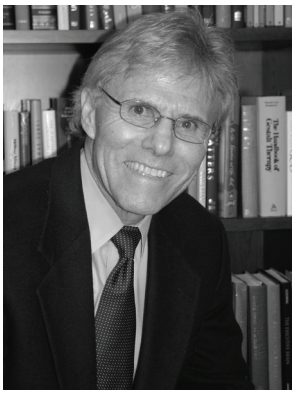

DR. JONES'

MENTAL FITNESS UPDATE©

Volume 1

OCD – Sane People Doing Insane Things

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"Are you sure it's obsessive compulsive disorder? What if it won't go away? You better check." (This is "*OCD think".)* Almost everyone has obsessive thoughts, worries too much, dwells too long on something, or has to do a task "just right". Since most people don't have OCD, where is the line drawn between normal and irrational?

People do not have OCD, OCD has them!

Thoughts and actions control the person instead of vice versa. Addiction to compulsive rituals often results. "Just one more time and I will stop!" Some people have OCD symptoms that are secondary to a larger problem such as Post Traumatic Stress.

Thoughts and actions control the person instead of the person controlling them.

There are also different types. Classic OCD and perfectionistic OCD have similarities, but in some ways are opposites.

OCD can overlap with other conditions. Some of these include the following: Aspergers, Tourettes, Bipolar Mood Disorders, ADHD, and Social Anxiety Disorder.

DSM IV Guidelines

OBSESSIONS:

- Recurrent / persistent unwanted **thoughts, impulses or images**
- Is not worry about real life problems, is irrational
- Recognized as a product of one's own mind
- Attempts are made to suppress, control, or neutralize the worry

COMPULSIONS:

- Repetitive behaviors or mental acts that the person must perform
- Aimed at reducing distress or preventing a dreaded event

Behavioral and medical treatment combined is the most effective treatment in decreasing both obsessions and compulsions. OCD treatment has more scientific validity than any other mental disorder. Overall treatment success has proven to be very positive!

MOST COMMON TYPES OF OCD

OBSESSIONS	COMPULSIONS
Contamination	Checking
Harm	Cleaning/washing
Symmetry	Repeating
Religious	Mental Rituals
Sexual	Ordering
Hoarding	Collecting
Unwanted Urges	Counting

ABOUT OUR STAFF

Paige Embrey,M.B.S.,LPC, Clinical assistant to Dr. Jones, she is a certified therapist with emphasis on ADHD, social anxiety, teens.

Penny Chaney, B.B.A., Marketing, Patient education and marketing director. She does writing, research, and graphic design, web site design.

Melissa King, B.F.A –Coordinator of our program for total fitness. She will serve as "coach" to patients that wish to initiate positive lifestyle changes.

MEDICAL TREATMENT

The Serotonin Reuptake Inhibitors, SSRI's, remain the number one choice for the treatment of OCD. All people with OCD have some abnormalities of the brain neuromodulator serotonin – some are high and others are low. Some types of OCD are affected by the brain modulators dopamine and/or norepinephrine. Frequently more than one medication is needed to help get back to normal. The FDA studies of medications for OCD focus on getting better, but not well. In order to achieve full recovery from symptoms one medication may not be adequate. If a medication is not working try something else. TMS, brain stimulation, or surgery may be effective if all else fails.

OBSESSIVE COMPULSIVE DISORDER MEDICATIONS

Primary	Second Line	Others
Paxil*	Klonopin	Wellbutrin SR
Zoloft*	Abilify	Xanax
Prozac*	Zyprexa	Buspar
Luvox*	Risperdal	Trazodone
Effexor XR	Stimulants	Remeron
Celexa	Geodon	Lithium
Lexapro	Seroquel	Clonidine
Anafranil*		Anticonvulsants
		Ativan

*FDA approved

BEHAVIORAL THERAPY FOR OCD

I always insist that my OCD patients listen to or read "Brainlock", by Jeffrey Schwartz. The book not only explains effective cognitive behavioral techniques, but also teaches how to do "self talk". This helps reduce OCD behavior. Schwartz and his UCLA colleagues also demonstrated that doing these techniques not only decreases OCD symptoms, but actually changes the biochemical abnormalities in the brain. This is verified by brain scans.

The basic concept is easy to learn. But like playing tennis, knowing what to do is a lot easier than being able to consistently do it. It takes hard work and persistence.

Think of OCD as a bully that wants to run your life. Develop an attitude of aggressiveness that you are going to be in charge.

BRAINLOCK:

STEP ONE: **Relabel**
"It's not me, it's my OCD!"

STEP TWO: **Reattribute**
"It's my high serotonin!"

STEP THREE: **Refocus**
Shift the mind to an activity that is of interest to you.

STEP FOUR: **Revalue**
This is not a real danger. It is an irrational thought. Compulsive rituals are a waste of time!

"By changing behavior people with OCD are able to unlock their brain"
Jeffrey Schwartz

The most important and also the hardest step is refocusing. Experiment with approaches:

> Visual (read something)
> Auditory (listen to music)
> Kinesthetic (exercise)
> Combine any of the above

Each person has to find what works best for them. It also helps to get a spouse, friend, or family member to listen to the tape or read the book. This will ensure a good support system for staying with the program until an improvement of symptoms is achieved.

Behavior therapy has proven to be effective in 60 to 90 percent of OCD patients.

MEDICATIONS AND OCD

Classic OCD starts with a thought, *"what if.?"* Obsessive thoughts lead to compulsive behaviors. The serotonin system in the brain is overactive. Medications that increase serotonin make OCD worse. Every medicine that significantly helps OCD is a Reuptake Inhibitor of serotonin, or SSRI. (These are listed under primary treatments on the first page.) When an SSRI is taken initially, (within the first 24 hours), serotonin is increased. This happens because there is an increase of serotonin in the synapse between nerve cells. After taking the medication for several weeks the serotonin down regulates (reduces) the receptors and production of serotonin decreases. Patience is required to see the full effect of the medication because it sometimes takes 3-4 months to achieve. However, high doses are frequently needed. Adding Klonopin is often helpful because it helps decrease serotonin activity. Studies show a success rate of between 50 and 80 percent improvement by individuals treated with medication only. However, medication works best when combined with cognitive and behavioral therapy.

DID YOU KNOW THAT...?

√OCD is like the brain getting "stuck in gear" unable to shift to another thought

√2% to 3% of Americans, or 1 in 50 are affected by OCD

√Onset of OCD is usually in adolescence or early adulthood

√Studies show a gap of 17 years between onset of symptoms and treatment

√OCD is more common than asthma or diabetes

DISORDERS RELATED TO OCD

- Body dysmorphic disorder
- Hypochondriasis
- Anorexia nervosa/Bulimia
- Tourettes syndrome
- Tics
- ADHD/ADD
- Trichotillomania (hair pulling)
- Pathological gambling
- Addictions
- Asperger's

He always times 60 Minutes!

RESOURCE CORNER

√ ***Brainlock,*** by Jeffery Schwartz, MD

√ ***Shadow Syndromes,*** by John Ratey, MD

√ ***Obsessive Compulsive Disorder Guide***, by John Greist, MD

√ **The OC Foundation, Inc.**
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