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Media Release – For Immediate Distribution

October 12-17, 2020 is International OCD Awareness Week

(www.cpa.ca, www.iocdf.org)

Many of us have seen or heard references to OCD in popular movies, tv and media. But few actually understand what it is, how it impacts individuals, and how it can be treated.

Obsessive compulsive disorder (OCD) affects approximately 1-2% of Canadians at some point in their lives. It can emerge in childhood, adolescence or early adulthood. Typically emerges ages 8-12, or late teens/early adulthood. Average age of onset is 9-10. It rarely has initial presentation after the age of 40.

OCD is a chronic anxiety disorder with symptoms that wax and wane in response to life stresses and events

Obsessions are unwanted recurrent, persistent, intrusive thoughts, images or impulses that cause significant distress. These thoughts are usually irrational or excessive worries that the person recognizes are highly unlikely.

Common obsessions include:

- contamination (e.g. germs, dirt)
- losing control (fear of acting on an impulse to harm self or others)
- harm (fear of being responsible for something terrible happening)
- perfectionism (evenness/exactness, needing things to be “just right”)
- unwanted sexual thoughts (forbidden or perverse sexual thoughts/images)
- religious obsessions (obsessive concern about right/wrong/morality)
- other (concern about getting a physical illness, superstitious ideas)

Compulsions are repetitive behaviours or mental acts that individuals perform in order to prevent or reduce distress (e.g. repetitive hand washing, repeated checking, counting to a certain number, repeating a particular behaviour). They can be time-consuming, interfere with daily functioning, and only provide very short-term relief.

Common compulsions include:

- washing and cleaning (excessive washing of hands, showering, cleaning objects)
- checking (checking body parts, checking that no harm occurred, no mistakes made)
- repeating (rereading/rewriting, repeating routine activities, body movements, “magic” numbers)
- mental compulsions (mentally reviewing how to prevent harm)
- other (arranging things until they feel “right”, repeatedly seeking reassurance)

Treatment:

Behaviour therapy has been shown to be highly effective in treating OCD. Treatment involves exposure (experiencing the fearful situation) and response prevention (taking steps to prevent the compulsive behaviours or rituals). Cognitive behavioural therapy (CBT) includes cognitive interventions that help people change the thoughts related to the OCD symptoms. In some cases anti-anxiety medications may also be necessary.

PANDAS/PANS

PANDAS –Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus involves the sudden, rapid onset of OCD following Strep A infection.

PANS – Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) – similar but associated with infections such as mononucleosis, Lyme disease, H1N1 virus.

In contrast to gradual onset of pediatric OCD, symptoms occur rapidly (within days) and may quickly become severe. In addition to the OCD symptoms, may also include separation anxiety, disordered eating, tics, urinary frequency, and handwriting difficulty.

These are felt to be caused by the autoimmune antibodies mistakenly attacking the basal ganglia area of the brain rather than the infection.

Typically affects children 4-14.

Treatment include antibiotics for the active infection, Intravenous Immunoglobulin (IVIG) in more severe cases and cognitive-behavioural interventions.

Media interviews with a Psychologist on this (or other topics), can be arranged by contacting Dr. Janine Hubbard at 682-0235 or janine@janinehubbard.com