preventative treatment an important factor during childhood. Today, an increasing percentage of children in the United States are overweight. Recent studies have shown that metabolic rates of children are lower when they watch television than when they are at rest. Unhealthy eating patterns and behaviors associated with obesity can be addressed by programs in nutrition, exercise, and stress management involving both children and families.

### Obsessive-compulsive disorder

Mental illness characterized by the recurrence of intrusive, anxiety-producing thoughts (obsessions) accompanied by repeated attempts to suppress these thoughts through the performance of certain irrational, often ritualistic, behaviors (compulsions).

Obsessive-compulsive disorder (OCD) is classified as a mental illness, and is characterized by the recurrence of intrusive, anxiety-producing thoughts (obsessions). The person with obsessive-compulsive disorder repeatedly and consistently tries to suppress these thoughts through the performance of certain irrational, often ritualistic, behaviors (compulsions).

### Symptoms

Although there are marked similarities between cases, no two people experience this anxiety disorder in exactly the same way. In one common form of obsessive-compulsive disorder, an exaggerated fear of contamination (the obsession) leads to washing one’s hands so much that they become raw (the compulsion). Other common manifestations of OCD involve sorting, checking, and counting compulsions. Checking compulsions seem to be more common among men, whereas washing is more common among women. Another type of OCD is trichotillomania, the compulsion to pull hair. The compulsive behavior is usually not related in any logical way to the obsessive fear, or else it is clearly excessive (as in the case of hand-washing).

Everyone engages in these types of behavior to a certain extent—counting steps as we walk up them, double-checking to make sure we’ve turned off the oven or locked the door—but in a person with OCD, such behaviors are so greatly exaggerated that they interfere with relationships and day-to-day functioning at school or work. A child with a counting compulsion, for example, might not be able to listen to what the teacher is saying because he or she is too busy counting the syllables of the teacher’s words as they are spoken.

These are some of the signs that a child might be suffering from OCD:

- **Avoidance of scissors or other sharp objects.** A child might be obsessed with fears of hurting herself or others.
- **Chronic lateness or the appearance of dawdling.** A child could be performing checking rituals (e.g., repeatedly making sure all her school supplies are in her bookbag).
- **Daydreaming or preoccupation.** A child might actually be counting or balancing things mentally.
- **Inordinate amounts of time spent in the bathroom.** A child could be involved in a hand-washing ritual.
- **Late schoolwork.** A child might be repeatedly checking her work.
- **Papers with holes erased in them.** This might also indicate a checking ritual.
- **Secretive and defensive behavior.** People with OCD will go to extreme lengths in order not to reveal or give up their compulsions.

### Table: OBESITY IN ADOLESCENT YOUTHS (AGES 6 TO 17) IN THE UNITED STATES

<table>
<thead>
<tr>
<th>Prevalence of overweight</th>
<th>Doubled since 1965</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number who are overweight</td>
<td>4.7 million</td>
</tr>
<tr>
<td>Percent who are overweight</td>
<td>11 percent</td>
</tr>
<tr>
<td>Related disorders</td>
<td>Elevated blood cholesterol; high blood pressure; increased adult mortality</td>
</tr>
<tr>
<td>Social consequences</td>
<td>Excluded from peer groups, discriminated against by adults, experience psychological stress, poor body image, and low self-esteem.</td>
</tr>
</tbody>
</table>

*Source: Centers for Disease Control, U.S. Department of Health and Human Services.*
Although people with OCD realize that their thought processes are irrational, they are unable to control their compulsions, and they become painfully embarrassed when a bizarre behavior is discovered. Usually certain behaviors called rituals are repeated in response to an obsession. Rituals only temporarily reduce discomfort or anxiety caused by an obsession, and thus they must be repeated frequently. However, the fear that something terrible will happen if a ritual is discontinued often locks OCD sufferers into a life ruled by what appears to be superstition.

Causes

Sigmund Freud attributed obsessive-compulsive disorder to traumatic toilet training and, although not supported by any empirical evidence, this theory was widely accepted for many years. Current research, however, indicates that OCD is neurobiological in origin, and researchers have found physical differences between the brains of OCD sufferers and those without the disorder. Specifically, neurons in the brains of OCD patients appear to be overly sensitive to serotonin, the chemical which transmits signals in the brain. A recent study at the National Institute of Mental Health suggests a link between childhood streptococcal infections and the onset of OCD. Other research indicates that a predisposition for OCD is probably inherited. It is possible that physical or mental stresses can precipitate the onset of OCD in people with a predisposition towards it. Puberty also appears to trigger the disorder in some people.

Prevalence

Once considered rare, OCD is now believed to affect between 5 and 6 million Americans (2-3% of the population), which makes it almost as common as asthma or diabetes mellitus. Among mental disorders, OCD is the fourth most prevalent (after phobias, substance abuse, and depression). In more than one-third of cases, onset of OCD occurs in childhood or adolescence. Although the disorder occurs equally among adults of both genders, among children it is three times more common in boys than girls.

Treatment

Fewer than one in five OCD sufferers receive professional help; the typical OCD patient suffers for seven years before seeking treatment. Many times, OCD is diagnosed when a patient sees a professional for another problem, often depression. Major depression affects close to one-third of patients with obsessive-compulsive disorder.

In recent years, a new family of antidepressant medications called selective serotonin reuptake inhibitors (SSRIs) has revolutionized the treatment of obsessive-compulsive disorder. These drugs include clomipramine (Anafranil), fluoxetine (Prozac), fluvoxamine (Luvox), and sertraline (Zoloft). They work by altering the level of serotonin available to transmit signals in the brain. Thanks to these medications, the overwhelming majority of OCD sufferers (75-90%) can be successfully treated.

In addition to medication, an extreme type of behavior therapy is sometimes used in patients with OCD. In exposure-response prevention therapy, a patient slowly gives up his or her compulsive behaviors with the help of a therapist. Someone with a hand-washing compulsion, for example, would have to touch something perceived as unclean and then refrain from washing his/her hands. The resulting extreme anxiety eventually diminishes when the patient realizes that nothing terrible is going to happen.

Further Reading


Further Information

The Obsessive-Compulsive Foundation Inc. P.O. Box 70, Milford, CT 06460-0070, (203) 878-5669, (800) NEWS-4-OCD.


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Occupational therapist

A professional who promotes health, enhances development, and increases independent functioning in people through activities involving work, play, and self-care.

Occupational therapists help persons with both physical and emotional problems as well as learning difficulties. Although occupational therapy was initially associated with reintegrating veterans of First and Second World Wars into the work force, the term “occupation” used in the context of this profession actually refers to any activity with which persons occupy their time. Occupational therapists focus on helping people master the everyday activities of life and work.