

HOW OCD IS TREATED

The first line of treatment for OCD and related disorders is Cognitive Behavioural Therapy (CBT) and/or medication. CBT, which includes so-called Exposure and Response Prevention (ERP) is highly supported by research. It involves exposure to difficult thoughts and situations and practicing resisting the rituals one usually uses to reduce anxiety.

For the treatment of Trichotillomania and Dermatillomania, a form of CBT called Habit Reversal Training (HRT) is often used. This evidence-based behavioural therapy aims to find alternative behaviours and ways to deal with the impulse to pick, pull or tears one's own hair or skin.

The medication that is commonly used in the treatment of these disorders is the so-called Selective serotonin reuptake inhibitors, (SSRIs) preparations, which have proven to be very effective.

MEMBERSHIP

Support us by becoming a member! The more of us there are, the more we can achieve. We welcome people with OCD, their families and other interested parties.

To become a member, go to ocdforbundet.se and click on the tab "Bli medlem", or give us a call.

CONTACT US

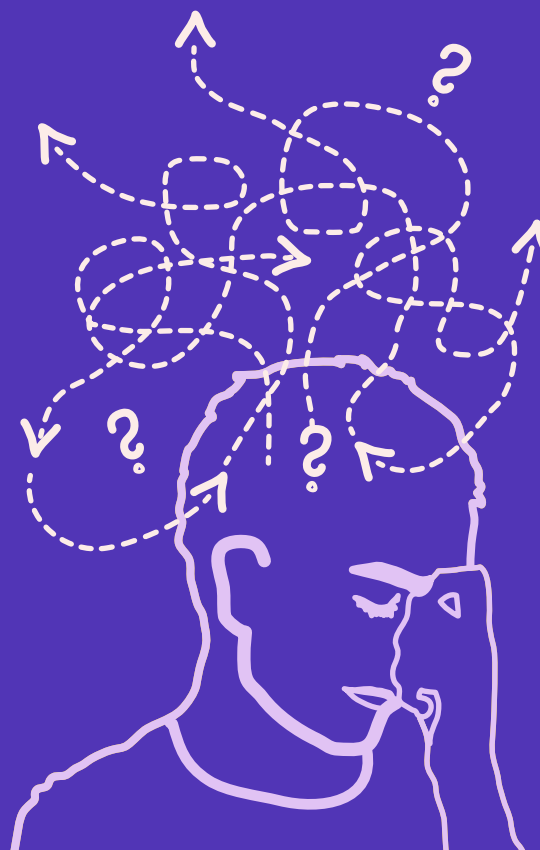
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OCD

and related disorders



THIS IS WHAT WE DO

The Swedish OCD Association is a nationwide interest organisation working to support people and the families of people with OCD/Obsessive Compulsive Disorder and the related disorders (Collector's syndrome, Dermatillomania, Trichotillomania and BDD).

Some of the things we do include:

- arrange lectures
- hold support groups and training sessions
- provide information about treatment recommended by the Swedish National Board of Health and Welfare (Socialstyrelsen)
- publish the member magazine "Nytt om ocd"
- increase the number of branches where people with OCD and their relatives can meet and support each other

We also disseminate information to the general public, decision-makers, schools and health care agencies. We work to ensure that everyone with OCD will receive proper treatment and good support. These are preconditions for being able to function well in everyday life, and for maintaining good wellbeing and a high standard of life, despite the problems and difficulties that may exist.

Family members also need a great deal of support in their involvement to varying degrees with those affected by OCD.

OCD AND RELATED DISORDERS

OCD – Obsessive Compulsive Disorder-

People with OCD are plagued by persistent thoughts about, for example, illness, dirt, taboo thoughts and fear of making mistakes. This causes severe anxiety. Many people perform compulsive actions to alleviate anxiety, such as checking things repeatedly, chanting rhymes or avoiding certain places or situations.

Family members are often drawn into the rituals, which can be so extensive that one cannot cope with school or employment. People are aware that some thoughts and actions are unreasonable, but they can't help it.

BDD – Dymorphophobia

People with BDD are fixated on their appearance, which they perceive as being flawed or defective. These "defects" are usually unobservable or considered to be very minor by others.

They can get caught up in rituals in front of the mirror for hours, which may involve putting a lot of time and effort into concealing their "flaws".

This often leads to social isolation, and difficulties in going to school or work or meeting friends. Many people who have BDD have a lack of insight into the disorder. BDD stands for Body Dysmorphic Disorder.

Collector's Syndrome/Hoarding Disorder

This disorder is characterised by excessive collecting and/or an inability to dispose of possessions. For example, a person may have difficulty throwing away newspapers, garbage or things that are broken. Their home may become cluttered and difficult to move around in.

For people with Collector's Syndrome, every object is considered to be potentially useful and they almost always lack insight into the disorder.

Trichotillomania – Hair pulling disorder

Trichotillomania often abbreviated to "trich" is characterised by the inability to resist the urge to pull out one's own hair, most commonly from the scalp. This can lead to bald spots or a lack of eyelashes or eyebrows and is very time consuming.

Pulling out one's own hair may be done as a response to a stressful situation or as an unfocused automatic behaviour that a person isn't fully aware of.

Dermatillomania – Skin Picking

Dermatillomania is characterised by the repeated picking or tearing of one's own skin, often on the face, arms or hands. The behaviour is reminiscent of Trichotillomania, but with a focus on skin.

The picking or tearing can be very time consuming and cause wounds, tissue damage. Feelings of shame can lead to strained relationships with families and friends.