

Child and Adolescent Obsessive Compulsive Disorder

What is obsessive-compulsive disorder, or OCD?

Obsessive-compulsive disorder is an anxiety disorder characterized by involuntary thoughts, ideas, urges, impulses, or worries that run through one's mind (obsessions) and purposeless repetitive behaviors (compulsions).

How common is OCD among children and adolescents?

Approximately one million children and adolescents in the United States suffer from OCD. This can mean three to five 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. Attention-deficit/hyperactivity disorder (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.

What are the most common obsessions in children and 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.

What are the most common compulsions in children and 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.

How is OCD experienced by children and 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".

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 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.

How does child and adolescent OCD differ from adult 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."

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.

How does child and adolescent OCD affect families?

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.

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.

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.

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.

How is child and adolescent 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.

How does child and adolescent 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 about their child's OCD?

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.

How is OCD treated in children and adolescents?

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.

Reviewed by Dr. Judith Rapoport, chief, Child Psychiatry Branch, National Institute of Mental Health, 3/97

Where can parents turn for help?

NAMI
Colonial Place Three
2107 Wilson Blvd., Suite 300
Arlington, VA 22201-3042
NAMI HelpLine (800) 950-6264
<http://www.nami.org>

**Obsessive Compulsive Foundation,
Inc.**

Recommended reading:

Johnston, HF. Obsessive Compulsive Disorder in Children and Adolescents: A Guide. Dean Foundation, 1997.

Koplewicz, HS. It's Nobody's Fault: New Hope and Help for Difficult Children and Their Parents. Times Books, 1997.

March, JS, Mulle, K. OCD in Children and Adolescents: A Cognitive-Behavioral Treatment

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Center
1-800-NEWS4OCD (1-800-639-
7462)
<http://www.ocdresource.com/>

Manual. Guilford Press, 1998.

Wilens, TE, Studebaker, A. Straight Talk About
Psychiatric Medications for Kids. Guilford
Press, 1998.