

OCD & BDD

Information for health professionals about Obsessive Compulsive Disorder (OCD) & Body Dysmorphic Disorder (BDD) in children, adolescents and adults (based on the NICE Guideline on OCD & BDD)

What is OCD?

OCD is an anxiety disorder that can be very debilitating and can occur in children, adolescents and adults. It is characterised by obsessions or compulsions, but commonly both. An obsession is a repetitive, distressing, unwanted thought about things such as contamination or concern with order or symmetry. A compulsion is a repetitive, distressing, unproductive behaviour, which usually temporarily reduces anxiety and involves such activities as excessive cleaning, repeated checking or counting and hoarding. Repeated thoughts, such as fear of harming other people, are common symptoms of OCD and do not mean that people are at risk of acting on these thoughts.

What is BDD?

Body Dysmorphic Disorder (BDD) is characterised by a preoccupation with and anxiety about what is believed to be a major physical flaw. A person with BDD might spend an excessive amount of time concealing the perceived defect and looking at themselves in the mirror. Other disorders related to OCD – for example Trichotillomania (TTM/ Compulsive Hair Pulling) and Compulsive Skin Picking (CSP) – are not covered by the NICE Guideline, but further information is available from OCD Action.

ASSESSMENT & RECOGNITION

What shall I ask someone who may have OCD?

People with OCD have often had the condition for a long time before it is properly recognised. Consider the possibility of OCD in people with symptoms of depression, anxiety, alcohol or substance misuse or an eating disorder. People with OCD are often embarrassed about their symptoms. Therefore, if you think that a patient may have OCD you could ask:

- Do you wash or clean/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 with putting things in a special order or are you very upset by mess?
- Do these problems trouble you? If so, to what extent?

OCD Action is the national UK charity for people affected by OCD and related disorders. Around 1-2% of the population are estimated to have OCD. The World Health Organization recognises OCD as one of the top ten disabling disorders.

Helpline: **0845 390 6232**
Website: **www.ocdaction.org.uk**

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it's time to act

Treatments recommended for primary care settings

Psychological Treatments

For children or adolescents with mild OCD, guided self-help is an effective treatment. For children, adolescents and adults, Cognitive Behavioural Therapy including Exposure Response Prevention (CBT including ERP) is an effective treatment for OCD, shown to significantly help about 70% of people with OCD. Depending on severity, it can be given either as a brief intervention with self-help materials or by telephone (up to 10 hours) or as a more intensive treatment for an individual or in a group (more than 10 hours). If it is appropriate it may be useful to involve the family or carer in this treatment. For adults in England CBT is available through the local Improving Access to Psychological Therapies (IAPT) service: www.iapt.nhs.uk

People with OCD might find the following books (available from the 'books on prescription' website) helpful
<http://www.booksonprescription.org.uk/>

- Understanding Obsessions & Compulsions: Frank Tallis
- Break Free from OCD: Dr. Fiona Challacombe, Dr. Victoria Oldfield & Paul Salkovskis
- Overcoming Obsessive-Compulsive Disorder: David Veale, Rob Willson
- Overcoming Health Anxiety: David Veale, Rob Willson

Please see our website for further information, including an up to date list of Support Groups around the UK and specific guidance on accessing National and Specialist OCD services: www.ocdaction.org.uk

Medications

An SSRI such as Fluoxetine, Fluvoxamine, Paroxetine, Sertraline, Citalopram or Escitalopram may be given to adults either in combination with CBT (including ERP), or alone, depending on severity, on whether the patient wants to have CBT (including ERP), and on whether CBT is working. Your patient should be closely monitored, particularly in initial stages for potential side effects such as agitation and suicidal thoughts, especially in young people.

There is a dose response relationship so that higher doses tend to be more effective e.g. fluoxetine 60mg. The medication may not have full benefit for up to 12 weeks. Your patient should be informed about the possibility of withdrawal symptoms if the medication is suddenly stopped. A child or adolescent with OCD may also receive similar treatment with an SSRI, but a specialist will usually be involved.

Prognosis and referral

With the right treatment 60-70% of patients with OCD will improve. If there is no improvement with CBT (including ERP) and/or SSRI after 12 weeks, NICE guidelines recommend that your patient should be offered a multidisciplinary review (in England with a consultant team of their choice) – where a range of healthcare professionals will assess their needs. For more information, please see www.ocdaction.org.uk/choice A different SSRI or Clomipramine may then be recommended. If the person has not responded to a full trial of an SSRI, or Clomipramine or combined SSRI and CBT (including ERP), they should be referred to a specialist team with expertise in OCD/BDD for further assessment and treatment planning.

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