Checking that you’ve locked the door or switched off the lights several times is one thing, but what if your life is ruled by fears that compel you to perform exhausting or disruptive rituals? **BY GLYNIS HORNING**

We all get thoughts stuck in our heads sometimes, or check our bags several times over for keys, passports or other important items. But for some people, irrational fears become overwhelming, and the urge to perform certain rituals to calm them develops into a compulsion that dominates their lives, interfering with their ability to function.

'Since primary school I've felt compelled to repeat certain actions just to feel safe,' says Odette Kennedy, a 27-year-old Johannesburg aftercare teacher. 'I'd have to touch my body, then take a step forwards and another backwards before walking on. It was embarrassing when other kids noticed, but a little voice in my head was telling me if I didn’t do it, something bad would happen.'

Later, Odette’s bed sheets had to be perfectly smooth: 'I'd just get them right, then I’d have to get out of bed and switch my bedroom light on and off, on and off.'

It was when she began rolling her eyes that her mother decided something was seriously wrong and took her to a doctor and psychologist. They diagnosed obsessive-compulsive disorder (OCD).

**FEARFUL OBSESSIONS**

OCD affects about three percent of us at some stage of our lives, and usually starts in early adulthood, says Cassey Chambers, operations director of the South African Anxiety and Depression Group (SADAG). Obsessions can vary widely, but one of the most common is fear of contamination – by dirt, germs, chemicals, radiation, cancer, sticky substances or AIDS. This can trigger ritualistic cleaning, obsessive hand-washing, or avoidance – always wearing gloves or socks, or opening doors with elbows, says Dr Margaret Nair, a psychiatrist who consults at Life Entabeni Hospital in Durban.

Other OCD sufferers fear making a mistake or harming people by poisoning food, spreading illness, even pushing a stranger in front of a car or running over a pedestrian, which can lead them...
Celebs with OCD

Don’t be embarrassed to get help if you think you have OCD – you are in star company:

- Emily Blunt fixates on things: ‘As a kid, I’d get these obsessive moments where I’d be in the car with my dad, and every time we went past a lamppost I’d start clacking six times,’ she told an interviewer.
- Cameron Diaz opens doors with her elbows to avoid touching germ-ridden handles.
- Megan Fox avoids restaurant silverware.
- Jim Parsons washes his hands so often they are constantly red.

If a loved one has OCD

- Don’t criticise or embarrass them – the anxiety can make symptoms worse, and they may already have a low self-image.
- Direct them to reputable websites such as www.sadag.org, or download information for them to read.
- Give encouragement – assure them they are not alone and that treatments today help to significantly reduce symptoms in most people.
- Suggest they speak to a mental health professional.
- If they still refuse to admit they have a problem, don’t give in, says Cassey Chambers. ‘Gently explain that you will not be involved in the OCD, and that your offer to help find a doctor or therapist still stands.’
- Tell them you will help them resist their compulsions, and support them by reinforcing good behaviours.
- Recognise gains made in treatment and be flexible during stressful times.
- Stay positive – OCD is nobody’s fault.
- Contact SADAG: Call 0800 21 22 23, SMS 31393 or visit www.sadag.org.

CURRENT SOLUTIONS

Today medication, usually selective serotonin re-uptake inhibitors (SSRIs) and other serotonin drugs, can be all that it takes to control OCD. ‘These often need to be continued long term and in higher doses than those used for depression,’ says Dr Colen.

‘Adjunctive medication may also be used to obtain optimal control, such as an antipsychotic’ adds Dr Nair.

Medication worked for Odette, but when her condition improved, she stopped taking them – and the symptoms returned.

The most effective treatment for OCD may be a combination of medication with cognitive-behavioural therapy (CBT) that uses exposure and response prevention (ERP). This helps patients resist compulsions through ‘habituation’ – they’re encouraged to gradually expose themselves to whatever they fear, while refraining from the rituals they usually use for relief, until they establish that their fears truly are groundless.

Odette began not only straightening her sheets again, but finding she could not go anywhere without ‘protecting’ her hands and feet with skin creams and socks. After a recent bout of severe depression, she was hospitalised and put back on SSRIs, and she is about to start CBT.

‘My OCD is manageable but becomes more frequent and controlling when I get stressed,’ she says. ‘I find myself trapped in repetitive thoughts – if someone interrupts me, I have to start from the beginning or else I can’t relax,’ she explains.

“The thing is, I’m married now, and though I’m used to living with OCD, I don’t want the man I love to have to live with it too.”

Helping hand

For psychiatrists, psychologists and other healthcare professionals at Life Healthcare hospitals, email general.information@lifehealthcare.co.za or fax 086-500-7535.