

How is OCD diagnosed?

OCD can only be diagnosed by a licensed mental health professional, such as a psychologist, social worker, counselor, or psychiatrist.

To diagnose someone with OCD, a mental health professional looks for three things:

1. The person has **obsessions**.
2. The person does **compulsions**.
3. The **obsessions** and **compulsions** take up a lot of time and get in the way of important activities the person values, like going to work or school, spending time with their family, etc.

OCD by the numbers

- About **one in 100 adults currently have OCD**. That's over three million people in the United States, or the populations of Phoenix, AZ and Philadelphia, PA combined.
- About **one in 200 kids and teens currently have OCD**. That's about twice as many kids and teens as the number that have diabetes. OCD can start at any age, though there are generally two age ranges when OCD first appears. The first is between ages 10–12, and the second is between the late teens and early adulthood.
- **OCD affects men, women, and children of all races, ethnicities, and backgrounds.**
- Kids live with their OCD symptoms for an average of two and a half years before getting help from a professional. A survey of adults with OCD reported that **it took an average of 14 to 17 years for them to find effective treatment**. Once connected to appropriate treatment, the majority of people with OCD (around 70%) will benefit from therapy, medicine, or a combination of the two.

Resources

For more information and to find help:

iocdf.org

For support and resources from the Peace of Mind Virtual Community:

iocdf.org/peaceofmind

For more information for kids and teens:

OCDinKids.org

For more information for families:

iocdf.org/families

For more information about anxiety/OCD in school: anxietyintheclassroom.org

For online community support:

HealthUnlocked.com/my-ocd

For information about living with OCD:

iocdf.org/living-with-ocd

For more information about OCD-related disorders:

- Hoarding Disorder: HelpForHoarding.org
- Body Dysmorphic Disorder (BDD): HelpForBDD.org
- The TLC Foundation for Body-Focused Repetitive Behaviors: bfrb.org
- Tourette Association of America: tourette.org



International
OCD
Foundation

RESOURCES. RESEARCH. RESPECT.

P.O. Box 961029
Boston, MA 02196
iocdf.org

t: 617-973-5801
info@iocdf.org
f i w t y



International
OCD
Foundation

What is OCD?

Facts About Obsessive
Compulsive Disorder



Obsessive compulsive disorder (OCD) is a mental health disorder that affects people of all ages and walks of life, and occurs when a person gets caught in a cycle of obsessions and compulsions.

Obsessions are unwanted thoughts, images, or urges that may be extreme or disturbing. The obsessions are accompanied by uncomfortable feelings such as fear, disgust, doubt, or a feeling that things have to be “just right.” These obsessions occur over and over again and feel outside of the person’s control.

Common obsessions can include:

- Contamination
- Perfectionism
- Harm coming to oneself or to others
- Loss of control over one’s actions
- Unwanted intrusive thoughts, usually violent or sexual
- Religious obsessions (also referred to as “scrupulosity”)

Compulsions are excessive, repetitive behaviors or “mental acts” (e.g., thought suppression, counting, or praying) that a person uses to try to neutralize or make their obsessions or distress go away. People with OCD usually recognize that using compulsions is only a temporary solution, but without any other way to cope, they rely on compulsions as a brief escape.

Common compulsions can include:

- Frequent, excessive washing and/or cleaning
- Frequent, excessive checking (e.g., *that the door is locked, or that the oven is off*)
- Repeating
- Mental compulsions (e.g., *counting, praying, and reviewing*)
- Frequent, excessive reassurance seeking (e.g., *asking “Are you sure I’m going to be OK?”*)
- Avoiding situations that may trigger obsessions



How is OCD treated?

The most effective treatments for OCD are cognitive behavioral therapy (CBT) and/or medication. More specifically, the most effective and evidence-based treatments are a type of CBT called exposure and response prevention (ERP) and/or a class of medications called serotonin reuptake inhibitors, or SRIs.

ERP therapy involves working with a licensed mental health professional (such as a psychologist, social worker, or mental health counselor) to face your fears through “exposure” without doing your compulsions — the “response prevention.”

ERP is typically done in an outpatient setting, which means you visit your therapist’s office at a scheduled time weekly or a few times a week. In collaboration with your therapist, you will use structured exercises and tasks, as well as homework assignments to help you along the way.

Medication may also be used, either by itself or along with ERP treatment. Most of the SRI medicines that help with OCD are also known as antidepressants. Several drugs are considered to work well for people with OCD:

- Fluvoxamine (Luvox ®)
- Fluoxetine (Prozac ®)
- Sertraline (Zoloft ®)
- Paroxetine (Paxil ®)
- Citalopram (Celexa ®)
- Clomipramine (Anafranil ®)
- Escitalopram (Lexapro ®)
- Venlafaxine (Effexor ®)



Only a licensed medical professional (such as a psychiatrist or physician) can prescribe medication, and they would ideally work together with the therapist to develop a treatment plan.

OCD treatment can be difficult and requires a lot of courage and determination. Having a support network during treatment can make all the difference.

Support groups (whether in person or online) can be great additions to your individual treatment, connecting you to other people who understand what you are going through.

Disorders related to OCD

There are some disorders that are grouped together with OCD in a “chapter” in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). These disorders share some common characteristics with OCD, but are also different in important ways. They include:

- **Hoarding disorder (HD)**, in which individuals collect and keep a lot of items that clutter living spaces, keep spaces from being used as intended, and cause distress or problems in day-to-day activities.
- **Body dysmorphic disorder (BDD)**, in which individuals are very preoccupied with one or more aspects of their physical appearance, and perform repetitive compulsive behaviors to fix, hide, inspect, or obtain reassurance about the disliked aspects.
- **Body-focused repetitive behaviors (BFRBs)**, in which individuals perform repeated, compulsive self-grooming behaviors that result in damage to their body. BFRBs include excoriation disorder (skin picking) and trichotillomania (hair pulling).

