

# Obsessive-Compulsive and Related Disorders



Do you have uncontrollable and intrusive worrying thoughts, ritualized and repetitive behaviors that you feel compelled to do in response to those thoughts? Are they interrupting your daily life? Here we explore the symptoms, treatment, and self-help tips so that you may break free of such urges.





Cleaning



Checking



Counting



Controlling

## What are Obsessive-Compulsive and Related Disorders?

According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), there are nine types of disorders grouped under the obsessive-compulsive and related disorders category. Among them, obsessive-compulsive disorder (OCD), body dysmorphic disorder and hoarding disorder have their unique features and are more known to the general public.

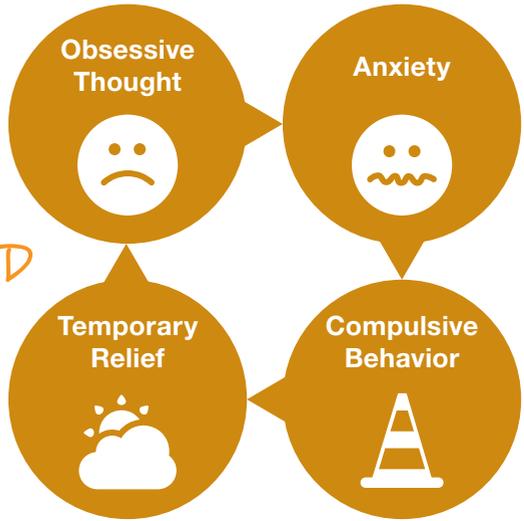
## Obsessive-Compulsive Disorder (OCD)

OCD is an anxiety disorder that features a pattern of recurring and unwanted anxiety-provoking thoughts, ideas or images (obsessions), and a compelling drive to do something repeatedly (compulsion) with an attempt to make the obsession go away. Despite rationally knowing that the thoughts may be unreasonable, a person is unable to shy away from the bothersome thoughts. The distress and anxiety get so strong that compulsive rituals have to be performed for temporary relief. The ritualistic behaviors become more demanding and time-consuming that interfere with daily activities and social interaction.

### Common Categories of People with OCD

- **Washers:** repeatedly cleaning or hand-washing
- **Checkers:** repeatedly double-checking on things or people
- **Doubters/Sinners:** repeatedly trying to do things in the right, ethical, or religious way
- **Counters/Arrangers:** repeatedly preoccupying with order and symmetry

## Vicious Cycle of OCD



### Signs and Symptoms

Typical intrusive **obsessions**:

- Excessive worry about germs or contamination.
- Need for symmetrical, neat and perfect order.
- Intrusive forbidden thoughts or images about violence and/or sex.
- Excessive attention on religious or moral standards.
- Fear of losing control or causing harm to self or others.
- Fear of losing something or someone.
- Excessive focus on superstitions about luck.

To ease the anxiety and fear that arise from obsessions, a person would develop repetitive behaviors (**compulsion**):

- Excessive cleaning and/or handwashing.
- Arranging things in an order that is precise, neat and tidy, and in exact position.
- Repeatedly double-checking on things, such as locks, appliances, and switches.
- Following a very strict routine.
- Excessive praying or performing religious rituals to get rid of sins.
- Excessive checking on things or people to make sure they are safe.
- Compulsive counting, tapping or saying certain 'magic' words.

Most people with OCD have onset during adolescence and early adulthood, with an earlier onset age in male than in female.

# Body Dysmorphic Disorder



This is characterized by a preoccupation of one or more perceived physical appearance defects, which is either minor or unobservable to others. However, the person would feel immensely anxious and shameful about the perceived flaws. The appearance concerns may be on face (e.g., wrinkles, acne, nose and lips), hair (e.g., thinning, baldness or styling), skin, or any body area (e.g., muscle tone, body size, breast size or genitalia).

## Signs and Symptoms

- Preoccupation with a perceived flaw in physical appearance that is not observable to others.
- A strong belief that the appearance flaw makes one ugly or deformed.
- A strong belief that the appearance flaw is highly noticeable and negatively evaluated by others.
- Repetitive behaviors such as mirror checking, excessive grooming, skin picking to fix or hide the appearance flaw.
- Reassurance seeking from others about one's appearance.
- Excessive attempts to hide the appearance flaw by styling, make-up, clothes, or seeking cosmetic procedures.
- Obsession about too small body build or not having enough muscles (mostly in male).
- Avoidance from social situations, including school and work.
- Tendencies of perfection.

The repetitive behaviours and mental acts may create significant amount of distress and lead to impairment in daily life, social, work and other areas of functioning of an affected person. The onset of body dysmorphic disorder is usually in the early teenage years. Both male and female could be affected.



# Hoarding Disorder

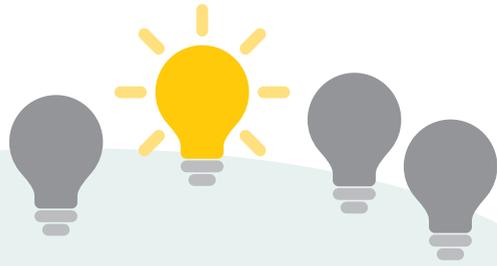
A person with hoarding disorder has persistent difficulty in discarding or parting with possessions regardless of their actual value. There is a strong perceived need to save the possessions. The thought of discarding the items causes extreme distress. Congested and clutter living conditions are usually resulted from the excessive acquisition and accumulation of possessions. It usually draws attention from others only when significant clutter was developed over time and that living environment is compromised. People with hoarding disorder usually have very poor insight.

## Signs and Symptoms

- Excessive collecting and buying unnecessary items, even when there is no space to accommodate them.
- The most commonly saved items are newspapers, magazines, old clothing, bags, books, and mail. It could be anything.
- Persistent difficulty in discarding or parting with items due to strong sentimental values attached to the possessions. Examples include fear of losing important information, feeling responsible for the fate of the items, or fear of being wasteful.
- Preoccupied thoughts about the need to save the items, as they are unique or may be useful in the future, and distress about the thought of getting rid of the items.
- Clutter living condition with narrow pathways and piled up possessions.
- Conflicts with others who attempt to discard their possessions.
- Tendencies of perfection, indecisiveness, and poor planning.

The average onset of hoarding disorder is early teenage years. The severity of hoarding symptoms increases with age, resulting in higher prevalence in older adults.





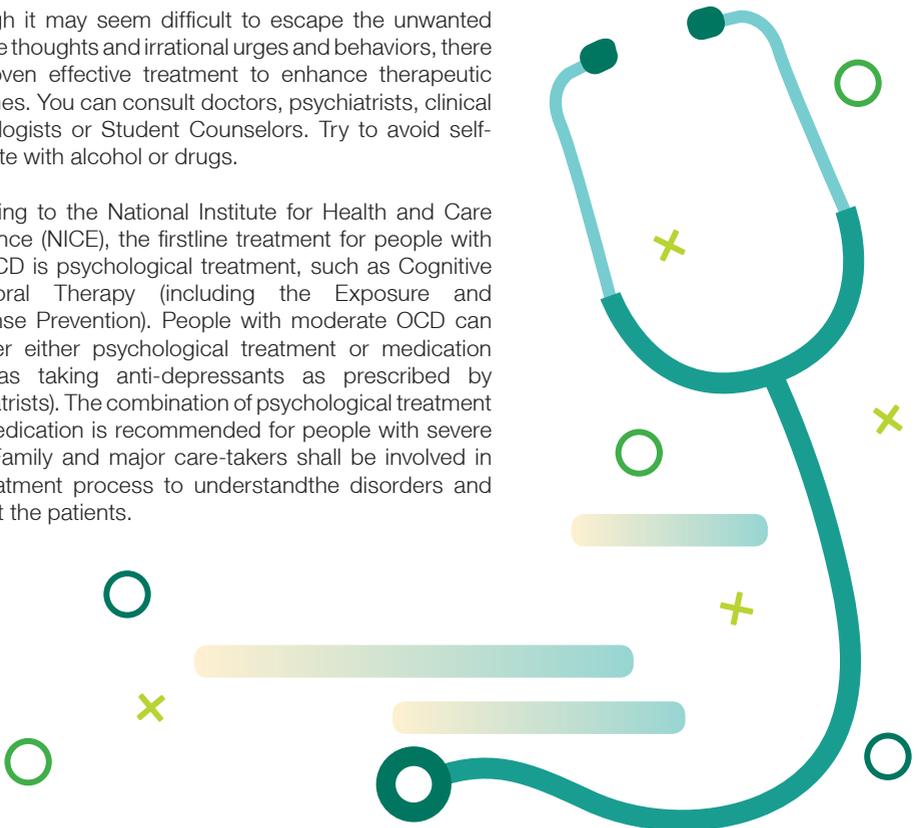
## Causes

It is not known what causes obsessive-compulsive and related disorders. But such disorders are associated with genetics, brain structure and functioning abnormalities, adverse childhood experiences and stressful life events.

## Is OCD and Related Disorders Treatable?

Although it may seem difficult to escape the unwanted intrusive thoughts and irrational urges and behaviors, there are proven effective treatment to enhance therapeutic outcomes. You can consult doctors, psychiatrists, clinical psychologists or Student Counselors. Try to avoid self-medicate with alcohol or drugs.

According to the National Institute for Health and Care Excellence (NICE), the firstline treatment for people with mild OCD is psychological treatment, such as Cognitive Behavioral Therapy (including the Exposure and Response Prevention). People with moderate OCD can consider either psychological treatment or medication (such as taking anti-depressants as prescribed by psychiatrists). The combination of psychological treatment with medication is recommended for people with severe OCD. Family and major care-takers shall be involved in the treatment process to understand the disorders and support the patients.





# Support and Self-help

The most powerful way to break free from OCD and related disorders is to eliminate the compulsive behaviors and rituals that keep obsessive thoughts going.

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## Learn how to resist compulsive behaviors and rituals



- Tolerate and build emotional containment of your fear and anxiety
- Anticipate compulsive urges so that you can ease them by being careful and paying extra attention the first time you perform the ritual
- Refocus attention on other things and delay response to compulsion



## Challenge obsessive thoughts

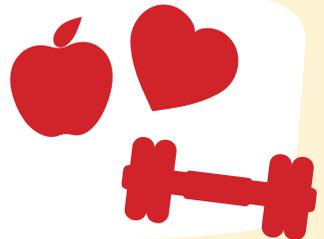
- Write down the worrying thoughts
- Create and schedule for 'worry periods' instead of suppressing worries



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## Ease worries by healthy lifestyles

- Exercise regularly
- Get sufficient sleep
- Avoid alcohol, cigarettes and substance abuse
- Practice relaxation or mindfulness meditation



## Reach out for support

- Stay connected with family and friends
- Talk to someone you trust about your OCD



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# References

## American Psychiatric Association

<https://www.psychiatry.org/patients-families/ocd/what-is-obsessive-compulsive-disorder>  
<https://www.psychiatry.org/patients-families/hoarding-disorder/what-is-hoarding-disorder>

## Helpguide

<https://www.helpguide.org/articles/anxiety/obsessive-compulsive-disorder-ocd.htm>

## Mayo Clinic

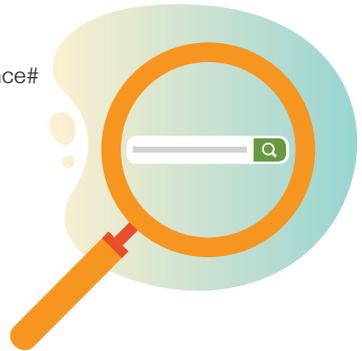
<https://www.psychiatry.org/patients-families/ocd/what-is-obsessive-compulsive-disorder>  
<https://www.mayoclinic.org/diseases-conditions/hoarding-disorder/diagnosis-treatment/drc-20356062>  
<https://www.mayoclinic.org/diseases-conditions/body-dysmorphic-disorder/symptoms-causes/syc-20353938>

## National Institute for Health and Care Excellence

<https://www.nice.org.uk/guidance/CG31/chapter/1-Guidance#steps-35-treatment-options-for-people-with-ocd-or-bdd>

## National Institute of Mental Health

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



# Professional Help-seeking

The University provides counseling services for undergraduate and postgraduate students. You may check out Counselors' profiles on our webpage and make an online appointment with us. Three weeks' advance reservation is allowed. All personal information and details shared and discussed in counseling or therapy sessions are strictly confidential.

## Counseling and Wellness Center

🏠 Room 5003 (via lift 3) ☎ (852) 2358 6696  
🌐 <http://counsel.ust.hk> ✉ [counsel@ust.hk](mailto:counsel@ust.hk)

**24/7 HEARing** ☎ (852) 8208 2688

This is a 24-hour helpline that supports exclusively all HKUST students 7 days a week. The service is made available by our Counselors in collaboration with the Christian Family Service Center.



Meet Our Counselors