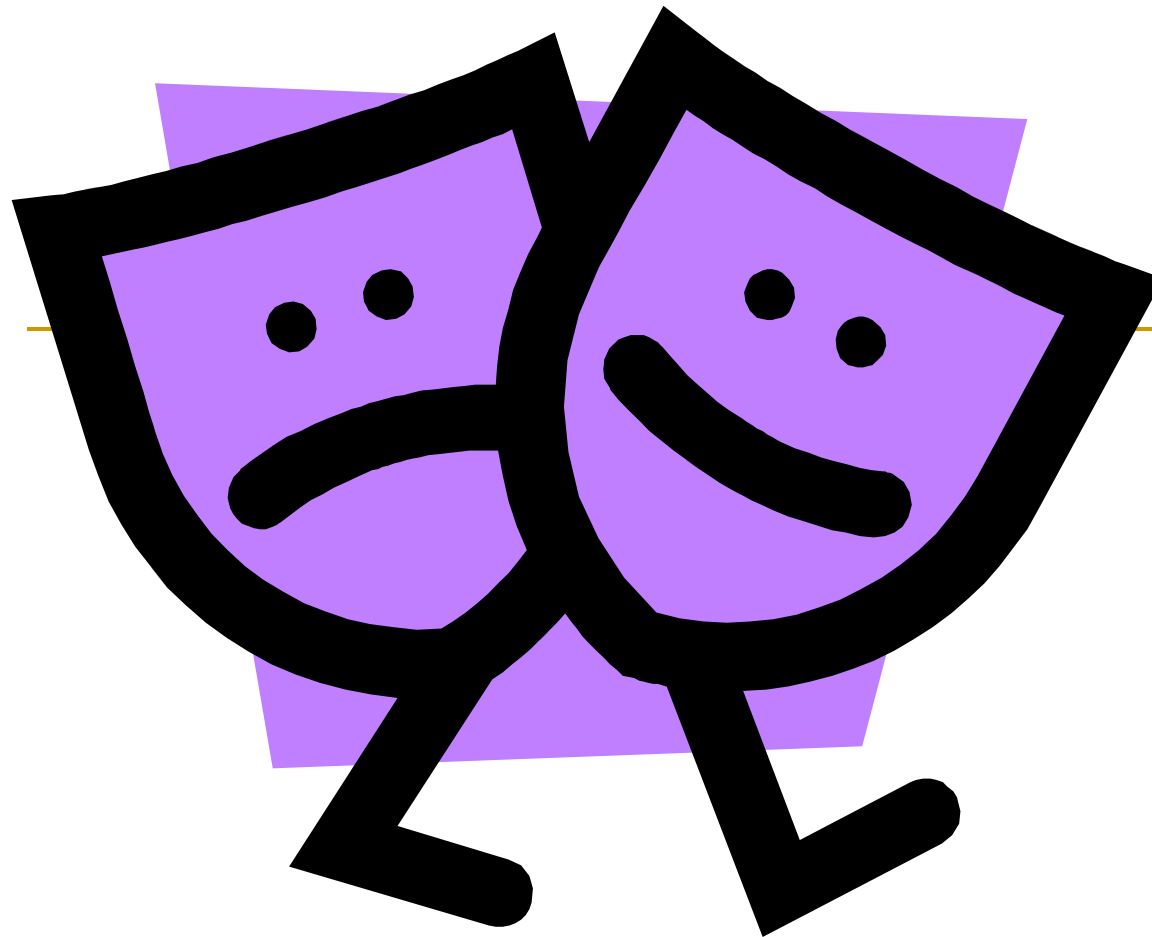


Obsessive-compulsive disorder



Obsessive-compulsive disorder

- An anxiety disorder characterized by involuntary thoughts, ideas, urges, impulses, or worries that run through one's mind (obsessions) and purposeless repetitive behaviors (compulsions).
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OCD among children and adolescents

- Approximately one million children and adolescents in the States suffer from OCD. This can mean 3 to 5 youngsters with OCD per average-sized elementary school and about 20 teenagers in a large high school.
 - OCD is as or more prevalent than many other, better-known childhood ailments--- (ADHD), the most common psychiatric illness among children, affects just over a million children in the United States. About 100,000 youngsters 19 years-old or younger are diagnosed with diabetes.
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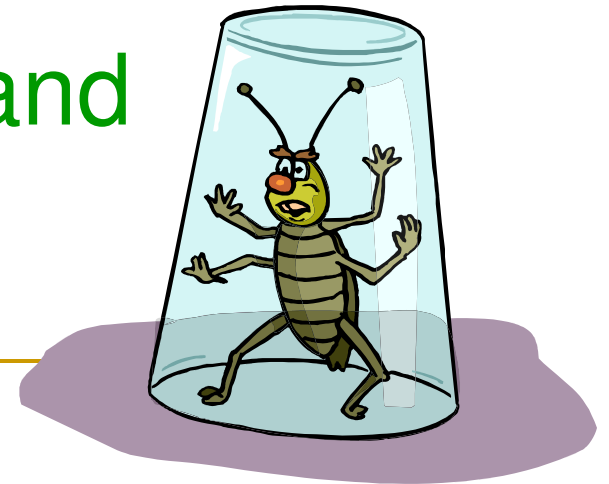
Most common obsessions in children & adolescents

- Some of the most common obsessions are fear of contamination or a serious illness, fixation on lucky/unlucky numbers, fear of danger to self and others, need for symmetry or exactness, and excessive doubt.



Most common compulsions in children & adolescents

- Some of the most common compulsions are repetitive rituals such as cleaning or washing, touching, counting, repeating, arranging or organizing, checking or questioning, and hoarding (囤積) .



OCD experienced by children & adolescents

- OCD affects children and adolescents during a very important period of social development. Schoolwork, home life, and friendships are often affected. Some children with OCD are too young to realize that their thoughts and actions are unusual. They may not understand or be unable to explain why they must go through their rituals. But older children may feel embarrassed--they don't want to be "different" from their peers and may worry that they are "going crazy".
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OCD experienced by children & adolescents

- Fearing ridicule, children may hide their rituals when in front of friends at school or at home and become mentally exhausted from the strain. Some families resort to (依靠) counting the number of bars of soap used daily as the only way to track a child's washing rituals.
- Other children find their rituals so time-consuming that they are too tired to play with friends or concentrate in school.

Differences between child and adolescent of OCD

- Although children and adults experience many of the same obsessions and compulsions, children often express their disorder in special ways.
 - Unlike adults, children may not recognize that their obsessions are senseless and that their compulsions are excessive. Very young children try to explain away their habits as being "silly" or simply "necessary."
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Differences between child and adolescent of OCD

- Children and adolescents with OCD more often involve family members in their rituals. For instance, they may insist that their laundry be washed multiple times, demand that parents check their homework repeatedly, or become outraged if household items are in disarray.
 - Additionally, OCD in children often exists concurrently with motor tics and/or Tourette's syndrome.
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Tourette's Syndrome Can Be a Social Stigma

- Twelve-year-old Jerry appears to be like many other boys his age.
 - But if you talk with Jerry, don't be surprised if he makes unusual sounds during your conversation.
 - Jerry has Tourette's syndrome, a rare disorder of the central nervous system. Symptoms of Tourette's Syndrome usually include uncontrollable body motions and verbal utterances, says Dr. Robert Rodnitzky, a neurology professor in the University of Iowa Carver College of Medicine.
 - "Uncontrollable grunting, swearing, shouting, kicking, blinking, and shrugging are some visible symptoms of Tourette's," Dr. says. "These involuntary movements and vocalizations are called tics."
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Tourette's Syndrome Can Be a Social Stigma

- The verbal tic is one of the most well-known indicators of Tourette's Syndrome, Rodnitzky says. Grunts, shouts, and swearing can leave an indelible impression on people witnessing that behavior, he notes.
- "It can be embarrassing for a Tourette's patient, especially when the verbal tics are socially unacceptable words," he says. But informed professionals, such as school teachers, can help to promote understanding of the illness and discourage negative responses to Tourette's patients from other persons.
- Tourette's syndrome is believed to be caused by a chemical imbalance in the brain. In many patients there appears to be a genetic predisposition to the illness because other family members also may have tics, he says. Four of five Tourette's patients are male.

Tourette's Syndrome Can Be a Social Stigma

- The symptoms usually begin to appear sometime between 5 and 15 years of age, and usually improve and sometimes disappear after adolescence.
 - Another challenge for Tourette's patients is the frequent occurrence of attention-deficit/hyperactivity disorder,
 - No one ever dies from Tourette's Syndrome
 - Tourette's sufferers can learn to adjust to their illness.
 - "In a vast majority of cases, the most traumatic aspect of the disease is the social stigma it places on its victims. Some people become isolated and avoid social situations," Rodnitzky says. "But many others learn to adjust and with the help of medication can lead a relatively normal life."
 - Drugs may alleviate some of the symptoms, but currently there is no cure, Dr. Rodnitzky says
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OCD (C&A) affect families

- Other children within the family may feel neglected while parents focus on helping the child with OCD. Siblings may also be subject to teasing by friends who do not understand OCD.
 - Parents often feel bewildered by their child's odd behaviors and may feel they are "just a phase." There may be periods of frustration and anger when children repeatedly demand answers to questions or want help in completing their rituals. Tensions may rise especially within the normal dynamics of parent-teen relationships. Parents of children with OCD may feel guilty if they find that the disorder has run in their families. However, OCD is **not** caused by bad parenting.
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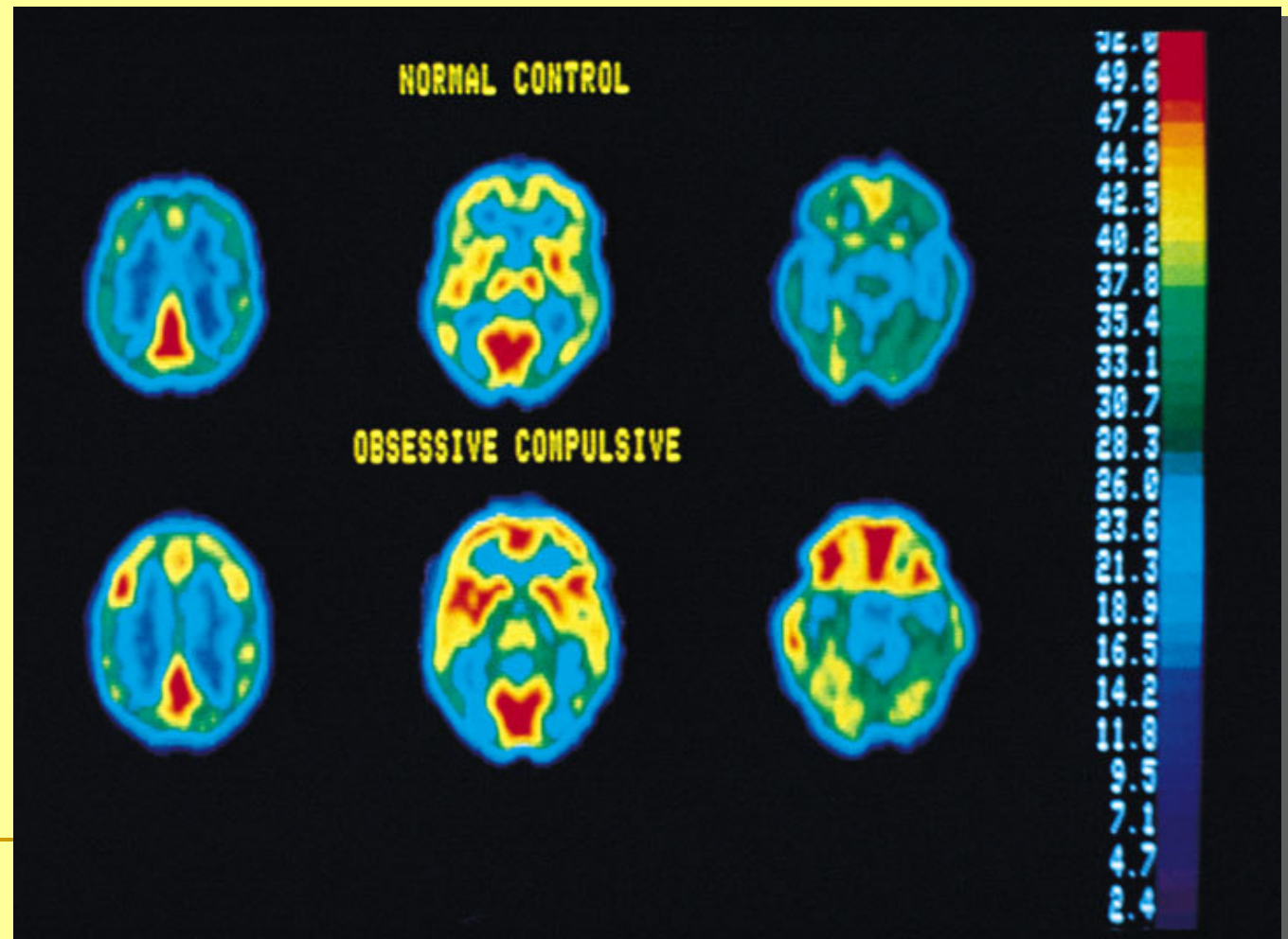
Is OCD inherited

- At this time, researchers cannot predict who will develop OCD, but it has been shown to follow patterns in families. There are indications that the biological imbalance of the brain chemical serotonin can be passed on to succeeding generations. So, the *tendency* to develop OCD may be inherited, while the actual disorder may not.
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Abnormal Psychology

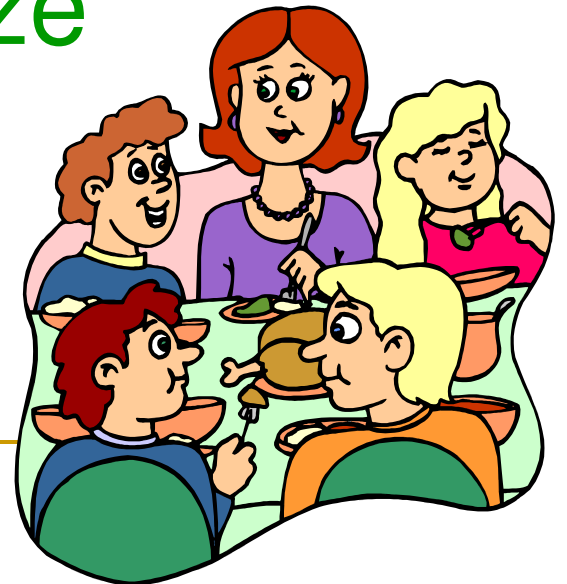
- Understanding Obsessive-Compulsive Disorder

A Normal
Brain
Versus an
Obsessive
Compulsive
Brain



At what age can OCD affect children

- The onset of OCD symptoms may occur as early as age three or four, but very young children and parents may not recognize the symptoms.



OCD diagnosed?

- A pediatrician, teacher, principal, or school guidance counselor can refer parents to a child psychiatrist who will review the child's behavior with the child, parents, siblings, and possibly the teacher, and use a specially designed interview to diagnose OCD.
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OCD affect school performance

- At school, children with severe OCD symptoms may repeatedly check, erase, and redo their assignments, which can result in late and incomplete schoolwork. Classroom concentration and participation may be limited by fears and rituals.



Should parents tell teachers

- Teachers can be very helpful in supporting a child's treatment of OCD once parents inform them about the disorder. Parents may share information about their child's OCD medication with teachers and provide occasional progress reports. Even if a child's OCD is not active at school, teachers should be informed that treatment for OCD can improve the child's ability to learn.
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How is OCD treated

- As in adults, standard treatment includes medication therapy, behavior therapy, or a combination of both.
 - Drugs recommended for OCD are those that act upon the imbalance of serotonin. A physician should be contacted to recommend which particular medication is best suited for each specific case.
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