OCD is not just about cleaning things

By Jayadev Calamur

My family and I spend most of our weekends at home mean, cleaning. We spend an inordinate amount of time dusting surfaces, cleaning the kitchen and swabbing everything to shining newness. At the end of it, the house looks as good as new. And then, without thinking, somebody will announce, "We have OCD, which is why we clean so often."

Obsessive Compulsive Disorder (OCD) has become a pop culture phrase that is bandied about so frequently that often we don't give enough thought to the serious, psychological disorder it in fact is.

OCD is a chronic and long-lasting disorder in which a person has uncontrollable, recurring thoughts (obsessions) and behaviour (compulsions) that he or she feels the urge to repeat over and over, according to the National Institute of Mental Health in the US.

The Diagnostic and Statistical Manual of Psychiatric Disorders (DSM) adds that obsessions or compulsions cause marked distress, are time consuming (take more than one hour a day), or significantly interfere with the person's normal routine, occupational (or academic) functioning or usual social activities or relationships.

Recall Jack Nicholson as an obsessive-compulsive novelist in the 1997 blockbuster As Good As It Gets? Nicholson's character, Melvin Udall, refuses to step on the foothpath, is so anxious about germs that he always brings his own cutlery to the restaurant where he eats breakfast at the same table every single day. Viewers may have thought his characteristics to be quirks, but mental health experts would consider him to have a psychiatric disorder.

Going to the extremes

OCD can be categorised as mild or severe, points out Dr Parul Tank, consultant psychiatrist at Fortis Hospital and at home healthcare platform Care 24. "In mild OCD, a person has an obsession and a compulsion. For example, if he obsesses about dirt, the compulsion is to clean. In the case of severe OCD, the patient is so obsessed that he thinks that other people are out to get them," explains Dr Tank.

Mumbai resident and media professional Shweta Thakur (name changed) believes she has symptoms that are similar to having an OCD. "I use a hand sanitiser several times a day at work or while travelling. I also tend to obsess about the death of loved ones and even suffer anxiety attacks when someone starts saying negative things," says Thakur, adding that she hasn't sought professional help.

Kavin Senapathy, who suffers from OCD, says that her most frequent obsessive thoughts are of harm coming to her children and to her family. "The worst of my OCD (episodes) occurred shortly after the birth of my older child, who is
now five. I was constantly worried about harm coming to my baby. I knew that the thoughts were irrational, which is typical of people with OCD. But they were still overwhelmingly frightening," says the US-based science writer. "I would imagine horrible things, for example that am checking on her and find that she has stopped breathing, or that the house is on fire and she's burning alive, or that a burglar is harming her or a kidnapper is taking her away. I would constantly check on her and touch her chest to verify that she was breathing."

Resolving OCD

Recognising and acknowledging a pattern of OCD behaviour is key to resolving it. Senapathy used to rely on a kind of an antidepressant, called selective serotonin reuptake inhibitors, until she got pregnant with her second child. "I started using the medication soon after my second child was born. In addition, I also started visiting a therapist," she said.

Dr Tanks adds that SSRIs are the international standard of medication prescribed to most patients. "Therapy is also strongly advocated. and individuals should go through regular therapy sessions," she adds.

Dr Ipsit Vahia, medical director, Geriatric Psychiatry Outpatient Programs at Boston's McLean Hospital, affiliated to Harvard Medical School, says that cognitive and behavioural therapies (CBT) are especially effective in treating OCD. "Cognitive and behavioural therapies have been shown to successfully treat OCD. It is important to consult a psychiatrist to ensure accurate diagnosis and treatment, since the disorder can present in a multitude of clinical forms," says Dr Vahia.

Senapathy, who has been going for CBT, concurs. "CBT is an evidence-based treatment for OCD patients. When I first started CBT in late 2014, I had regular and frequent appointments. My condition improved a great deal with the tools my therapist gave me. Now, I only see my therapist every couple of months," she says.

When to seek help

Not all habits are compulsions. Everyone double checks things sometimes. But you should seek medical help if you:

- Can't control your thoughts or behaviour even when these are recognised as excessive
- Spend at least an hour a day on these thoughts or behaviours
- Don't get pleasure when performing these behaviours or rituals but do experience brief relief from the anxiety the thoughts cause
- Experience significant problems in daily life due to these thoughts or behaviours

Source: US National Institute of Mental Health

OCD vs OCPD

While OCD and OCPD may sound similar, there are a number of differences. The American Psychiatric Association defines Obsessive Compulsive Personality Disorder (OCPD) as "a pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness, and efficiency" (think Monica Geller from Friends).

Individuals having OCPD have the following disorders:

- An excessive need for perfectionism and control over all aspects of your environment
- Preoccupation with details, rules, lists, order or organisation to the extent that you often forget the major point of the activity
- Excessive devotion to work at the expense of time spent with your friends or family

- Rigidity with respect to matters of morals, ethics or values

- An inability to get rid of items that no longer have value

- A miserly spending style towards both you and others.