



### Treatment

A typical treatment plan will often include both psychotherapy and medications, and combined treatment is usually optimal.

Medication, especially a type of antidepressant called a selective serotonin reuptake inhibitor (SSRI), is helpful for many people to reduce the obsessions and compulsions.

Psychotherapy is also helpful in relieving obsessions and compulsions. In particular, cognitive behavior therapy (CBT) and exposure and response therapy (ERT) are effective for many people. Exposure response prevention therapy helps a person tolerate the anxiety associated with obsessive thoughts while not acting out a compulsion to reduce that anxiety. Over time, this leads to less anxiety and more self-mastery. Though OCD cannot be cured, it can be treated effectively.

Source:

See more at: <http://www.nami.org/Learn-More/Mental-Health-Conditions/Obsessive-Compulsive-Disorder#sthash.KYVg9LPI.dpuf>

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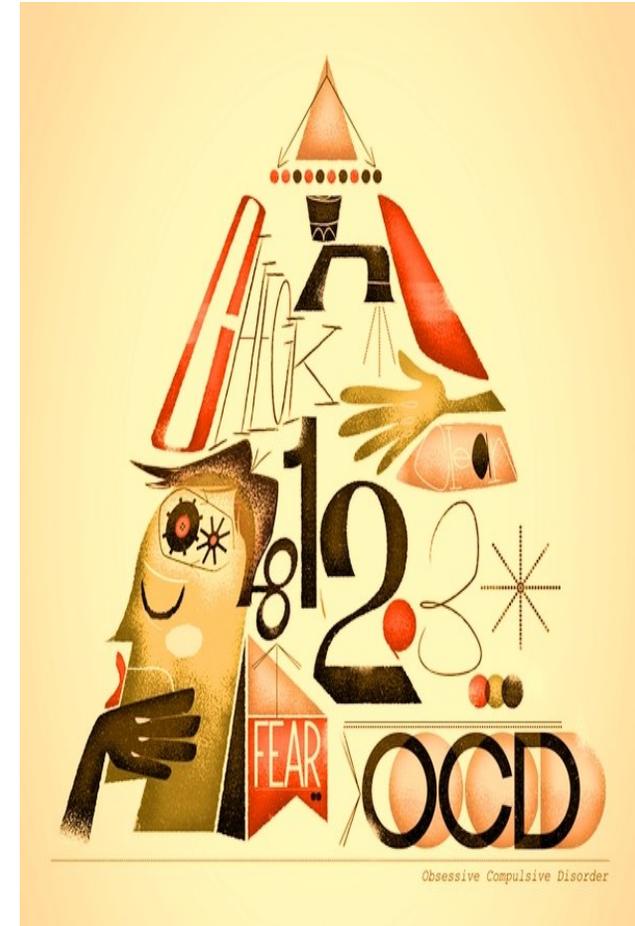
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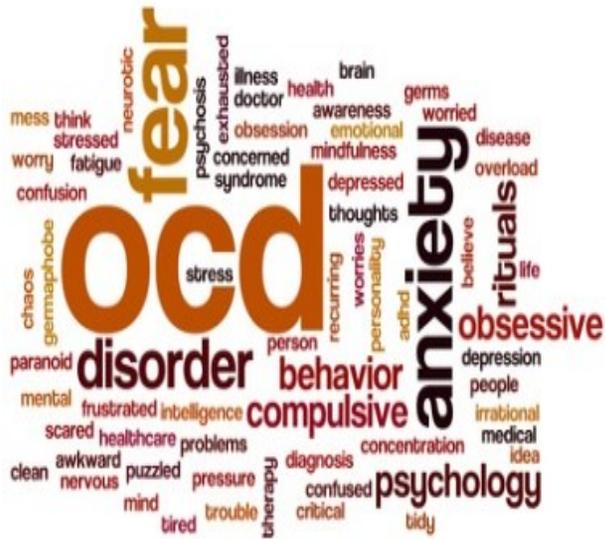
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# Obsessive Compulsive Disorder





## Obsessive-compulsive Disorder

Obsessive-compulsive disorder (OCD) is characterized by repetitive, unwanted, intrusive thoughts (obsessions) and irrational, excessive urges to do certain actions (compulsions). Although people with OCD may know that their thoughts and behavior don't make sense, they are often unable to stop them. Symptoms typically begin during childhood, the teenage years or young adulthood, although males often develop them at a younger age than females. More than 2% of the U.S. population (nearly 1 out of 40 people) will be diagnosed with OCD during their lives.

### Symptoms

Most people have occasional obsessive thoughts or compulsive behaviors. In an obsessive-compulsive disorder, however, these symptoms generally last more than an hour each day and interfere with daily life.

**Obsessions** are intrusive, irrational thoughts or impulses that repeatedly occur. People with these disorders know these thoughts are irrational but are afraid that somehow they might be true. These thoughts and impulses are upsetting, and people may try to ignore or suppress them.

Examples of obsessions include:

- Thoughts about harming or having harmed someone
- Doubts about having done something right, like turning off the stove or locking a door
- Unpleasant sexual images
- Fears of saying or shouting inappropriate things in public

**Compulsions** are repetitive acts that temporarily relieve the stress brought on by an obsession.

People with these disorders know that these rituals don't make sense but feel they must perform them to relieve the anxiety and, in some cases, to prevent something bad from happening. Like obsessions, people may try not to perform compulsive acts but feel forced to do so to relieve anxiety.

Examples of compulsions include:

- Hand washing due to a fear of germs
- Counting and recounting money because a person can't be sure they added correctly
- Checking to see if a door is locked or the stove is off
- "Mental checking" that goes with intrusive thoughts is also a form of compulsion

## Diagnosis

A doctor or mental health care professional will make a diagnosis of OCD. A general physical with blood tests is recommended to make sure the symptoms are not caused by illegal drugs, medications, another mental illness, or by a general medical condition. The sudden appearance of symptoms in children or older people merits a thorough medical evaluation to ensure that another illness is not causing of these symptoms. To be diagnosed with OCD, a person must have must have:

- Obsessions, compulsions or both
- Obsessions or compulsions that are upsetting and cause difficulty with work, relationships, other parts of life and typically last for at least an hour each day.

## Causes

The exact cause of obsessive-compulsive disorders is unknown, but researchers believe that activity in several portions of the brain is responsible. More specifically, these areas of the brain may not respond normally to serotonin, a chemical that some nerve cells use to communicate with each other. Genetics are thought to be very important. If you, your parent, or a sibling have an obsessive-compulsive disorder, there's close to a 25% chance that another immediate family member will have it.

