

# 輔導工作室

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# 認識強迫症



今年香港疫情自農曆新年後一直變得頗為嚴重,不但影響各人的生活,每日急升的確診 數字更會讓人有恐懼、不安及焦慮的感覺,總擔心自己會否成為確診患者的其中一人。

由於怕被感染,有不少人除了特別注重個人衛生及清潔,不斷地洗洗抹抹,心理上造成不少壓力,甚至有些人會擔心自己的行為及心理狀態會否演變成情緒病。

因此,於此文章會為大家介紹一下甚麼是強迫症,讓你可以多了解自己有否經歷此情況 及心理狀態。

#### 強迫症是焦慮症的一種。



強迫症有三個主要的部分:強迫思想、強迫行為和伴隨的緊張情緒。

#### ●●●強迫思想

指一些**不斷重複的思想**。患者雖然知道這些思想是多餘的、不理性的,但卻阻止不了這些思想的出現,並覺得非常厭惡。

**常見的強迫思想有反覆思索、懷疑和「儀式」**,例如無休止地跟自己爭論做不做一些事情,懷疑你沒有鎖好門窗、或者要不斷確定一些事物有沒有跟著絕對正確的程序或擺放 在平衡或正確的位置。

有些患者會在**腦海中不斷浮現一些纏繞的思想或影像**。患者雖然知道這些想法並不合理,但就是感覺不能擺脫這些思想。

最初強迫思想的清晰度或真確性可能因人而異,但隨著病情更深,患者可能會因為這些思想變得愈來愈困擾,甚至無法應付日常的生活,並造成其他人的誤解。

#### ●●●●強迫行為

有些強迫症患者可能有強迫行為。

有些是純粹感到必須去做某些行為而進行這些「儀式」,有些則因為希望減少強迫思想 帶來的緊張,或想像可以阻止一些不幸的事情發生而進行強迫行為。

常見的強迫行為包括逃避、檢查、蒐集、固定的程序(例如經常洗手、很慢和很小心地做事)、安慰(重複要求別人告訴你每件事都很妥當)和「糾正」強迫思想(例如透過數數、重重複複地說一個特別的字、離開房間前要接觸某件東西若干次,以「中和」、清除那些使你困擾或不快的思想或影像)。這樣做要用很多時間,以致患者很久才能外

出或做一些有用的事情,甚至引起一些其他身體的問題(例如經常洗手會導致皮膚發炎)。

## ●●●伴隨的緊張情緒

伴隨這些強迫思想和行為,強迫症患者通常亦會感到緊張、焦慮、害怕、內疚、厭惡或抑鬱。



每位強迫症患者的治療方案都會因應個別的需要和不同病徵而有所不同,你可以和你的治療師、以及你的朋友或家人商量不同的選擇。很多患有輕微強迫症的人都能在沒有密集的治療下改善病情,但這情況多數不會發生在中度或嚴重的強迫症。

現時最常用於強迫症的治療主要為**心理治療和藥物** 治療。

# 心理治療

心理治療主要為認知行為治療,包括面對引起焦慮的環境及防止相關反應,以及認知治療。透過認知行為治療,患者嘗試逐漸去面對他們所害怕的情況,同時阻止自己去做慣常的強迫行為,以等待焦慮過去,停止強迫行為及焦慮互相加強。而透過認知治療,治療師協助患者去改變對某些思想的反應,針對那些不切實際的自我批評,幫助患者由另一個角度去看事物。



藥物方面,選擇性血清素再吸收抑制劑能調節患者腦內的血清素,協助減少纏繞的思想及強迫行為,而用藥的份量通常比抑鬱症患者為高。如果患者未有明顯的好轉,亦可以嘗試一些其他的藥物。對於有中度或嚴重強迫症的患者,藥物可以獨立使用,或配合認知行為治療。

通常強迫症患者都可以在門診接受治療,但如果患者的病徵非常嚴重,甚至無法適當地 照顧自己或有自殺念頭,或者有其他嚴重的精神問題,例如:飲食失調或嚴重抑鬱,則 可能需要入院治療。

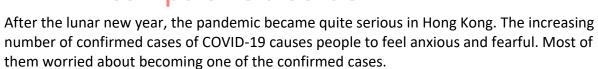
如果你現在遇到任何情緒上的需要,歡迎你隨時與學生事務處輔導服務聯絡,以獲得更多的幫助。



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# **Counselling Workroom**

# About Obsessivecompulsive disorder



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 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.



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=I8Jofzx 8p4