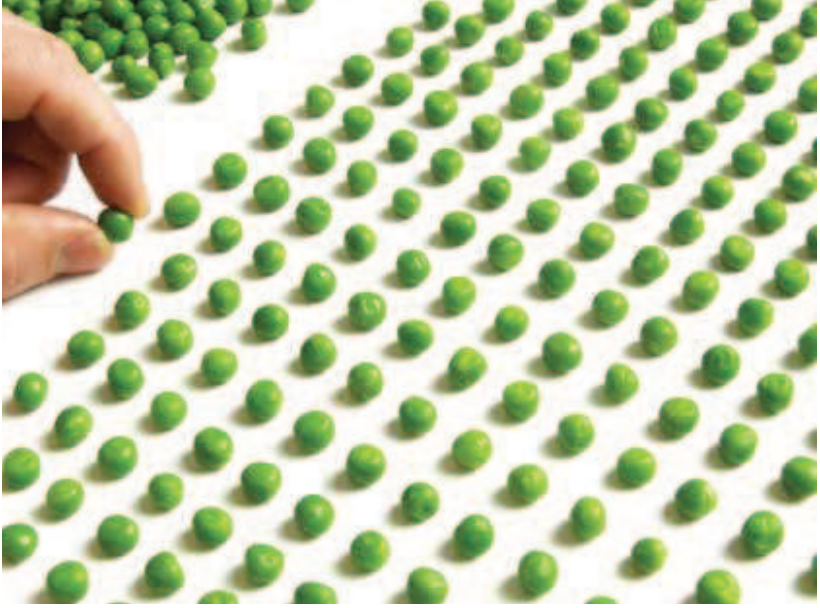
Jane,* a 35-year-old mother of two, struggles with the tormenting thought that she will harm her children, even though she has no desire to. She fears giving them a bath, worrying that she will want to scald them with hot water or drown them. Her husband had to feed them as infants, since she feared that she would want to choke them. She cannot even hug them since she obsesses that she wants to squeeze them to death.

Bob* is a 26-year-old attorney who recently got divorced because he required his wife to adhere to his compulsive rituals. This included taking off all clothes immediately upon entering the house and placing them in a hamper, washing hands multiple times in an hour, never preparing or cooking meat in the house, and taking a shower within an hour of bedtime. Failure to follow these rules (and many others) resulted in Bob having panic attacks at the thought that he could be exposed to a bacterial or viral contamination that could eventually kill him.

Ten-year-old Katherine* is convinced that every time she has a "negative" thought she will go to hell. She spends an immense amount of energy trying not to have any negative thoughts. This means never being angry, upset, offended, frustrated, sad, or anxious about anything. Recently she was annoyed at her teacher for giving a lot of homework. Feeling that this constituted an immorality that would send her to hell, Katherine spent the next five hours in school trying to "undo" the thought by repeating the statement "Please forgive me for my sins" over and over again.

Jane, Bob, and Katherine are among the millions of people who struggle with obsessive-compulsive disorder (OCD), a tormenting mental illness that affects approximately one in 100 or three million adults, and one in 200 or 500,000 children and adolescents.

*All names have been changed for confidentiality purposes.



What is OCD?

OCD is characterized by obsessions and/or compulsions. Obsessions are recurrent thoughts, mental images or impulses that hijack the mind, causing a significant degree of anxiety and worry. This is beyond the everyday worries that everyone has. Obsessions often fall into the following categories:

- **Contamination** ("I fear I have AIDS from sitting on the subway.")
- **Harm** *("I worry that I have killed someone when driving over the slightest bump.")*
- **Perfectionism** *("I have to talk 'perfectly' or others will think I am a complete idiot.")*
- **Moral or religious obsessions** *("If I offend anybody, I will spend an afterlife in hell.")*
- **Intrusive sexual or violent thoughts never accompanied by actual desire or arousal** *("I have the horrific thought that I am a pedophile, so I avoid any contact with my children.")*

A compulsion is an attempt to cancel out the worrying thought by performing and repeating a behavior. Examples include repeating a phrase in one's mind, checking behaviors, reassurance seeking, or compulsive praying. The need to perform these compulsive rituals can be great, even though sufferers may find them completely irrational. For example, Eduardo has intrusive images of his mother having breast cancer (even though she has never had cancer and has no family history of cancer) throughout the day. To ward off the anxiety of this, he is driven to count in even numbers for up to 10-15 minutes each time in an attempt to prevent his mother from getting the disease. Even though he feels that this is ridiculous to do, he feels driven to do it.

These symptoms causes significant interference in a person's social, academic, occupational, and life functioning. Poor self-esteem, depression, sleep problems, relationship problems, and job interference are just some of the consequences of OCD. Studies have found that as many as 59 percent of people with OCD have suicidal ideation, and 27 percent have made at least one suicide attempt. It is a tormenting disorder.

ADHD & OCD: An interesting relationship

ADHD and OCD co-occur more commonly than people might think. Approximately 30 percent of people with OCD also have ADHD. It is unclear how many people with ADHD also have OCD. Both people with ADHD and people with OCD have various executive functioning deficits.

People with OCD are too fixated on a stimulus they regard as threatening, finding it difficult to pay adequate attention to whatever they are supposed to be attentive to. They are unable to filter out irrelevant data, due to feeling anxious that they might miss something. Difficulty in prioritizing what is most important can be a major task, since everything is perceived as equally important. People affected by OCD are unable to filter out obsessive thoughts. These obsessive thoughts present as a major distraction from any life task. Those with OCD have been shown to have cognitive deficits in visual memory tasks, where they may overly focus on a small detail of something, but fail to remember the Gestalt or wholeness of the image. It is easy to mistake these executive functioning issues as being ADHD-related, when they are part of an OCD diagnosis.

It is important to properly diagnose whether someone struggles with OCD, ADHD, or both. Here are important facts to consider.

1. Attention-deficit issues need to be carefully assessed to ascertain what is the ADHD and what is the OCD.
2. Since either disorder runs the risk of being incorrectly subsumed under the other disorder, if a person is diagnosed with one, he or she should always be assessed for the other.
3. When people have both ADHD and OCD, the symptoms can often work in unison. For example, a patient may worry that he will get distracted, due to his ADHD, and develop a compulsive ritual (such as saying the alphabet quickly five times) that he hopes will protect him from getting off-track.
4. There are still many misconceptions about both ADHD and OCD, such as the thought that everyone with ADHD does not succeed in school or that everyone with OCD is super-organized. The presence of both disorders can affect the presentation of either disorder. For example, the presence of the OCD often reduces some of the impulsive symptoms typically seen in ADHD. The presence of the ADHD can sometimes make even following through on compulsions difficult, which can exacerbate anxiety for the person.

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5. The perfectionism commonly seen in OCD can be confused for the need for specificity seen in ADHD. Since achieving focus is a challenge for those with ADHD, people with ADHD may find that they are quite specific about what they need to do in order to achieve and maintain focus. They may need a certain song, played on repeat, playing in order for them to focus. Or they may need a specific temperature in their bedroom in order to fall asleep easily. In addition, many with ADHD can exhibit sensory defensiveness around certain textures, clothing, or sounds. This can be mistaken for OCD perfectionism, which is different. OCD perfectionism is more about a desire to achieve a "moral right." Failure at achieving this results in one feeling immoral, bad, or deserving or fearful of punishment.
6. Hyperfocus is an intense level of attention where people with ADHD often feel very productive and fluid. This is markedly different than being overfocused, which is an intense level of attention that leaves one paralyzed and stuck. There is little to no productivity when someone is in this state.
7. Lastly, the attention paid to obsessions obviously results in a lack of attention in what is going on in real-world situations. In this case, the inattention is secondary to the OCD. However, when someone has both ADHD and OCD, the inattention can be a primary problem and not just due to OCD symptoms.

Studies have demonstrated that having both OCD and ADHD is associated with more attentional, social, academic, and family problems than having either alone. The age of onset for OCD is earlier when someone also has ADHD.

Treatment of OCD

Two interventions have been demonstrated by numerous studies to be effective in treating OCD. The first is cognitive-behavioral therapy (CBT), namely something called Exposure Plus Response Prevention Therapy (ERP). The other is medication.

The cognitive part of CBT focuses on targeting negative thoughts, identifying distortions, and reframing the thoughts in a more accurate light. For example, a student can have major anxiety around a test, fearing that anything less than an "A" is a failure. This is an example of a distortion known as all-or-nothing thinking. Identifying that cognitive error and stating the accurate thought is the goal. (I want to get an "A", but I won't be failing unless I get an "F.") However, OCD does not always respond to rational responses.

Therefore, the most essential treatment for OCD is Exposure Plus Response Prevention. This includes confronting the thought, image, object, or situation that makes a person with OCD anxious. ERP will also include confronting an exaggerated symptom of the OCD. For example, an exposure for Katherine (mentioned above), would be to have her purposely think of offensive thoughts about others, even writing offensive statements on paper and posting them in a public venue.

The response prevention refers to making a choice not to do a compulsive behavior after the exposure. No asking for reassurance, rituals, or avoidance. The purpose is to actually raise one's level of anxiety only so it eventually habituates. If there is no avoidance (mental or physical), one cannot maintain a high, constant level of anxiety when confronted with the same stimulus. Eventually the brain cannot see something that one is continuously confronting without avoidance as threatening or dangerous. Therefore, the anxious physiological signals of the body begin to eventually decrease. One is essentially rewiring one's brain's alarm system. With OCD a person's alarm system is hypersensitive and inaccurate. With ERPs, their thoughts are following their physiology. It is hard to cognitively see something as dangerous if you are not running away from it or avoiding it, and are in close contact with it.

Medication is also very helpful and highly effective for treating OCD. Antidepressants known as selective serotonin reuptake inhibitors (SSRIs) are the most common class of effective medications. They include fluvoxamine (Luvox), sertraline (Zoloft), citalopram (Celexa), escitalopram (Lexapro), fluoxetine (Prozac), and paroxetine (Paxil). They can help by boosting serotonin levels in the brain. OCD medications do not make ADHD symptoms worse. However, stimulant medication used to treat ADHD can sometimes make OCD worse.

Since either disorder runs the risk of being incorrectly subsumed under the other disorder, if a person is diagnosed with one, he or she should always be assessed for the other.

Psychotherapy can also be helpful in discussing issues related to both ADHD and OCD, such as shame and self-esteem issues.

Working with specialists in ADHD and OCD is essential. Not all therapists are trained in CBT and have experience doing ERPs with patients. If you have OCD, your therapist should have experience with ERPs. Support groups can aid patients with OCD not feel so alone. If you cannot find a therapist who specializes in both, consider working with an OCD expert, as well as an ADHD therapist or coach. Proper treatment can pave the way for a healthy, fulfilling life free of tormenting obsessions and time-consuming compulsions.

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