



Psykisk helse

ENGELSK

# Obsessive- Compulsive Disorders

Tvangslidelser



## What is obsessive-compulsive disorder?

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**Obsessive-compulsive disorders have long been hidden conditions. Many people suffering from obsessive-compulsive disorders manage to completely conceal their problem from others, even from those closest to them. In spite of this, obsessive-compulsive disorders are relatively common. More than 100 000 Norwegians have symptoms of sufficient severity to be considered an obsessive-compulsive disorder.**

For many people, the nature of obsessive-compulsive illness is strange and inexplicable. Having a diagnosis that can account for such problems can as a result be of great importance in managing symptoms.

## Various types of obsessive-compulsive disorders

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There are various types of obsessive-compulsive disorders. An obsessive-compulsive illness generally consists of compulsive actions, or obsessive thoughts. A combination of obsessive thoughts and compulsive actions is also common.

### Compulsive actions

- *Cleanliness Rituals*

Exaggerated cleaning rituals, which continue after the dirt has been eliminated, are compulsive actions. These rituals are frequent, lasting and intense, beginning as a fear of filth, infection, or germs. The washing in itself is not “sick”, but a critical behavior engaged to avoid infection or contagion. One can feel compelled to wash his/her hands up to 40-50 times a day, with each round taking an inordinately long time.

- *Checking things*

Making sure that the stove is turned off or that the door is locked is not abnormal, but something most of us do this from time to time. But in this case it's a matter of checking things incessantly; not once or twice, but maybe 10 or 50 times, even while “really knowing” that the door is indeed locked.

- *Other rituals*

Washing and checking things are the most common forms of compulsive actions. Rituals can also be related to not walking on cracks in the sidewalk, constantly counting things, using magic numbers, or doing things in a defined and specific order. Others can collect objects and have a difficult time parting with them (so-called collecting mania). These rituals can often be quite strange. About 30 percent of all people suffering from obsessive-compulsive disorder suffer from these kinds of rituals.

### Obsessive thoughts

There are different kinds of obsessive thoughts. They can appear in the form of ideas, fantasies, impulses, or other thoughts. Obsessive thoughts can often be strange and foreign, and may be experienced as frightening and unpleasant. A thought that might for example come, is that unless you conduct a certain ritual precisely, future catastrophic events will occur. A family member might die, or a war could break out. Such obsessive thoughts force a person to check that the ritual was indeed correctly executed. Or you might read a book and see the word “sick”, and have a driving need to neutralize the “dangerous” word with the word “healthy”, madly reading the entire book to find just that word. Alternatively, thoughts about doing dangerous things, for example hurting your own child, can lead to anxiety about knives and sharp objects.

More than 50 percent of all patients with obsessive-compulsive disorder have obsessive thoughts, and there is a great deal of overlap between compulsive actions and obsessive thoughts. Obsessive thoughts can nonetheless appear without being accompanied by compulsive actions; when compulsive actions do present as well, the obsessive thoughts are usually connected to these actions.

## Do you recognize any of these symptoms?

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Obsessive-compulsive disorders are connected with a number of symptoms. In addition to these, the disease will lead to a significant social handicap, making it difficult to develop as desired. In a way, you become a prisoner in a cage of your own making. The symptoms of obsessive-compulsive disorder often cause problems for family members, who can at times be completely overwhelmed by them as well.

### Obsessive thoughts

- One is constantly troubled by unpleasant ideas, thoughts, fantasies, or impulses
- One tries to ignore or overlook these thoughts, but without success
- One experiences the thoughts as foreign, yet at the same time one's own

### Compulsive actions

- One is bothered by compulsive behavior, for example incessant washing
- One does this to prevent "danger", or neutralize discomfort and anxiety
- One realizes that this behavior is actually futile and unnecessary

### Other symptoms

Other symptoms can include doubt, brooding, caution, as well as great ambivalence and problems making decisions, be they important or insignificant. Further, we occasionally see symptoms of phobic anxiety, with discomfort and avoidance associated with particularly difficult situations, such as for example efforts to not to get dirty. Depressiveness and serious depression are not uncommon either.

## Who gets obsessive-compulsive disorders?

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Obsessive-compulsive disorder usually presents between the ages of 15-20, and seldom later than 35. Without treatment the prognosis is poor, with little spontaneous improvement, if one does see some relief with age. Those suffering from obsessive-compulsive disorder who have a pronounced compulsive personality and serious symptoms usually have the poorest prognoses.

## Causes of the illness, and psychological mechanisms

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The causes and conditions that bring about obsessive-compulsive disorders are considered varied, with a certain genetic role having been determined. It is also said that a strict upbringing, with excessive meticulousness and cleanliness, can play a role in the development of obsessive-compulsive disorder.

What is it that keeps compulsive behavior going, be it compulsive actions or obsessive thoughts? Imagine this: You have come in contact with something that makes your hands dirty (or so it feels). The feeling of discomfort over this only

increases, becoming unbearable. You wash your hands, and the discomfort is instantly reduced. You have found an effective way to control your anxiety. But the strategy is not good enough. Now you have a new problem; in part a bothersome compulsive behavior that is time-consuming and disturbing, in part because the discomfort will quickly return, making you have to wash your hands again. Moreover, every time you carry out this sequence you at the same time perpetuate the problem.

## Treatment

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### Compulsive actions

- *Exposure treatment*

The treatment that has proven itself to be the most effective for treating obsessive-compulsive disorder is a form of cognitive behavior therapy called "exposure and response prevention." This treatment involves exposing oneself to what one most fears, to the situations that create anxiety and set in motion compulsive actions or obsessive thoughts. When anxiety and discomfort inevitably arise in such situations one is forced to resist the compulsive behavior. If one can avoid acting out the compulsive behaviors for a certain period of time, the discomfort will gradually disappear.

### Obsessive thoughts

- *Exposure treatment*

This has proven to be effective and is now considered the best treatment for obsessive-compulsive disorder. The treatment functions best when it is carried out without medication or alcohol, increasing the effectiveness of the treatment.

- *Medication treatment*

Obsessive-compulsive disorders can also be treated with anti-depressants, but it is exposure itself that is the effective treatment component. This is also the case for other medications, which have been shown to have limited effect if the patient does not undergo "natural exposure." A combination of medication and exposure therapy has an additional or "double effect".

- *Other forms of treatment*

Family therapy

## Help can be found

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In addition to friends and family, there are many public and private agencies you can contact if you need help or are uncertain whether you need treatment or not. These could be:

- Your own doctor/casualty clinic
- Your local health centre/school nurse services
- Psychiatric nurse (contact the main telephone switchboard in your city)
- Ananke (an association for persons with obsessive-compulsive disorder and their relatives), located in Trondheim, Stavanger, Bergen and Oslo  
**[www.ananke.no](http://www.ananke.no)**
- Information on medication  
**[www.legemiddelverket.no](http://www.legemiddelverket.no)**
- "De utrolige årene" (Webster Stratton)  
**[www.deutroligearene.no](http://www.deutroligearene.no)**
- Parent Management Training (PMT)  
**[www.atferd.unirand.no](http://www.atferd.unirand.no)**
- Multisystemisk terapi (MST)  
**[www.atferd.unirand.no](http://www.atferd.unirand.no)**



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## Where to seek help

Emergency – call 113  
Doctor/Casualty  
Support phone: 810 30 030

## Useful information

[www.psyisk.no](http://www.psyisk.no)  
[www.psyiskhelse.no](http://www.psyiskhelse.no)  
[www.mentalhelse.no](http://www.mentalhelse.no)  
[www.psykopp.no](http://www.psykopp.no)  
[www.nyinorge.no](http://www.nyinorge.no)  
[www.nakmi.no](http://www.nakmi.no)

## Broshures on mental health



Anxiety  
IS-1465



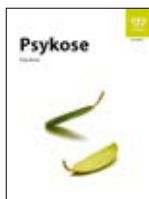
Depression  
IS-1466



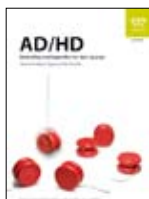
Obsessive Compulsive  
Disorders IS-1469



Eating disorders  
IS-1470



Psychosis  
IS-1471



AD/HD  
IS-1468



Legal protection  
IS-1467



Mental health care in Norway  
• For adults, IS-1472  
• For young people, IS-1474  
• About young children, IS-1473



BUP  
• Children, IS-1301  
• Young people, IS-1302  
• Adults, IS-1303

Brochures can be downloaded at [www.psyisk.no](http://www.psyisk.no) under Information Material.

This brochure can be found in 'bokmål' and 'nynorsk', the two official languages of Norway, English, Arabic, Farsi, French, Kurdish/Sorani, Polish, Punjabi, Russian, Lappish, Serbian/Croatian, Somali, Spanish, Turkish, Urdu, and Vietnamese.

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Sosial- og helsedirektoratet