

OCD – recognising and treating

“Healthy Minds has given me the confidence to tackle my OCD and I feel very positive in continuing my treatment at home. I now understand how to rationally think and use the techniques that I have learnt to cope better.”

Obsessive Compulsive Disorder (OCD) is a serious anxiety disorder whereby a person experiences frequent intrusive and unwelcome obsessional thoughts, often followed by repetitive compulsions, impulses or urges. As many as 2% of the population, from children to older adults, regardless of gender or social or cultural background, experience OCD at some point in their lives. Although the intrusive and unwelcome thoughts experienced by OCD sufferers are no different to those we all experience, patients attach meaning to their thoughts and behaviours that often convince them they are immoral, dangerous to others or at risk of being seen as ‘mad’. This means patients are very reluctant to admit to OCD or minimise the disruption and distress it is causing them and their families. Consequently referral rates to services such as Healthy Minds, who have effective evidence-based interventions that can help, are lower than the prevalence indicates they should be.

Treatment

NICE guidelines specify Exposure and Response Prevention (ERP) and Cognitive Behavioural Therapy (CBT) for OCD. This may be combined with medication in the form of an SSRI in severe cases. At Healthy Minds, patients will usually begin work with ERP, starting with education to help them understand how OCD develops and how behaviour that seems helpful to them maintains the problem. Patients are then taught a technique whereby they expose themselves to the thoughts, images, objects and situations that make them anxious and/or start their obsessions. This treatment is delivered by our Psychological Wellbeing Practitioners who support patients with guided self-help materials. Typically the patient will receive 4-6 support sessions as they work through the material.

Patients needing more intensive support will be ‘stepped up’ to one-to-one sessions with a CBT therapist. They will be helped to understand how their unique difficulties developed and how their thoughts and behaviours maintain the problem. Therapist and patient design experiments to disconfirm their unhelpful predictions and beliefs and understand that it is not the thoughts themselves that are the problem; it is what the patient makes of those thoughts, and how they respond to them, that is the key to recovery from OCD. Typically patients will receive between 8 and 20 treatment sessions.

Outcomes with Healthy Minds

Evidence suggests that up to 60% of patients will be significantly helped by CBT based therapy. Over the 12 months to June 2015, Healthy Minds helped over 62% of patients to recover to a point where their scores on questionnaires for symptoms of depression and OCD suggested they had recovered.

Recognition in the surgery

Understanding that patients may not admit, even to themselves, that they might have OCD, good questions to ask patients where OCD may be a problem, or where you suspect compulsive behaviours are adversely affecting their lives, might be:

- “Do unpleasant thoughts come into your mind against your will that you have to control in some way?”
- “Are there things you have to do to get rid of unwanted thoughts or to keep others or yourself safe?”
- “Do these thoughts or behaviours adversely affect you or the people you are close to?”

Common obsessions and compulsions patients may describe are contamination from dirt or germs, leading to excessive cleaning and avoidance of ‘dirty’ places; fear of harm to self or others, leading to excessive checking of locks, switches and so on; fear that their thoughts make them bad or dangerous people leading to avoidance of trigger situations and/or mental or physical rituals to suppress or neutralise thought.