

Patient information from BMJ

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Obsessive-compulsive disorder

Obsessive-compulsive disorder can be distressing, and can make it hard for you to get on with life. But there are treatments that can help.

You can use our information to talk with your doctor and decide which treatments are right for you.

What is obsessive-compulsive disorder?

If you have obsessive-compulsive disorder (OCD), you have disturbing thoughts that you can't get out of your head. You may also do certain things over and over again, even though you don't want to.

The disturbing thoughts are called obsessions. And the things you do repeatedly are called compulsions. People with obsessive-compulsive disorder often get both.

OCD causes a lot of unnecessary worry and anxiety.

All of us worry needlessly from time to time - it's very common to worry that you've left the cooker on, or check more than once that you've locked the door.

But for people with OCD, these worries can take over their lives. The effort of trying to control them can be very stressful.

OCD usually starts when you're a child, a teenager, or a young adult. There's no single cause. The genes you inherit from your parents may play a part. OCD may also be caused by things that happen in your life and the way you think about the world.

What are the symptoms?

There are two sets of symptoms that affect people with obsessive-compulsive disorder.

Obsessions are unwelcome and disturbing thoughts. You may get images or urges that keep coming into your mind. They're difficult to get rid of. Here are some examples:

- Being scared of dirt and germs
- Wanting to have things arranged symmetrically

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- Thinking about performing particular sexual acts.

Compulsions are actions that you feel you have to do to stop the obsessive thoughts. Here are some common compulsions:

- Washing and cleaning all the time
- Repeating words or numbers in a pattern
- Touching or counting things, often in a particular sequence.

If your symptoms don't interfere too much with your life, your doctor may say you have mild OCD. If your symptoms are very distressing and stop you getting on with your everyday life, you may have severe OCD.

Sometimes people with OCD get a problem where they repeat movements, sounds, or words. These are known as tics. Some people with OCD also have depression.

What treatments work?

The main treatments for obsessive-compulsive disorder are a talking treatment called cognitive behaviour therapy (CBT) and antidepressant drugs.

It's hard to say which of these works best. You may need to try more than one treatment or combine treatments.

Cognitive behaviour therapy

Cognitive behaviour therapy (CBT) is a talking treatment (psychotherapy). You work with a therapist to find practical ways of coping with your OCD. There's good evidence it can help you have fewer symptoms of OCD.

CBT looks at your beliefs about the world. Your treatment might include your therapist:

- Asking you to think about whether your fears are realistic
- Asking you to confront the thing that makes you anxious: for example, touching something you think is dirty
- Helping you cope without any compulsive behaviour, such as washing your hands.

You'll probably be given homework to do between sessions. You'll be asked to put yourself in situations that make you anxious, and use the techniques you learned to cope with them. You can have therapy on your own or in a group.

Although CBT can work for adults and children, the treatment makes some people very anxious. Some people drop out of CBT as a result.

Medicines

Antidepressant medicines, including one type called SSRIs, can help people with OCD. (SSRI is short for selective serotonin-reuptake inhibitor.) These medicines are only available on prescription from your doctor.

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We don't know whether having medicines and CBT together works better than having one treatment on its own.

But the treatments are often combined for people with severe OCD, or for people who aren't helped by just one treatment.

All antidepressants can cause side effects in some people, which can include drowsiness, dry mouth, shaking, constipation, and stomach upsets.

As a result, antidepressants should be used with caution, especially in young people. CBT is usually the first choice of treatment for children and teenagers.

One side effect of SSRIs is that they might make you think more about suicide when you first start taking them. The risk is highest for children, teenagers, and young adults under the age of 25.

If you are taking an antidepressant and are worried about any thoughts or feelings you have, see your doctor straight away.

If an antidepressant doesn't help or doesn't help enough, your doctor may recommend combining it with another medicine. For example, an SSRI can be combined with another antidepressant or with an antipsychotic medicine.

Antipsychotics are usually used to treat mental health problems that cause people to lose touch with reality, such as schizophrenia, but they can also sometimes help with OCD.

Antipsychotics can have side effects in some people, including drowsiness, weight gain, feeling shaky, and feeling sick or dizzy.

What will happen to me?

OCD affects different people in different ways. Some people find their symptoms come and go. Other people have the symptoms all the time.

If you have very severe OCD you may find it difficult to work or cope with everyday life. Getting treatment can help.

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