Resisting the ritual

Obsessive compulsive disorder is a debilitating condition that can destroy lives. Lynne Wallis asks what support nurses can give

Many people plump cushions or straighten pictures when they are anxious. Others will return home to check they turned off the oven, or that they locked the front door. They are classic behaviours of obsessive compulsive disorder, but they would have to be repeated until they disrupted the person’s life for a diagnosis to be made.

Children often exhibit behaviours suggestive of obsessive compulsive disorder (OCD), such as not stepping on pavement cracks or performing counting rituals, but most will not develop the condition.

People with OCD are plagued with repetitive, intrusive or unwelcome thoughts, images, doubts and impulses that they find hard or impossible to ignore.

Devastating effect

They deal with these thoughts by performing actions they believe will neutralise their fears. For example, the common OCD fear of contamination will usually lead to repeated handwashing, while worries about throwing things away results in hoarding.

The illness, which often starts in late adolescence, can have a devastating effect on work and relationships, but can take many years to be diagnosed.

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Mental health nurse Sarah Traill, senior lecturer in psychological therapies at the University of Central Lancashire, teaches nursing students how to manage OCD.

She says: ‘We all have intrusive thoughts from time to time. With OCD the thoughts are usually the opposite to the person’s character, which is called having “ego-dystonic” thoughts. For example, someone religious is prone to having blasphemous thoughts.

When someone has an obsessive thought, which is usually that something bad will happen unless something is done to prevent that thought, it generates distress and a compulsion to counteract it.’

OCD is often associated with periods of increased responsibility, and it is common following childbirth. Ms Traill says: ‘A lot of it is concern about doing the right thing and being a good mother. We often use cognitive behavioural therapy (CBT), and the first step is to try to normalise the obsessions and the bizarre thoughts.’

‘CBT is one of the most successful treatments and shows a big reduction in anxiety.’ Ms Traill says it would be helpful for nurses to be made aware that intrusive thoughts are normal, so that a new mother could seek help without fearing the nurse would involve child protection services. ‘Nurses are alarmed by OCD because they do not know enough about it,’ Ms Traill says.

‘It is difficult for a mother with OCD to discuss her feelings that she might harm her child so she will try to banish these thoughts. But that will not work – the thoughts just come back stronger without treatment.’

She argues that OCD needs to be included in adult and child nursing, not just in mental health, and midwifery training needs to cover the condition more thoroughly.

She adds: ‘It is an odd condition to miss out as nurses are so susceptible to it themselves because of the issues around contamination and healthcare-associated infections.’

CBT therapist Paul Dennis worked as a nurse before training in psychotherapy and is now a qualified therapist working in a mental health unit attached to Kingsmill Hospital in Nottingham. He became
interested in OCD when he learned that it is so hard to treat – OCD treatment carries a 50 per cent failure rate.

He says: ‘People with OCD do not want to engage on “exposure and response prevention” treatment programmes. These patients do better with a more cognitive approach, which challenges the irrational thoughts that harm may come to others or themselves.

‘There needs to be more awareness. Some of the most disabled people I have ever met have had OCD. Rituals can severely delay people, interfere with work and social plans. It wrecks lives.’

Provision for OCD is better following the Department of Health’s improved access to psychological therapies programme, according to Mr Dennis, although more needs to be done to shorten the average time it takes for people to present with the disorder, currently 14 years.

One particular type of OCD, known as Pure O, has the obsession element without compulsion. The person has obsessions that they counteract in their own head by neutralising the bad thoughts with good thoughts. ‘It is mental acrobatics,’ explains Mr Dennis. ‘Some call it magical thinking, and it is a way of coping.

Arrested development

‘Children will often think: “If I can get to that lamppost I will be okay”, but people with OCD do not grow out of this idea that they are omnipotent. It is a type of arrested development and they have an inflated sense of their own responsibility accompanied by a huge fear of consequences.’

He says that nurses working in this area need to look for frequency or intensity of obsessive thoughts and compulsions. Needing branding to be straight on the bottle or lining up food tins are traits to do with symmetry.

He adds: ‘It is the level of distress that is significant. If someone checks the front door, they are probably okay. If they check it and need to say a certain word afterwards, they are probably not.

‘Some people with OCD get so fed up with the rituals and the time it takes away from their lives that there is a reasonable risk of suicide. It is perhaps not surprising, given that many say it is like being bullied by themselves’.

Lynne Wallis is a freelance journalist

Fact box

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