

mind hk

Understanding obsessive- compulsive disorder

認識 執著強迫症

Mind HK was founded and is jointly supported by Mind UK and the Patient Care Foundation
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This booklet is for anyone who has or thinks they may have OCD, and their friends, family or carers. It explains what OCD is and describes what treatment and help is available.

這本小冊子專為任何懷疑自己患有執著強迫症的人，以及他們的親朋戚友而設，簡單介紹了此病、其治療方式，以及現有對此病的支援。

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What is obsessive-compulsive disorder (OCD)?

甚麼是「執著強迫症」？

Obsessive-compulsive disorder (OCD) is described as an anxiety disorder. The condition has two main parts: obsessions and compulsions.

Obsessions

強迫思想

Obsessions are unwelcome thoughts, images, urges or doubts that repeatedly appear in your mind; for example, thinking that you have been contaminated by dirt and germs, or experiencing a sudden urge to hurt someone.

These obsessions are often frightening or seem so horrible that you can't share them with others. The obsession interrupts your other thoughts and makes you feel very anxious.

"I get unwanted thoughts all through the day, which is very distressing and affects my ability to interact with others and concentrate on my studies and work"

Compulsions

強迫行為

Compulsions are repetitive activities that you feel you have to do.

This could be something like repeatedly checking a door to make sure it is locked or repeating a specific phrase in your head to prevent harm coming to a loved one.

The aim of a compulsion is to try and deal with the distress caused by the obsessive thoughts and relieve the anxiety you are feeling. However, the process of repeating these compulsions is often distressing and any relief you feel is often short-lived.

“Getting ready for each day involves so much hand washing, mental rituals, and doing things in the same order everyday...
Sometimes, I feel like staying in bed and avoiding the day.”

Living with OCD

與「執著強迫症」共存

Although many people experience minor obsessions (e.g. worrying about leaving the gas on, or if the door is locked) and compulsions (e.g. rituals, like avoiding the cracks in the pavement), these don't significantly interfere with their daily lives, or are short-lived.

If you experience OCD, your obsessions and compulsions will cause you considerable fear and distress. They will also take up a significant amount of time, and disrupt your ability to carry on with your day-to-day to life, including doing daily chores, going to work, or maintaining relationships with friends and family.

Many people with OCD experience feelings of shame and loneliness which often stop them from seeking help, particularly if they experience distressing thoughts about subjects such as religion, sex or violence. This means that many people try to cope with OCD alone, until the symptoms are so severe they can't hide them anymore.

OCD is also known to have a close association with depression, and some people find obsessions appear or get worse when they are depressed.

(See Mind's booklet Understanding depression.)

What are the common signs of OCD?

「執著強迫症」有甚麼常見的徵狀？

Although everyone will have their own experiences, there are several common

obsessions and compulsions that occur as part of OCD.

Common obsessions

其他強迫思想的例子

The three most common themes are: unwanted thoughts about harm or aggression, unwanted sexual thoughts and unwanted blasphemous thoughts. Obsessions often appear closely linked to your individual situation. For example, if you are a loving parent, you may fear doing harm to a child and if you are religious, you may have blasphemous thoughts.

“I have OCD harming thoughts and the compulsion to carry them out, which is absolutely terrifying to say the least.”

Some examples of obsessions include:

- a fear of failing to prevent harm – e.g. worrying that you have left the cooker on and might cause a fire
- imagining doing harm – e.g. thinking that you are going to push someone in front of a train
- intrusive sexual thoughts – e.g. worrying about abusing a child
- religious or blasphemous thoughts – e.g. having thoughts that are against your religious beliefs
- fear of contamination – e.g. from dirt and germs in a toilet
- an excessive concern with order or symmetry – e.g. worrying if objects are not in order
- illness or physical symptoms – e.g. thinking that you have cancer when you have no symptoms.

Common compulsions

常見的強迫行為

Common compulsions include physical compulsions, e.g. washing or checking, or mental compulsions, e.g. repeating a specific word or phrase.

“ I have to keep checking things three times and have to have certain items on me to help me feel safe. ”

Some examples might be:

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- repeating actions – e.g. touching every light switch in the house every time you leave or enter the house
- touching – e.g. only buying things in the supermarket that you have touched with both hands
- focusing on a number – e.g. having to buy three of everything
- washing or cleaning – e.g. having to wash your hands very frequently in order to feel clean
- checking – e.g. reading through an email ten times before sending it
- ordering or arranging – e.g. keeping food organised by colour in the fridge
- repeating a specific word or phrase – e.g. repeating someone’s name in order to prevent something bad happening to them
- praying – e.g. repeating a prayer again and again whenever you hear about an accident
- counteracting or neutralising a negative thought with a positive one – e.g. replacing a bad word with a good one.

Avoidance

You might find that some objects or experiences make your obsessions or compulsions worse, and you try to avoid them as a result. For example, if you fear contamination, you might avoid eating and drinking anywhere except in your own home. Avoiding things can have a major impact on your life.

“ OCD means that I miss out on things because I [stay in] to try to protect myself from the stress. It’s sunny outside and I want to go out, but I know I probably won’t. ”

What causes OCD?

「執著強迫症」有甚麼的成因？

There are different theories about why OCD develops, but none of these theories have been found to fully explain every person's experience.

'Dysfunctional' beliefs

「功能障礙」論

One theory suggests that OCD develops because of 'dysfunctional' beliefs and interpretations.

If you experience OCD, you might believe that you have more responsibility for a situation than you actually do. Because of this, your reaction may be out of proportion. For example, many people experience sudden and intrusive thoughts, such as thinking that they might push someone in front of a train on a crowded platform. Most people dismiss it as a passing thought and do not believe they would actually do it. However, if you have OCD, you are more likely to believe that you might act on the thought. This makes you anxious or scared, and so you may then develop a compulsion to try and prevent it happening. This could start an OCD cycle (see p.5).

Personal experience

「個人經驗」論

Some psychological theories suggest that OCD is caused by personal experience. It is thought that if you have had a painful childhood experience or suffered trauma or abuse, you might learn to use obsessions and compulsions to cope with anxiety. However, this theory does not explain why people who cannot point to any painful experiences might experience OCD.

It could also be that one or both of your parents may have had similar anxiety and shown similar kinds of behaviour (such as obsessional washing), and you learned to use this type of behaviour as a coping technique.

Biological factors 「生理影響」論

Some biological theories suggest that a lack of the brain chemical serotonin may have a role in OCD. However, experts disagree about what that role is, and it is unclear whether a lack of serotonin causes OCD or is the effect of having the condition. Studies have also looked at genetic factors and how different parts of the brain might be involved in causing OCD, but have found nothing conclusive.

However, biological theories do not provide any explanation for how the condition develops differently in different people; for example, why one person might develop a contamination obsession while another develops an obsession about harming.

Some experts have noted that some children seem to develop OCD symptoms very suddenly after having a streptococcal (or strep) infection, such as strep throat or scarlet fever. However, it is currently not known why this might occur and no research has yet been able to identify a physical cause to explain the link.

How is OCD diagnosed?

如何診斷「執著強迫症」？

If you are concerned that you have OCD, and you want to seek professional help, the first step would normally be to visit your GP. Your GP can provide an assessment and diagnosis, and help you access appropriate treatment.

If you visit a doctor to talk about OCD, they are likely to ask you direct questions about possible symptoms. For example:

- Do you wash or clean a lot?
- Do you 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 about putting things in a special order or do you find mess very upsetting?
- Do these issues trouble you?
- How are they affecting your everyday life?

A doctor will then consider your answers against a list of medical criteria in order to make a diagnosis. If you receive a diagnosis of OCD, it should also say how severe your OCD is; for example, if you have mild, moderate or severe OCD.

It can be extremely difficult to discuss your experiences with a doctor, particularly if you experience distressing thoughts about issues such as religion, sex or violence. However, it is important to try and talk as honestly as you can, so your GP can suggest the right type of help for you.

If you find it difficult talking about your OCD, you may find it useful to prepare beforehand. You could think about how you would answer the questions on p.9 and write down the answers to take with you. Then if you start to feel embarrassed or overwhelmed when you are with your GP, you can refer to your notes – or even hand them to the doctor.

What treatments are available?

「執著強迫症」有甚麼治療的方法?

Before you have any treatment, your doctor should discuss all your treatment options with you, and your views and wishes should be taken into account.

Cognitive behaviour therapy (CBT)
認知行為治療

CBT techniques helped me to see the intrusive thoughts for what they are, and put them in their place.

Cognitive behaviour therapy (CBT) is a talking treatment which aims to identify connections between your thoughts, feelings and behaviour. It aims to help you develop practical skills to manage any negative patterns of thinking or behaviour that may be causing you difficulties. It can be done one-to-one, or in a group. There is considerable evidence to suggest that this therapy is especially effective in dealing with OCD.

The behavioural element (also known as Exposure Response Prevention – ERP) is strongly recommended for treating OCD. ERP works by helping you to confront your obsessions and resist the urge to carry out compulsions. The aim is to help you feel less anxious about obsessive thoughts over time, and make you less likely to engage in compulsive behaviour. For example, if you fear that you will harm someone and avoid sharp objects as a result, you might build up to a therapy session where you hold a knife while sitting in a room with other people.

This technique needs to be carefully managed to avoid causing distress and anxiety, so it is important that you understand the treatment fully and feel comfortable with your therapist.

“ It’s hugely frustrating and exhausting trying to break out of patterns that you know aren’t helpful or healthy. It can feel hopeless. But by challenging the behaviours, thoughts or compulsion you can eventually achieve fresh change that seemed impossible. ”

Medication

藥物治療

Some people find drug treatment helpful for OCD, either alone or combined with talking treatments, such as cognitive behaviour therapy (CBT).

“ I’ve been on meds for the last three years and my OCD is so much more controllable. ”

Before taking any medication, it is important to read the patient information leaflet (that comes with the medicine) and discuss possible benefits and side effects with your doctor.

Antidepressants

抗抑鬱藥

The drugs prescribed most commonly are SSRI antidepressants, such as fluoxetine (Prozac), fluvoxamine (Faverin), paroxetine (Seroxat), citalopram (Cipramil) and sertraline (Lustral). These drugs are all recommended by NICE for the treatment of OCD. These drugs may have side effects, including nausea, headache, sleep disturbance, gastric upsets and increased anxiety. They may also cause sexual problems.

The tricyclic antidepressant clomipramine (Anafranil) is also licensed for the treatment of obsessional states in adults. This should normally only be prescribed if an SSRI antidepressant has already been tried and not been effective. The side effects of clomipramine can include a dry mouth, blurred vision, constipation, drowsiness and dizziness. (For more information, see Mind’s booklet Making sense of antidepressants.)

Tranquillisers

鎮靜劑

If you are experiencing very severe anxiety as a result of OCD, you may be offered tranquillising drugs, such as diazepam (Valium). This type of medication should only be used for short periods of treatment because of the risk of addiction. The side effects of tranquilisers can include drowsiness, confusion, unsteadiness and nausea. (For more information, see Mind’s booklet Making sense of sleeping pills and minor tranquilisers).

Beta-blockers

Beta-blockers are occasionally given to people to treat the immediate symptoms of severe anxiety. They don't treat the anxiety itself, but act on the heart and blood pressure to reduce physical symptoms, such as palpitations. The beta-blocker most commonly used for anxiety is propranolol (Inderal). The main side effects include a slow heartbeat, diarrhoea and nausea, cold fingers, tiredness and sleep problems.

Neurosurgery for mental disorder 神經外科

Neurosurgery (previously known as psychosurgery) is surgery on the brain. It is not recommended for treating OCD, but is very occasionally offered in severe cases, when other treatments have been unsuccessful. Neurosurgery is strictly regulated under the Mental Health Act, and can't be given without consent. (See Mind's online booklet Making sense of neurosurgery for mental disorder for more information.)

How can I help myself?

我可以如何自理?

Treatment of OCD often includes a combination of strategies, including self-help. The following suggestions are some ideas you could try to help you manage your OCD.

Self-help materials 自理資料

Some people use self-help books, computer programmes or websites to help manage their OCD. Many self-help materials are based on cognitive behaviour therapy (CBT) principles (see p.12), which have been shown to be particularly effective in treating OCD.

There are many self-help resources available, and you may have to try a few

before finding one that is right for you. You may decide to use materials alongside professional help, or you may use them to develop your own coping strategies.

Peer support groups

朋輩互助組

A self-help, or peer support group, offers an opportunity to meet up with people who have gone through the same sort of experiences as you. It can help you feel less isolated and give you and other group members a chance to share how you cope with your feelings and experiences.

You can also access peer support groups online, through forums, social media sites or online communities. While online peer support can be extremely helpful, it's important to remember that you don't always know who you're talking to, so you should think carefully about what information you want to share. See Mind's online booklet *How to stay safe online* for tips.

Relaxation and mindfulness techniques

靜觀訓練和放鬆法

Learning a relaxation technique won't help you resolve obsessive thoughts or compulsions, but it may help you deal with anxiety that you experience as a result of your OCD. Relaxation techniques can teach you:

- how to improve your breathing to reduce tension
- physical exercises that relax your muscles
- action plans to help you progress from coping with non-stressful situations to those that you find difficult.

Some people may also find mindfulness techniques helpful to manage unwanted or intrusive thoughts and reduce anxiety. Mindfulness is a way of paying attention to the present moment, using techniques like meditation, breathing exercises and yoga.

Physical activity

運動

Doing some regular physical activity, whether it is going for a short walk or playing a team sport, can help improve your mental wellbeing – particularly if you do it outside. Exercise releases feel-good hormones and doing something active can distract you from unwanted thoughts. See Mind's booklet *How to improve and maintain your mental wellbeing* and the leaflet *Mind tips for better mental health: physical activity*.

Talk to someone you trust

與信任的人傾訴

“Trying to hide my OCD led to stress, which made my condition worse. I'm more open about it now and my friends and colleagues are also more aware.”

Talking about OCD isn't easy. But if you can manage to talk to someone you trust about your condition, it could help you feel it is less frightening, and make you feel less isolated. It may also help other people understand your OCD behaviour and how they can help you.

Plan for a crisis

防患未然、未雨綢繆

You may want to make a crisis plan, or advance statement, to tell people what you want to happen if you are in crisis. This can help reduce stress and address any worries about what will happen to you or your family if you become ill. (See Mind's booklet *The Mind guide to crisis services* for more information on how to plan for a crisis.)

What can friends and family do to help?

親朋戚友又有甚麼可以做？

This section is for friends and family who want to support someone they know with OCD.

Listen and try to understand

聆聽與理解

Friends or family can help a lot by accepting the feelings of the person with OCD and knowing that they find it difficult to cope with them. Finding out about the condition and showing you understand what they are going through can be a very important source of support.

It is helpful if you can understand that it can be particularly difficult for someone experiencing the symptoms of OCD to acknowledge their thoughts, especially if they are shameful or embarrassing.

Support them in getting help

鼓勵求助

“Living with my daughter who has OCD is an emotional roller coaster... but having found the right medication and therapist, she is coming on in leaps and bounds.”

If the person you know with OCD is working to a self-help programme, either on their own or with a therapist of some kind, you might be able to support them with this, or go to treatment sessions with them.

Directing your friend or family member to information materials or personal stories about other people's experiences can also help them understand their condition and make them feel less alone.

Work out how to deal with compulsions

尋找解決方法

It can be distressing to watch someone you love carrying out compulsive behaviour. However, trying to prevent your friend or family member from carrying out compulsive behaviour is often counter-productive and tends to increase their anxiety. Your friend or relative might ask you to go along with their

compulsions; for example, not going into the bathroom until it has been cleaned. This can be disruptive and does not always help to relieve their anxiety.

There is no right or wrong answer about how you to deal with this, but talking about it together might help. If your friend or family member is getting professional help, the professional responsible for their care may be able to advise you how best to deal with this in your individual situation.

Get support for yourself

自理

It can be distressing to be close to someone experiencing OCD, particularly if you are caring for them. You might find it useful to talk to other people in the same situation as you, and to find out more about these complex problems. You can find details of support groups and organisations that provide information on OCD, including information for carers, in 'Useful contacts' on p.18.

Useful Contacts

有用的聯絡

The Mental Health Association of
Hong Kong

香港心理衛生會

tel: 2528 0196

web: www.mhahk.org.hk

Amity Mutual Support Society

恆康互助社

tel: 2332 2759

web: www.amss1996.org.hk

United Centre of Emotional Health &
Positive Living

聯合情緒健康教育中心

tel: 2349 3212

web: www.ucep.org.hk

HK FamilyLink Mental Health
Advocacy Association

香港家連家精神健康倡導協會

tel: 2144 7244

web: www.familylink.org.hk

The Samaritan Befrienders Hong
Kong

港撒瑪利亞防止自殺會

tel: 2389 2222

web: www.sbhk.org.hk

Institute of Mental Health Castle Peak
Hospital

青山醫院精神健康學院

tel: 2466 7350

web: www3.ha.org.hk

Further Information

Mind HK was founded and is jointly supported by Mind UK and the Patient Care Foundation. At the moment Mind HK is limited to website support but with donations we hope to expand the work that is done. Volunteers welcome to contact:

mentalhealth@patientcarefoundation.com.hk

Mind Hong Kong 是由 Mind UK 及 Patient Care Foundation Hong Kong 聯合協辦的機構。在現階段我們只能提供有限度的網上支援。假若有足夠的捐款，我們會進一步擴大服務範圍。如有興趣參與義工團隊，請聯絡：mentalhealth@patientcarefoundation.com.hk