

Obsessive Compulsive Disorder

BIRTH DEFECT RESEARCH FOR CHILDREN



How do you know if a child has Obsessive-Compulsive Disorder?

A child with Obsessive-Compulsive Disorder has constant, unwanted ideas or impulses. These impulses are called obsessions and are most often unpleasant and cause a great deal of anxiety. Children who suffer from OCD will respond to these obsessions with compulsions. Compulsions are behaviors or rituals performed to give relief from obsessions. These may include washing, rearranging, hoarding, listmaking, checking, and counting. OCD is not a personality flaw or a weakness of character. It is a serious disorder, which is treatable with medication.



Obsessive-Compulsive Disorder



What causes OCD?

Specific brain abnormalities have been identified that correlate with the expression of OCD symptoms. Research suggests that OCD involves communication problems between the front part of the brain, called the orbital cortex, and deeper structures called the basal ganglia. These two structures of the brain use a chemical messenger called serotonin. It is believed that lower serotonin levels in the brain can cause OCD to appear or become worse. Patients who have taken a serotonin medication have shown improvement.

OCD is a disorder that may be more frequent in some families. If both parents have OCD the child's risk is doubled. About 10% of relatives of children with the disorder suffer from OCD as well.

What are the symptoms of OCD?

- Checking things repeatedly
- Constant counting while performing routine tasks
- Constant rearranging in a precise fashion
- Pictures, words, nonsense words, images of a disturbing nature “pop” into the head and will not go away.
- Hoarding of objects with no apparent value
- Excessive fear of contamination

The symptoms of OCD are not limited to those listed above. Symptoms are varied and may appear in a number of combinations. Children who suffer from OCD commonly have difficulties with other every day activities as well. These may include tardiness, procrastination, perfectionism, indecision, and discouragement. OCD symptoms may also worsen during heightened periods of stress.

What are some conditions associated with OCD?

Tourette's syndrome is strongly related to OCD. Many other conditions appear similar to OCD but it is not clear whether they are actually related to OCD. These include Body Dysmorphic Disorder (BDD), Trichotillomania (hair pulling), and other impulse

control disorders. Other conditions that are common in children with OCD, not involving impulse control, are depression, social phobia, and panic disorder.

How can OCD be treated?

OCD is not curable but it is controllable. Drug therapy and behavioral therapy are the most common treatments for OCD and are most effective when used together. Drug therapy for OCD involves the medications Prozac, Paxil, Luvox, and Zoloft. Behavioral therapy involves exposure and response prevention. If left untreated, OCD will continue indefinitely. The prognosis for OCD sufferers who receive treatment is very good. Nearly 80% of OCD sufferers improve significantly with proper drug and behavioral treatment.

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