

Pediatric OCD by the Numbers

About **half a million** children in the United States suffer from OCD. This means that around 4–5 children in an average-sized elementary school and 20 teens in a large high school may be living with OCD.

Many children with OCD develop it between the ages of 8–12, although OCD can occur in children as young as 4.



What is the difference between OCD in children and OCD in adults?

- Children may not recognize that their thoughts, feelings, and rituals are out of the ordinary, and may not think to ask for help.
- Kids and teens may also involve family members in their obsessions and rituals. For example, a child may demand that all family members wash their hands thoroughly before meals, or may refuse to go to bed until parents say goodnight repeatedly.
- Children with OCD are more likely to have other disorders as well, such as tic disorders, attention deficit hyperactivity disorder (ADHD), and other anxiety disorders.
- Young children with OCD may have a stronger family history of OCD or anxiety.

Resources

For more information about OCD in kids and teens, including helpful information for family members, your child's pediatrician, and your child's school, please visit::

www.ocdinkids.org

To find a local licensed mental health practitioner who specializes in treating pediatric OCD, please visit our free **Resource Directory** at: www.ocdinkids.org/find-help

You can also use the Resource Directory to search for support groups and other resources in your area.



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Does My Child Have OCD?

Obsessive Compulsive Disorder
in Kids and Teens



What is Obsessive Compulsive Disorder (OCD)?

Obsessive compulsive disorder is a mental health disorder where a person gets caught in a cycle of obsessions that cause anxiety, and compulsions (also referred to as **rituals**) that are used to try to get rid of the anxiety.

Obsessions are unwanted ideas, thoughts, images, or urges that may be extreme or disturbing and can cause a lot of worry, anxiety, and doubt. Common obsessions may include:

- Fears of germs, getting sick, or dying.
- Fears of bad things happening or doing something wrong.
- Feeling that things have to be “just right.”
- Disturbing and unwanted thoughts or images about hurting others.
- Disturbing and unwanted thoughts or images of a sexual nature.

Compulsions are excessive, repetitive behaviors the child feels he or she must do in order to get rid of the upsetting feelings. A child may also believe that engaging in these compulsions will somehow prevent bad things from happening. Common compulsions may involve:

- Frequent, excessive checking (for example, re-checking that the door is locked, that the oven is off).
- Frequent, excessive washing and/or cleaning.
- Repeating or starting things over until they are “just right.”
- Counting, ordering, or arranging things.
- Frequent, excessive praying, confessing, and/or apologizing.
- Frequent, excessive repeating of lucky words or numbers.
- Frequent, excessive reassurance seeking (for example, asking, “Are you sure I’m going to be okay?”).

In general, OCD is diagnosed when these obsessions and compulsions take up so much time that they interfere with the child’s daily life.

How is OCD different from other childhood routines?

It is common for children to have routines for meals, bedtime, and play. Children typically enjoy these routines, and they don’t normally get in the way of day-to-day activities. OCD compulsions or rituals, on the other hand, may be very frequent, rigid, and/or upsetting for the child, and get in the way of his or her daily life (for example, rituals may delay bedtimes excessively, interfere with eating meals, and keep your child from getting things done on time).

Children with OCD cannot just “let it go” or simply “snap out of it,” no matter how many times others ask them to stop the rituals.

How is Pediatric OCD treated?

The right treatment can be very helpful for children with OCD, allowing them to lead full and productive lives. **Exposure and response prevention (ERP)** — a type of cognitive behavior therapy (CBT) — is considered the best and most effective therapy for OCD in children and teens. It is important to find a licensed mental health professional (such as a psychologist, social worker, or counselor) who is trained in ERP to provide the treatment. To find a trained therapist, please visit ocdinkids.org/find-help.

- In ERP, children learn to face their fears (exposure) without giving in to compulsions (response prevention), under the guidance of a licensed therapist.
- Children learn that they can allow the obsessions and anxiety to come and go without the need for their compulsions or rituals. ERP teaches them to confront their OCD fears, and that they can successfully handle the anxiety they feel.
- Psychiatric medication may be considered if the child’s symptoms are very severe and/or not helped by ERP alone. A specific kind of antidepressants known as **serotonin reuptake inhibitors (SRIs)** can be helpful in reducing OCD symptoms in children and teens, making ERP easier to do and more effective.
- Parents and caretakers are an important part of a child’s OCD treatment, and should be involved in many ways.
- **Support groups** may also be helpful for kids and teens with OCD, as well as parents and siblings. Support groups offer the chance to meet and learn from other people who understand what you are going through.

What is PANDAS/PANS?

There is a sub-type of pediatric OCD in which the child begins to have severe symptoms of OCD, often seemingly overnight. In these cases, the sudden appearance of OCD symptoms may be caused by an infection, such as strep throat, that confuses the child’s immune system into reacting against the brain instead of against the infection. The sudden appearance of symptoms is very different from general pediatric OCD, where symptoms appear more gradually.

This type of OCD is called **Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus (PANDAS)** if it is a strep infection, or **Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS)** if it is any other infection.

Children with PANDAS/PANS should still receive ERP from a licensed mental health professional, but they may also need antibiotic treatment from their pediatrician. If you think your child may have PANDAS/PANS, visit www.ocdinkids.org/pandas and talk to your doctor.

