



Obsessive- Compulsive Disorder (OCD) is marked by Irrational Thoughts and Anxieties (Obsessions) that Lead to Obsessive Behaviours

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Description

Obsessive-compulsive disorder (OCD) is an intellectual contamination wherein people relive in recurrent, unwelcome thoughts, ideas, or feelings (obsessions) that motivate them to experience forced to do something once more and over once more (compulsions). Obsessions (excessive thinking) that lead to recurrent behaviors' (compulsions). Obsessive-compulsive disorder (OCD) is marked by irrational thoughts and anxieties (obsessions) that lead to obsessive behaviors'. Fear of germs or the urge to organize objects in a precise order are common motifs in OCD. Symptoms normally appear gradually and change over time.

Common compulsive behaviors in OCD include: Repeatedly checking in on cherished ones to ensure they are safe. Counting, tapping, repeating positive words, or doing different mindless matters to lessen anxiety. Spending a number of time washing or cleaning. Ordering or arranging matters "simply so". While there is no formal classification or subcategories of OCD, research suggests that people with OCD symptoms fall into one of four categories: cleanliness, contamination, obsessive-compulsive disorder, and obsessive-compulsive disorder, symmetry and a sense of order, Thoughts and desires that are unlawful, dangerous, or taboo. Checking in on loved ones on a regular basis to ensure their safety.

To relieve anxiousness, count, tap, repeat particular words, or perform other meaningless actions. Washing or cleaning for an extended period of time. Putting everything in the right order or arrangement.

Symptoms: Contamination or dirt are two words that come to me when think of contamination, Doubting oneself and finding it difficult to accept ambiguity, Have a strong need for everything to be in order and symmetrical, Thoughts of losing control and injuring yourself or others that are aggressive or horrifying, Unwanted ideas, such as violence, as well as sexual or religious topics.

Many people who do not have OCD have upsetting thoughts or habits. These thoughts and habits, on the other hand, rarely cause problems in daily life. People with OCD have persistent thoughts and strict actions. Not engaging in the actions creates a lot of distress.

Many persons with OCD are aware that their obsessions are unrealistic, while others believe they are (known as limited insight). People with OCD have trouble disengaging from obsessive thoughts or ceasing compulsive behaviours, even when they are aware that their obsessions are unrealistic.

Treatment: Obsessions and/or compulsions that are time-consuming (more than one hour per day), cause significant distress, and impede work or social functioning are required for an OCD diagnosis. In the United States, OCD affects 2% to 3% of the population, with women being slightly more affected than men.

OCD usually starts in infancy, adolescence, or early adulthood, with the average age of onset being 19 years old. Psychotherapy, such as cognitive behavioural therapy (CBT), and antidepressants, such as selective serotonin reuptake inhibitors (SSRIs) or clomipramine, may be used in the treatment of depression. CBT for OCD is increasing exposure to anxieties and obsessions while avoiding the compulsive behaviour that usually goes along with them.

Metacognitive therapy, on the other hand, supports ritual activities in order to change one's relationship with one's thinking about them. While clomipramine looks to perform as well as SSRIs, it has more negative effects and is therefore used only as a last resort.

In treatment-resistant patients, atypical antipsychotics can be helpful when combined with an SSRI, but they come with a higher risk of adverse effects. The illness might linger for decades if not treated.