David Beckham's recent admission that he suffers from Obsessive Compulsive Disorder (OCD) has brought this much-misunderstood condition into the spotlight. We all worry that we've left the gas on, we all wash our hands to prevent germs spreading, but for some people, everyday anxieties become an all-consuming terror. Heather McGarrigle explores what it really means to live with this complex condition...

just a thought?

What are you obsessed with? The term 'obsession' is used so freely these days it's almost lost meaning; people are obsessed with handbags, with music, with TV shows, with sport. These are all things that bring us pleasure; we love them and can't get enough of our 'obsession'. But for many, obsession means something entirely different.

The National Institute for Health and Clinical Excellence (NICE) defines an obsession as being "an unwanted intrusive thought, image or urge, which repeatedly enters the person's mind".

OCD is the name given to a condition in which people experience repetitive and upsetting thoughts and/or behaviours. Its two main features are Obsessions and Compulsions. According to OCD Action, "Common obsessions include, but are not limited to, fears about dirt, germs and contamination; fear of acting out violent or aggressive thoughts or impulses; unreasonable fears of harming others, especially loved ones; abhorrent blasphemous or sexual thoughts; inordinate concern with order, arrangement or symmetry; inability to discard useless or worn out possessions and fears that things are not safe, especially household appliances. The main features of obsessions are that they are automatic, frequent, upsetting or distressing, and difficult to control or get rid of."

It's 'stuck-record syndrome'; we all know the annoyance of having a song (or a certain amphibian ring-tone) stuck in our heads. For an OCD sufferer, it's their fear or obsession that's playing relentlessly in their head.

The affected person may develop compulsions in an effort to rid themselves of the fear and anxiety brought about by the obsession, or to 'put right' whatever it is they are anxious about. Common compulsions include, but, again, are not limited to, excessive washing and cleaning; checking; repetitive actions such as touching, counting, arranging and ordering; hoarding; ritualistic behaviours that lessen the chances of provoking an obsession (for example, putting all sharp objects out of sight if the obsession is concerned with harming others) and acts which reduce obsessional fears (for example, wearing only certain colours). Compulsions can be observable actions, for example washing, but they can also be mental rituals such as repeating words or phrases, counting, or saying a prayer.

Many of you will, reading this, recognise certain fears, thoughts, habits and rituals which you have adopted or perform yourselves. The mental health charity, Mind, says that as many as four out of five of us may experience minor

obsessions or compulsions from time to time, but explains, "The distinction between this and OCD is in its severity. With OCD, the problems are so severe that they interfere with everyday life."

In Claire's case, her intrusive thoughts centred around an over-developed sense of responsibility, which is common amongst OCD sufferers. "I believed that my thoughts and actions would somehow affect my loved ones, and usually in a bad way. For example, when my mum became ill, I thought it must have been down to something I had or hadn't done; I would have a certain way of doing things, and if they weren't done right, I would somehow feel that all was not right with the world. I would always get dressed by putting my right shoe on before my left, and put my right arm into a jacket before my left. Certain rings would have to be worn on certain fingers – if I was in a rush in the morning and forgot to put my rings on or something, I'd have to go back and end up being an hour late for work. How do you explain to your boss that you're late because you had to go and put your rings on?!"

Obsessive Compulsive Disorder is listed, by the World Health Organisation, as one of the Top 10 most debilitating illnesses in terms of lost income and decreased quality of life. Thought to affect two to three per cent of the population, this means that in Northern Ireland alone, there are approximately 50,000 people living with the condition.

OCD NI is the Northern Irish charity for people with the condition and its related disorders. It was established in 2003 by Sinclair Hilton, a psychotherapist, as a result of discovering that public understanding of the condition here was lagging behind that in other parts of the UK. "Medical diagnosis of the condition wasn't very far advanced and a lot of people were being written off as just being 'funny' or 'eccentric'. Things are getting better but I think we've a long way to go – we're about ten years behind the rest of the UK, sadly. Mental health in general here is grossly underfunded."

Treatment for OCD is usually two-fold, involving medication with Selective Serotonin Reuptake Inhibitors (SSRIs) and Cognitive Behavioural Therapy (CBT). SSRIs are, in effect, continued >

continued anti-depressants but it's important to note that OCD itself is not a 'depressive' illness. Depression, however, can result from the sufferer getting no relief from their symptoms and feeling hopeless. This may account for some of the misdiagnoses, as the person initially presents with symptoms of depression. "The doctor treats them for depression without getting to the bottom of what's actually causing it," Sinclair explains, "The sufferer may not tell the doctor what the real problem is because it's seen as something which should be within their control. It's not necessarily a fault of the doctor, given that they may not have long enough to delve into it and discover that it is OCD."

Claire had a struggle to get a correct diagnosis. "It got to the stage where I was too anxious to leave the house and was having panic attacks. My parents were worried and urged me to get help but when I visited my GP I wasn't referred to a specialist. In the end, because of the NHS waiting lists, I paid to see a psychiatrist – even then I had to wait a few months but within twenty minutes of speaking to me he was able to diagnose OCD. I was prescribed anti-depressants for the panic attacks, which was scary because you're committed to taking them for at least three months."

"I'm not a great advocate of medication," says Sinclair, "but if someone is hyper-anxious they may not be able to engage in the CBT adequately. In this case they need something to settle them down first. The medication itself doesn't affect the symptoms – it affects the levels of serotonin in the brain. It's designed to calm the person down so that they are able to engage in therapy."

Cognitive Behavioural Therapy aims to identify links between thoughts, feelings and behaviour and help develop practical skills to manage them. The behavioural element helps people to face their fears and reduce their rituals. Claire was referred for CBT which she found helpful in coming to terms with her condition. "I didn't believe I had it; I just thought I was a bad, lazy person who had evil thoughts. The first sessions involved the therapist explaining what OCD was and gradually I accepted it. We moved on to challenging my behaviours – I was fussy about the order of doing things, so my first 'homework' was to put my left shoe on first instead of my right. It's amazing how difficult I found this; I was just waiting for the bad thing to happen as a result, almost looking for it. Any little thing that went wrong, I attributed to the fact that I had done things in the wrong order."

Medication and CBT, or just CBT in many cases, can help people to restructure their thinking in order to reduce anxiety and the impact of their intrusive thoughts. "Compulsive behaviour affects about one in three people with OCD, but because it's so graphic, for example, excessive hand-washing, that's often the thing that gets focused on," says Sinclair, "I don't want to see any less focus on the compulsive side, but it needs to be put into perspective. Not everyone goes down the route of picking up rituals but all OCD sufferers have the intrusive thoughts."

Sinclair runs the OCD NI support group in Donaghadee, an informal gathering where people with OCD can talk to others with the condition and discuss their experiences. Claire found that the group helped her realise she wasn't alone. "I spoke to this guy about my OCD and he was like 'Oh yeah, I used to do that.' I realised I wasn't totally mental!"

Claire ended up dropping out of university. "Everything I did had to be perfect which resulted in being late for lectures, handing work in late…I was sent to Student Services to see a counsellor but they didn't pick up on it." This is something Sinclair is hoping to change. "The peak time for the condition to arise in people is between the ages of 15 and 25. A recent study at Queen's University showed that about 11 per cent of students had OCD or showed OCD characteristics – compare that to the national average of two to three per cent. It's no wonder so many students drop out if they're having these symptoms and they're not being addressed." OCD NI would like to educate student counsellors about OCD, so that they are equipped to recognise the condition and point a sufferer in the right direction for help.

Having sought help, Claire has her condition under control. "Things are good now. The thing you learn about OCD is that everyone has these thoughts - the difference is that the OCD person can't just dismiss them. With the right help, you learn to recognise when it is an OCD thought and you learn how to react."

Useful contacts:
OCD NI – Tel: 028 9188 4185
OCD Ireland – Web: *www.ocdireland.org*
OCD Action – Web: *www.ocdaction.org.uk*
OCD UK – Web: *www.ocduk.org*