



Counselling Workroom



About Obsessive- compulsive disorder



After the lunar new year, the pandemic became quite serious in Hong Kong. The increasing number of confirmed cases of COVID-19 causes people to feel anxious and fearful. Most of them worried about becoming one of the confirmed cases.

Since people are afraid of being infected, they are concerned about personal hygiene and cleanliness much. Some of them cannot get rid of the thoughts and cause stress and unstable mental status.

In this article, you may know more about what obsessive-compulsive disorder is and have more understanding of your experiences and mental wellness.

Obsessive-compulsive Disorder (OCD) is one of the anxiety disorders.



OCD consists of three major symptoms: obsessions, compulsions and associated anxiety.

Obsessions

Obsessions are those repetitive, excessive and irrational thoughts that the sufferers find distressing but unable to resist.

The common obsessions include **obsessional ruminations, doubts and rituals**. **Obsessional ruminations** are internal debates in which arguments for and against even the simplest everyday actions are reviewed endlessly.

Some **obsessional doubts** concern actions that may not have been completed adequately, such as securing a door; or concern actions that might have harmed other people.

Obsessional rituals include both mental activities, such as counting repeatedly in a special way, and repeating certain form of words or behaviours, such as concern about symmetry and steps.

Although the sufferers know their thoughts are irrational, they feel they cannot get rid of these thoughts. As the severity of obsessions may increase with time, the sufferers may become more distressed and have difficulty to cope with everyday life, or even cause misunderstandings of other people.

Compulsions

Some OCD sufferers may also have **compulsions**.

Sometimes it may be just the **pure repetitive impulses to perform a particular 'ritual'**, sometimes it may be a way to lessen anxiety followed by obsessions.

The common compulsions include **avoidance, checking, hoarding, stereotypic rituals** (e.g. washing the hands 20 or more times a day), **extreme slowness, repeated reassurance** (i.e. requiring other people to reassure you that everything is done perfectly) or **rituals to 'undo' obsessions, such as counting, repeating a particular phrase or touching things for a particular number of times before leaving rooms**. These compulsions are time-consuming and cause the OCD sufferers spend long time before they can go out or do other productive

activities. They may also cause some other physical problems such as dermatitis related to frequent hand-washing.

● ● ● ● Associated Anxiety

Associated with obsessions and compulsions, the OCD sufferers usually feel anxious, guilty, disgusting or depressed.



The most commonly used treatment nowadays is **psychological treatment and medication**.



The major psychological treatment is Cognitive Behavioural Therapy (CBT), including Exposure and Response Prevention (ERP) and Cognitive Therapy (CT). In CBT, OCD sufferers attempt to face the fearful situations gradually and prevent themselves from performing the usual compulsions at the same time, to wait the anxiety waning off and prevent further strengthening of vicious cycle between compulsions and anxiety. And via Cognitive Therapy, therapists assist the OCD sufferers to change the reaction to those obsessional thoughts and target on their self-criticism, helping them to look at things in different perspectives.



For medication, Selective Serotonin Reuptake Inhibitor (SSRI) can correct the imbalance of serotonin level inside the brain and decrease the frequency and severity of obsessions and compulsions. The dosage used in OCD is usually higher than that in treatment of depression. If the sufferers do not have significant improvement with SSRI, there are still some other choices of medication. For those OCD sufferers with moderate to severe severity, medication can be used solely or combined with CBT.

OCD is usually treated in out-patient setting. However, if the symptoms are very severe and impairing to self-care, or the sufferers have suicidal idea or other severe mental problems such as eating disorder or severe depression, in-patient treatment may be necessary.



If you are experiencing any emotional need right now, you are welcome to contact the Student Affairs Office Counselling Services at any time for further assistance.

You can find more details about OCD in the followed link.

https://www.youtube.com/watch?v=l8Jofzx_8p4