



## MONTHLY MENTAL HEALTH NEWSLETTER

Presented by the Gwinnett County Sheriff's Office Mental Health Task Force

**In this Issue:**  
Obsessive  
Compulsive  
Disorder (OCD)



### WHAT IS OBSESSIVE COMPULSIVE DISORDER (OCD)?

OCD sufferers present with a pattern of unwanted thoughts and fears (*obsessions*) that lead them to do repetitive behaviors (*compulsions*). These obsessions and compulsions interfere with daily activities and cause significant distress.

OCD sufferers usually present with both obsessions and compulsions, but it's also possible to have only obsession symptoms or only compulsion symptoms.

**Please note** that being a perfectionist does not mean you have OCD. It is *illness* when it interferes with ones functioning and ability to find contentment.

### OCD Symptoms/Signs

**Obsessions** often have common themes, such as:

- Fear of contamination, germs or dirt
- Doubting and having difficulty tolerating uncertainty
- Needing things orderly and symmetrical
- Horrific thoughts about losing control and harming oneself or others
- Unwanted intrusive thoughts which may include aggression, or sexual or religious subjects

As with obsessions, **Compulsions** typically have themes, such as:

- Washing and Cleaning
- Checking
- Counting
- Orderliness
- Following a strict routine
- Demanding reassurance

### Life with OCD

OCD obsessions are repeated, persistent unwanted, intrusive thoughts, urges or images that cause distress or anxiety. Sufferers might try to ignore them, but most sufferers believe they can only stop them by performing compulsive behaviors or rituals. These obsessions typically intrude when the sufferer is trying to think of or do other essential and/or important things.

Sufferers may or may not realize their obsessions and compulsions are excessive or unreasonable. Nonetheless they take up valuable time and interfere with their daily routines, whether it be work, school or social functioning.

OCD thoughts are persistent, and behaviors are rigid. Not performing the behaviors commonly causes great distress. While some people with OCD know or suspect their obsessions are not realistic; others believe they are, (*known as limited insight*). Whether they believe they are real or not, people with OCD have difficulty avoiding the obsessive thoughts or stopping the compulsive actions.

Their destructive, compulsive behaviors may include, but are **never** limited to the following:

*Handwashing until their skin is raw.*

*Checking to make sure the stove is off to the point of not being able to leave their home for fear it is still on.*

*Counting and Organizing items at the expense of missing out on other essential areas of their life.*

### Risk Factors and Treatment

OCD usually begins in the teen or young adult years, but it can start in childhood. Symptoms usually begin gradually and tend to vary in severity throughout life. The types of obsessions and compulsions one experiences can change over time.

Symptoms generally worsen when experiencing higher stress levels. OCD is usually considered a lifelong disorder. Whether the OCD is mild, severe or completely disabling, treatment may include psychotropic medication and/or intense long-term behavioral therapy.

### REFERENCES

The G.C.S.O. Mental Health Tasks Force encourages you to utilize the sources listed below and the **Substance Abuse and Mental Health Services Administration (SAMHSA)** at [www.samhsa.gov](http://www.samhsa.gov) to learn more about this and other important mental health topics.

<https://www.nimh.nih.gov/health/topics/obsessive-compulsive-disorder-ocd>

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/obsessivecompulsive-disorder-ocd>

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