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# Obsessive- Compulsive Disorder:

When Unwanted Thoughts or  
Repetitive Behaviors Take Over

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National Institute  
of Mental Health

# What is OCD?

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Obsessive-compulsive disorder (OCD) is a long-lasting disorder in which a person experiences uncontrollable and recurring thoughts (obsessions), engages in repetitive behaviors (compulsions), or both. People with OCD have time-consuming symptoms that can cause significant distress or interfere with daily life. However, treatment is available to help people manage their symptoms and improve their quality of life.

## What are the signs and symptoms of OCD?

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People with OCD may have obsessions, compulsions, or both. **Obsessions** are repeated thoughts, urges, or mental images that are intrusive, unwanted, and make most people anxious. Common obsessions include:

- Fear of germs or contamination
- Fear of forgetting, losing, or misplacing something
- Fear of losing control over one's behavior
- Aggressive thoughts toward others or oneself
- Unwanted, forbidden, or taboo thoughts involving sex, religion, or harm
- Desire to have things symmetrical or in perfect order

**Compulsions** are repetitive behaviors a person feels the urge to do, often in response to an obsession. Common compulsions include:

- Excessive cleaning or handwashing
- Ordering or arranging items in a particular, precise way
- Repeatedly checking things, such as that the door is locked or the oven is off
- Compulsive counting
- Praying or repeating words silently

OCD symptoms may begin anytime but usually start between late childhood and young adulthood. Most people with OCD are diagnosed as young adults.

The symptoms of OCD may start slowly and can go away for a while or worsen as time passes. During times of stress, the symptoms often get worse. A person's obsessions and compulsions also may change over time.

People with OCD might avoid situations that trigger their symptoms or use drugs or alcohol to cope. Many adults with OCD recognize that their compulsive behaviors do not make sense. However, children may not realize that their behavior is out of the ordinary and often fear that something terrible will happen if they do not perform certain compulsive rituals. Parents or teachers typically recognize OCD symptoms in children.

## Recognizing OCD: How to know if your symptoms are OCD

Everyone rethinks or double-checks things sometimes. Not all repeated thoughts are obsessions, and not all rituals or habits are compulsions. However, people with OCD generally:

- Can't control their obsessions or compulsions, even when they know they're excessive.
- Spend more than 1 hour a day on their obsessions or compulsions.
- Don't get pleasure from their compulsions but may feel temporary relief from their anxiety.
- Experience significant problems in daily life due to these thoughts or behaviors.

Some people with OCD also have a tic disorder involving repetitive movements or sounds. Motor tics are sudden, brief, repetitive movements, such as eye blinking and other eye movements, facial grimacing, shoulder shrugging, and head or shoulder jerking. Vocal tics include things like repetitive throat-clearing, sniffing, or grunting sounds. It is common for people with OCD to also have a diagnosed mood disorder or anxiety disorder.

If you think you or your child may have OCD, talk to a health care provider. If left untreated, OCD symptoms can become severe and interfere with daily life.

## What are the risk factors for OCD?

Although the exact causes of OCD are unknown, various risk factors increase the chances of developing the disorder.

- **Genetics:** Studies have shown that having a first-degree relative (parent or sibling) with OCD is associated with an increased chance of developing the disorder. Scientists have not identified any one gene or set of genes that definitively leads to OCD, but studies exploring the connection between genetics and OCD are ongoing.
- **Biology:** Brain imaging studies have shown that people with OCD often have differences in the frontal cortex and subcortical structures of the brain, areas of the brain that impact the ability to control behavior and emotional responses. Researchers also have found that several brain areas, brain networks, and biological processes play a key role in obsessive thoughts, compulsive behavior, and associated fear and anxiety. Research is underway to better understand the connection between OCD symptoms and parts of the brain. This knowledge can help researchers develop and adapt treatments targeted to specific brain locations.

- **Temperament:** Some research has found that people who exhibit more reserved behaviors, experience negative emotions, and show symptoms of anxiety and depression as children are more likely to develop OCD.
- **Childhood trauma:** Some studies have reported an association between childhood trauma and obsessive-compulsive symptoms. More research is needed to understand this relationship.

Children who suddenly develop OCD symptoms or experience a worsening of OCD symptoms after a streptococcal infection may be diagnosed with Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS). You can learn more about PANDAS at [www.nimh.nih.gov/pandas](http://www.nimh.nih.gov/pandas).

## How is OCD diagnosed?

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Diagnosing OCD can be difficult because symptoms such as worry, anxiety, and low mood—which are often people’s most distressing concerns—can be similar to those of other mental illnesses. Also, people with OCD may not tell their health care provider about their obsessions and compulsions out of fear of judgment.

If you are experiencing symptoms, the first thing you should do is speak with a health care provider. They will examine you and ask about your health history to ensure other illnesses or conditions are not causing your symptoms. A health care provider may refer you to a mental health professional for further evaluation or treatment.

## How is OCD treated?

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Treatment helps many people, even those with the most severe forms of OCD. Mental health professionals treat OCD with medications, psychotherapy, or a combination of treatments. A mental health professional can help you decide which treatment option is best for you and explain the benefits and risks of each.

Following your treatment plan is important because psychotherapy and medication can take some time to work. Although there is no cure for OCD, treatments help people manage their symptoms, engage in day-to-day activities, and lead full, active lives.

Find tips for talking with a health care provider to improve your care and get the most out of your visit at [www.nimh.nih.gov/talkingtips](http://www.nimh.nih.gov/talkingtips).

## Psychotherapy

Psychotherapy can be an effective treatment for adults and children with OCD. Research shows that certain types of psychotherapy, including cognitive behavioral therapy and other related therapies, can be as effective as medication for many people. For others, psychotherapy may be most effective when combined with medication.

- **Cognitive behavioral therapy (CBT):** CBT is a type of talk therapy that helps people recognize harmful or untrue ways of thinking so they can more clearly view and respond to challenging situations. CBT helps people learn to question these negative thoughts, determine how they impact their feelings and actions, and change self-defeating behavior patterns. CBT has been well studied and is considered the “gold standard” of psychotherapy for many people. CBT works best when customized to treat the unique characteristics of specific mental disorders, including OCD.
- **Exposure and response prevention therapy (ERP):** Research shows that ERP, a specific type of CBT, effectively reduces compulsive behaviors, even for people who do not respond well to medication. With ERP, people spend time in a safe environment that gradually exposes them to situations that trigger their obsession (such as touching dirty objects) and prevent them from engaging in their typical compulsive behavior (such as handwashing). Although this approach may initially cause anxiety, creating a risk of dropping out of treatment prematurely, compulsions decrease for most people as they continue treatment.

Children with OCD may need additional help from family members and health care providers to recognize and manage their OCD symptoms. Mental health professionals can work with young children to identify strategies for managing stress and increasing support so they can control their OCD symptoms.

You can learn more about psychotherapies, including CBT, at [www.nimh.nih.gov/psychotherapies](http://www.nimh.nih.gov/psychotherapies).

## Medication

Health care providers may prescribe medication to help treat OCD. The most common medications prescribed for OCD are antidepressants that target serotonin, a chemical transmitter in the brain involved in depression and OCD. The largest category of antidepressants is called selective serotonin reuptake inhibitors.

Antidepressant treatment can take 8–12 weeks before symptoms begin to improve, and treatment for OCD may require higher doses than are typically used to treat depression. For some people, these medications may cause side effects such as headaches, nausea, or difficulty sleeping. Most people with OCD find that medication, often in combination with psychotherapy, can help them manage their symptoms.

Your health care provider can adjust medication doses over time to minimize side effects or withdrawal symptoms. Do not stop taking your medication without first talking to your health care provider. They can work with you to monitor your health and adjust your treatment plan safely and effectively.

The most up-to-date information on medications, side effects, and warnings is available on the U.S. Food and Drug Administration (FDA) website at [www.fda.gov/drugsatfda](http://www.fda.gov/drugsatfda).

## Other treatments

In 2018, the FDA approved using a deep form of repetitive transcranial magnetic stimulation (rTMS)—along with medication, psychotherapy, or a combination of both—to treat people with severe OCD who did not respond to other treatments. In 2022, this approval was extended to standard TMS devices.

Most commonly used to treat depression, rTMS is a noninvasive therapy that uses a magnet to deliver repeated low-intensity pulses to stimulate a particular part of the brain. Unlike most treatments, rTMS can target specific brain areas associated with OCD.

Deep brain stimulation (DBS) is a surgical procedure that uses electricity to directly stimulate sites in the brain. Health care providers may use DBS to treat people with severe OCD when other treatments have not worked. However, this therapy is considered experimental.

Although DBS has received FDA approval to treat certain neurological disorders such as Parkinson's disease, its effectiveness for treating mental disorders is still being actively researched. The FDA has approved using DBS to treat severe cases of OCD under a Humanitarian Device Exemption. This exemption allows the use of a medical device, such as DBS, for rare diseases or conditions that affect a relatively small number of people, making it challenging to gather enough evidence to establish the device's effectiveness.

You can learn more about brain stimulation therapies, including rTMS and DBS, at [www.nimh.nih.gov/braintherapies](http://www.nimh.nih.gov/braintherapies). Visit [www.fda.gov/medical-devices](http://www.fda.gov/medical-devices) for the latest information and guidance on brain stimulation devices.

### Effective strategies for managing stress and anxiety

You can do several things to manage the stress and anxiety associated with OCD.

- Create a consistent sleep schedule.
- Make regular exercise a part of your routine.
- Eat a healthy, balanced diet.
- Seek support from trusted family and friends.

## How can I find help?

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If you're unsure where to get help, a health care provider is an excellent place to start. They can refer you to a qualified mental health professional who has experience treating OCD and can evaluate your symptoms.

You can learn more about getting help and finding a health care provider on the NIMH website at [www.nimh.nih.gov/findhelp](http://www.nimh.nih.gov/findhelp). The Substance Abuse and Mental Health Services Administration (SAMHSA) has an online tool at <https://findtreatment.gov> to help you find mental health services in your area.

If you or someone you know is struggling or having thoughts of suicide, call or text the 988 Suicide and Crisis Lifeline at **988** or chat at **988lifeline.org**. In life-threatening situations, call **911**.

## What are clinical trials and why are they important?

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Clinical trials are research studies that look at new ways to prevent, detect, or treat diseases and conditions. These studies help researchers determine if a new treatment is safe and effective in people. The main purpose of a clinical trial is to gain new scientific knowledge so that others may be better helped in the future.

People volunteer for clinical trials for many reasons. Some people join clinical trials to help doctors and researchers learn more about a disease and improve health care. Other people, such as those with health conditions, join to try new or advanced treatments that aren't widely available.

NIMH supports clinical trials at the National Institutes of Health campus in Bethesda, Maryland, and across the United States. Talk to a health care provider about clinical trials, their benefits and risks, and whether one is right for you. For more information, visit [www.nimh.nih.gov/clinicaltrials](http://www.nimh.nih.gov/clinicaltrials).

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## Where can I learn more?

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NIMH website

[www.nimh.nih.gov](http://www.nimh.nih.gov)

[www.nimh.nih.gov/espanol](http://www.nimh.nih.gov/espanol) (en español)

MedlinePlus (National Library of Medicine)

<https://medlineplus.gov>

<https://medlineplus.gov/spanish> (en español)

ClinicalTrials.gov

[www.clinicaltrials.gov](http://www.clinicaltrials.gov)

<https://salud.nih.gov/investigacion-clinica> (en español)

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