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In this paper, we will analyse what obsessive-compulsive disorder is, how it manifests itself, how it is treated and a short course on the history of its origin.

Everything is changing. The living conditions of the people and load have changed. As a result, the resistance of the nervous system and psyche to biological, psychological, and social influences has changed. According to WHO (2019), 970 million people worldwide and one in eight people have mental health problems.²

These data show that more and more people in the universe suffer from mental disorders and neurological diseases. Depending on the features of mental health, they can drastically affect the image and quality of the person's life or be almost invisible.

NHS provide this definition of mental health in the national 'No Health without Mental Health' policy is **that it is a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities, and the wider environment.**

The WHO (..) reports that a mental disorder **is a clinical disturbance in an individual's cognition, emotional regulation, or behaviour.** (1) It usually causes disturbances in the person's thinking, behaviour, and emotional state.

Definition of disorder obsessive-compulsive disorder (OCD)

All people sometimes notice recurring thoughts in themselves, for example, to check if the door is closed and if the light or the iron is turned off. Suppose the presents of obsessions significantly interfere with a person's everyday life. In that case, this is classified as an Obsessive-Compulsive disorder (OCD).

Currently, almost all obsessive-compulsive disorders are united in the International Classification of Diseases (ICD-10) under the project "obsessive-compulsive disorder". Obsessions in the Manual are included in the group of neurotics, stress-related and somatoform disorders (F40-F48) under the classification: F42 Obsessive-compulsive disorders (WHO, 2010).

The prevalence of OCD in the population is high. According to the NICE (2018), the World Health Organization classified OCD is one of the 20 anxiety disorders leading to disability for people between the ages of 15 and 44.. 7 8

In children aged 5 to 15 years, the presence of the disease is 0,25 percent. Men and women are affected approximately equally but research shows that boys are more likely to be affected during childhood than girls (2:1 to 3:1).

According to the NHS, the basis of obsessive compulsive disorder (OCD) is the obsessive syndrome, which in most cases leads to compulsive actions. 5

Obsessive Compulsive Disorder has two components:

- Intrusive thoughts are obsessions. A person does not want to think these thoughts, but they are still spinning in his head (example fear of contacting viruses).
- Compulsive actions are compulsions. Most often, they take the form of protective rituals (example washing hands often)

Public opinion also provokes anxiety in front of their rituals and thoughts, thereby raising the level of anxiety.

The disease usually begins to develop during childhood or adolescence. It affects approximately 750 000 people (children, women, and men) in the United Kingdom. 6

It is estimated that 1.2% of the population in the UK have OCD, or 12 out of every 1,000 people, however these estimates might not tell the whole story. Many people may suffer in silence because they are ashamed to admit they have OCD.

Causes

Anxiety connects with similar thought templates and physical demonstrations such as a fast heart racing, dilated pupils, and scrupulous. The main difference from fear is that anxiety occurs without apparent external reason.

The problem is that finding the root cause of this is incredibly difficult. It is not clear what causes OCD. Several different factors may play a part, including:

- **Genetic predisposition**– additive genetic effects accounted for 40% of the variance (Taylor, S., 2011).
- **Cerebrum imbalance**– People with OCD have regions with increased activity in the brain or may lack serotonin (a chemical) (NHS, 2022).
- **Life experiences**– Stressful situations that are associated with the subject of fear. Environment accounted for 51% of the variance in obsessive–compulsive symptoms (Taylor, S., 2011).
- **Identity** – Character traits such as suspiciousness, tendency to doubt, and double-check. In childhood, there were many prohibitions and strict upbringing.

Symptoms of OCD

It is difficult enough to know the line between healthy forethought or love of cleanliness and a mental disorder. The disease's main symptoms manifest in the form of obsessive thoughts and compulsive actions.

Obsessive thoughts are unpleasant ideas, images, or urges that arise independently of the will.

Compulsive actions are repetitive actions that acquire the character of rituals. They perform a protective function to relieve stress.

Everyone is different, but people with obsessions have characteristic manifestations:

- **Fear of germs or dirt** - an uncontrollable passion for hygiene. People who have this disorder experience fear of the presence of disease-causing bacteria on their hands or body. Therefore, they often wash their hands and repeat this procedure after touching the doorknob or phone. It becomes a nightmare for them to use public transport as they have to hold on to the handrail.
- **An unhealthy passion for cleaning** – these are neat people.

Their houses are immaculate, but they are unhappy and have an irresistible desire to rewash the floor or rub the mirror.

- **Excessive self-doubt** –

These people physically need constant encouragement and reassurance from other people that they are good. They constantly worry about how they look, whether they are doing the right thing, and what people around them will think of them.

- **Accumulations of things**

It is healthy behaviour to get rid of clothes, furniture, or appliances that have fallen into obvious disrepair. The symptomatology of people with OCD is transforming their house into junk storage of old and unnecessary things. It gives them a kind of calm and confidence.

- **Building life according to precise rituals**

A sign of OCD can be the most innocuous ritual, the deviation from which causes anxiety and worry. An example would be a situation where a person going to work uses a specific route, and any deviation from this route causes panic and confidence that something terrible will happen.

Diagnosis

To diagnose OCD, symptoms must persist for more than two weeks. Firstly, a visit to GP is recommended. GP will ask “initial” questions to understand if there is an OCD.

Suppose the result of the initial questions shows the presence of disorder. In that case, the doctor will refer the person to a mental health specialist. The clinician, in turn, will determine, using various methods of assessing the severity of symptoms of OCD. It is essential to give accurate and truthful answers during the assessment, as this guarantees a more suitable treatment.

According to the NHS (2022), there are three levels of disease severity:

- Mild functional impairment – recurring thoughts and uncontrollable actions that distract less than one hour a day,
- Moderate functional impairment - recurring thoughts and uncontrollable actions that distract one to three hours a day,
- Severe functional impairment is recurring thoughts and uncontrollable actions that distract more than three hours daily.

The diagnosis of OCD is based on the International Classification of Diseases, 10th Revision (ICD-10) according to signs characteristic for the diagnosis of OCD.

Historical view and treatments for OCD

The medical term obsessive-compulsive disorder only appeared in the 20th century. Prior, the condition of people with OCD was called “scrupulosity.” It is known that the author of the Theory of Evolution, Charles Darwin, suffered from this.

From the 14th to the 18th century, records of scrupulousness were mentioned in religious records. At the time, OCD symptoms of obsessions and compulsions were associated with religious beliefs and practices and were seen as demonic spirits. People were subjected to the trepanation of the skull and performed exoteric rites. For centuries, people with OCD have been treated with bloodletting. There was a theory of changes in the level of fluids in the body. It was believed that with the help of bloodletting, the level of fluid in the body was regulated, and emotions and behaviour improved. When symptoms became devastating, people with OCD were placed in shelters against their will. By the end of the 18th and beginning of the 19th-century obsessions associated with religious fears became less common and the treatment of OCD symptoms has become more human.

In 1877, a German psychiatrist Karl Friedrich Otto Westphal (1833–1890), was the first to define OCD in the same way as in the Manual classification of mental disorders. He used the term 'irresistible thoughts' as Zwangsvorstellung. Later Sigmund Freud and Pierre Janet used the term Zwangsvorstellung in their writings to describe the symptoms in people suffering from possession. In Great Britain, the term was translated as 'obsession' and the United States as 'compulsion'. Since then, the name has appeared as OCD.

Current treatments (NHS)

Treatment of OCD begins with an explanation to the patient of the symptoms. A common concern for patients with obsessions is that they have schizophrenia, so the doctor must convince them otherwise. People suffering from particular obsessions often involve other family members in their rituals. Relatives are advised not to indulge the morbid fantasies of patients and to treat them sympathetically, if possible, softening the symptoms.

Medical therapy.

For the treatment of OCD, antidepressants of the SSRI (Selective serotonin reuptake inhibitors) group are prescribed. Symptoms of OCD get better because SSRIs increase the level of serotonin in the brain. Depending on how the disease progress, antidepressants, are prescribed other medications: beta-blockers (to stop vegetative manifestations), tranquillizers, antipsychotics (mainly benzodiazepine), or mood stabilizers (Del Casale et al., 2019) Anxiolytics provide short-term relief of symptoms but are not recommended for more than a few weeks as dependency may develop.

A specially selected combination of drugs reduces symptoms and opens up opportunities for psychological therapy.

Psychotherapy.

With the help of therapy, a competent psychologist will help eliminate OCD. One of the main tasks of the specialist in the treatment of OCD is to the establishment of beneficial cooperation with the patient.

If the patient has rituals, improvement usually occurs when using Cognitive Behavioural Therapy (CBT). The consequence of this therapy is a decrease in the severity of obsessive actions (rituals), thereby receding the accompanying thoughts (Abramowitz, 2006).

Nevertheless, even holistic therapy can work for OCD. It creates conditions for the client in which he will feel good. Oddly enough, it helps.

Specialist OCD services

Some people may be referred to a Specialist OCD services (Mind, 2019). for further treatment. Social rehabilitation is a set of programs for teaching OCD patients how to behave rationally. It aims to teach social skills of interaction with people, vocational training, and skills necessary in everyday life. Psychotherapy helps patients feel better about themselves and gain confidence in their strengths.

All of these methods, when used judiciously, can increase the effectiveness of drug therapy but cannot replace them. Unfortunately, until now, science has not been able to find a unique way to treat mental illness. Often, OCD can recur, and long-term medication is needed for prevention.

Principles when working with people with OCD

- **Person centre approach (Freedom, communication)**

Clear information, communication, and support for self-care
Emotional support, empathy and respect

OCD is considered a disability under the Equality Act

The Equality Act 2010 brought together 116 separate pieces of anti-discrimination legislation into one single act which provides a legal framework to protect everyone, regardless of differences in gender, religion, age, handicap, or cultural origin, and the right to be treated fairly, with integrity, and with respect.

- **Human Rights Act 1998**

The Human Rights Act 1998 compels public organisations – including the Government, police and local councils – to treat everyone equally, with fairness, dignity and respect

- **Mental Health Act 1983**

It is there to help make sure that anyone experiencing mental disorder and being treated under the Act gets the right care, treatment and support.

Mental Capacity Act 2005 - grants the right to persons as many chances as possible to make choices on their own, and when they are unable to do so, decisions should be made in their best interests

Recommendations for the improvement of the symptoms OCD

There are several alternative methods to improve the symptoms of OCD. They include such as aerobic exercise and Repetitive transcranial magnetic stimulation (rTMS).

Scientists have proved the fact that the neuroticization of the population increases not only due to external stress factors but also to the high level of comfort in which modern society lives. Automation and digital technologies take people away from interacting with the body. Therefore, as a preventive measure, striving for nature, communication, and physical activity is necessary. (Abrantes, A.M., et al, 2017).

Repetitive transcranial magnetic stimulation (rTMS) is a noninvasive neurostimulation technique. To date, it has shown promising result as an additional treatment option for OCD. The method is not invasive, well tolerated by patients , with a minimal list of side effects. RTMS allows to directly stimulate deeper subcortical structures and capture a large volume of the brain. Advances in targeted brain stimulation offer a treatment option for patients who are intolerant to drugs and have ineffective psychological approaches (Lusicic A., et al,2018).

Conclusion

Despite the spreading observation of the issues of OCD, not much attention is paid to prevention and early intervention in mental disorders.¹⁰¹ Relevant in the primary prevention of obsessive-compulsive disorder, could be the initiation of psychoeducation of patients and their families in high-risk subjects with not clinically manifest or symptomless signs.

Also, early assessment could be implemented for secondary prevention to better manage clinical obsessive-compulsive disorder. More work is needed to capture the different stages of OCD (from dangerous disease to chronic or refractory disease) and to gather data on preventive and early intervention strategies.

