

INFORMATION FOR HEALTH PROFESSIONALS ABOUT OBSESSIVE-COMPULSIVE DISORDER (OCD) & BODY DYSMORPHIC DISORDER (BDD)

in Children, Adolescents and Adults *(based on the NICE guideline on OCD & BDD)*

Between 1 - 2% of the population are estimated to have OCD.

The World Health Organization recognises OCD as one of the top ten disabling disorders.

What is OCD? OCD is an anxiety disorder that can be very debilitating and can occur in children, adolescents and adults. It is characterised by obsessions or compulsions, but commonly both. An obsession is a repetitive, distressing, unwanted thought about things such as contamination or concern with order or symmetry. A compulsion is a repetitive, distressing, unproductive behaviour, which usually temporarily reduces anxiety and involves such activities as excessive cleaning, repeated checking or counting and hoarding. Repeated thoughts, such as fear of harming other people are common symptoms of OCD and do not mean that people are at risk of acting on these thoughts.

What is BDD? Body dysmorphic disorder (BDD) is characterised by a preoccupation with and anxiety about what is believed to be a major physical flaw. A person with BDD might spend an excessive amount of time concealing the perceived defect and looking at themselves in the mirror.

Other disorders related to OCD for example Trichotillomania (TTM/Compulsive Hair Pulling) and Compulsive Skin Picking (CSP) are not covered by the guideline, but further information is available from OCD Action.

What shall I ask someone who may have OCD? People with OCD have often had the condition for a long time before it is properly recognised. Consider the possibility of OCD in people with symptoms of depression, anxiety, alcohol or substance misuse or an eating disorder. People with OCD are often embarrassed about their symptoms, therefore if you think that a patient may have OCD you could ask:

- Do you wash or clean/check things a lot?
- Is there any thought that keeps bothering you that you'd like to get rid of but can't?
- Do your daily activities take a long time to finish?
- Are you concerned with putting things in a special order or are you very upset by mess?
- Do these problems trouble you? If so, to what extent?

For recommended treatments, please see overleaf.

Assessment & recognition



OCD Action is a UK charity for those with OCD and associated disorders. Members receive an information pack, a reduced fee to the annual conference, and ongoing newsletters for one year. The cost is £17.

Tel (help and information): 0845 390 6232

Tel (office): 0870 360 6232

Fax: 020 7288 0828

Website: www.ocdaction.org.uk

Email: info@ocdaction.org.uk

Address: Aberdeen Centre, 22-24 Highbury Grove, London N5 2EA.

Treatments recommended for primary care settings

Psychological treatments For children or adolescents with mild OCD, guided self-help is an effective treatment. For children, adolescents and adults cognitive behavioural therapy including exposure response prevention - CBT (including ERP) - is an effective treatment for OCD, shown to significantly help about 70% of people with OCD. Depending on severity, it can be given either as a brief intervention with self-help materials or by telephone (up to 10 hours), or as a more intensive treatment for an individual or in a group (more than 10 hours). If it is appropriate it may be useful to involve the family or carer in this treatment.

Medications An SSRI such as fluoxetine, fluvoxamine, paroxetine, sertraline and citalopram may be given to adults either in combination with CBT (including ERP) or alone depending on severity and if the patient does not want to have CBT (including ERP) or it is not working. The patient will need to be closely monitored, particularly in initial stages for potential side effects such as akathisia and restlessness, increased anxiety and agitation, self-harm and suicidal thoughts. The medication may not take effect for up to 12 weeks. The patient must be informed about the possibility of withdrawal symptoms if the medication is suddenly stopped. A child or adolescent with OCD may also receive similar treatment with an SSRI, but a specialist will usually be involved.

Prognosis and referral With the right treatment 60-70% of patients with OCD will improve. If there is no improvement with CBT (including ERP) and/or an SSRI after 12 weeks, the person should be offered a multidisciplinary review - where a range of healthcare professionals will assess their needs. A different SSRI or clomipramine may then be recommended. If the person has not responded to a full trial of an SSRI, or clomipramine or combined SSRI and CBT (including ERP), they should be referred to a multidisciplinary team with expertise in OCD for further assessment and treatment planning.

If you would like to see the NICE guideline on OCD please go to www.nice.org.uk/cg031 or call 0870 1555 455 and quote reference N0919 for the guide for professionals or N0920 for the information for patients and the public.

Request for materials

Please photocopy this form, complete the required sections and return to OCD Action

Please send me: Free information pack(s) quantity..... GP card(s) quantity.....
 Membership form(s) quantity..... Poster(s) quantity.....

Details

OCD Action Membership ID (if known)..... Title.....

Forename(s)..... Surname.....

Address

..... Postcode.....

Email.....

Telephone

Data Protection: Occasionally, OCD Action would like to contact you regarding OCD Action related information and events. OCD Action will never give out your personal details to anyone outside the organisation without your permission. I would like to be contact by OCD Action **YES / NO** (Please delete as appropriate)