Obsessive-Compulsive Disorder In Children And Adolescents

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Obsessive-compulsive disorder (OCD) usually begins in adolescence or young adulthood and is seen in as many as 1 in 200 children and adolescents. People with OCD have recurrent intense obsessions and/or compulsions that are severely painful and interfere with day-to-day functioning. Obsessions are recurrent and persistent thoughts, impulses, or images that appear without warning, are unwanted, and cause extreme anxiety or distress. Frequently, the thoughts are irrational, without bearing to current happenings. They are not just worries about real-life problems or preoccupations. Compulsions are repetitive behaviors or rituals (like hand washing, keeping things in order, checking something over and over) or mental acts (like counting, repeating words silently, avoiding). In OCD, the obsessions or compulsions must cause significant anxiety or distress, or interfere with the child's normal routine, academic functioning, social activities, or relationships.

The obsessive thoughts may vary with the age of the child and may change over time. A younger child with OCD may have persistent thoughts that harm will occur to himself or a family member, for example an intruder entering an unlocked door or window. The child may compulsively check all the doors and windows of his home after his parents are asleep in an attempt to relieve anxiety. The child may then fear that he may have accidentally unlocked a door or window while last checking and locking, and then must compulsively check over and over again.

An older child or a teenager with OCD may fear that he will become ill with germs, AIDS, or contaminated food. To cope with his/her feelings, a child may develop "rituals" (a behavior or activity that gets repeated). Sometimes the obsession and compulsion are linked; "I fear this bad thing will happen if I stop checking or hand washing, so I can't stop even if it doesn't make any sense."

Research shows that OCD is a brain disorder and tends to run in families, although this doesn't mean the child will also have OCD if a parent has the disorder. A child may also develop OCD with no previous family history.

Children and adolescents often feel shame and embarrassment about their OCD. Many fear it means they're crazy and are hesitant to talk about their thoughts and behaviors. Good communication between parents and children can increase understanding of the problem and help the parents appropriately support their child.

Families and caregivers are often affected by the youth's OCD. The impact on functioning of the person with OCD may change plans or activities of family members. Caregivers may "give in" to youth suffering from OCD to try to support the child; this is a process known as "accommodation". Most caregivers are not aware of the amount of accommodation they do.

Most children with OCD can be treated effectively with a combination of psychotherapy (especially cognitive and behavioral techniques) and certain medications, for example, serotonin reuptake inhibitors (SSRIs). Family support and education are also central to the success of treatment. Seeking help from a child and adolescent psychiatrist is important both to better understand the complex issues created by OCD as well as to get treatment

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