Tourettes action

TOURETTE SYNDROME AND OBSESSIVE COMPULSIVE DISORDER (OCD)

OCD IS ONE OF THE MOST COMMON CO-OCCURRING CONDITIONS WITH TOURETTE SYNDROME (TS), CHARACTERISED BY DISTRESSING THOUGHTS AND REPETITIVE ACTIONS. SOMETIMES COMPULSIONS APPEAR SIMILAR TO COMPLEX TICS. FOR PEOPLE WITH TS, GETTING TO KNOW HOW OCD SYMPTOMS MAY PRESENT CAN HELP THEM TO WORK WITH THEIR HEALTHCARE TEAM TO GUIDE THE BEST COURSE OF TREATMENT AND MANAGEMENT.

WHAT IS OCD?

OCD is an anxiety-based condition where people experience **obsessions,** (which are unwanted and distressing thoughts, images or urges) and/or **compulsions** (which are time-consuming, distressing and impactful rituals that are performed to try to neutralise the obsession).

Everyone in the general population has occasional repetitive thoughts, habits and a preferred way of doing things. For people with OCD, obsessions and compulsions are not choices or preferences; instead, they are time-consuming, distressing and disruptive thoughts/actions that feel necessary to avoid a fear or danger. Obsessions and rituals interfere with areas of life such as work, education, social life and personal relationships. Around 1 in 100 people are estimated to be living with OCD in the UK, affecting people of all ages, genders and backgrounds.

DID YOU KNOW?

Everyone with OCD experiences the condition differently. While some people have obsessions and compulsions related to cleanliness and hygiene, any subject and fear can become the focus of other people's OCD symptoms. Importantly, OCD is ***not*** *'just being neat and tidy'.*

WHAT ARE THE SYMPTOMS OF OCD?

OCD can be understood through two key symptoms:

OBSESSIONS

Obsessions are persistent and uncontrollable thoughts, images, impulses, worries, fears or doubts. They are often intrusive (causing disruption and annoyance), unwanted and can be frightening for the person experiencing them.

People with OCD often recognise obsessions as irrational, but this doesn't necessarily help to control them.

Common obsessions that affect people with OCD include:

- **fear of harming yourself or others**
- **worrying about the safety of others**
- **extreme self-doubt over actions, such as locking doors or turning off appliances**
- **fear of contamination**
- **a need for symmetry or order so that things are just right**

OCD AND TS

WHAT ARE THE SYMPTOMS OF OCD?

COMPULSIONS

Compulsions are repetitive, purposeful behaviours or mental actions that are performed to try to relieve the anxiety caused by obsessional thoughts. Compulsive behaviours are often carried out according to certain rules or will be performed as a ritual. Relief provided by compulsions is only temporary and often reinforces the original obsession.

Common compulsions include:

- **checking**
- **counting**
- **touching**
- **washing**
- **arranging**
- **hoarding**

TOURETTIC-OCD

For some people with TS, OCD strongly overlaps and interlinks with a unique combination of symptoms that are different to TS or OCD alone. This has been recently described as Tourettic-OCD. Tourettic-OCD is not recognised as an official diagnosis and more research is needed to understand the best ways to diagnose and help people manage both TS and OCD.

The common feature in Tourettic-OCD is the need for things to be 'just right' or 'just so'. This urge triggers repetitive behaviours with several complex steps such as tapping, arranging or doing things in a certain number of repetitions. Unlike OCD, people with Tourettic-OCD do not usually have obsessive thoughts, but can experience anxiety if behaviours or tics are not completed in an exact way.

WHAT IS THE LINK BETWEEN OCD AND TS?

OCD affects over half of people with TS at some point in their life.

Researchers are still trying to understand why OCD and TS are so strongly linked. One possible reason is that OCD and TS are involved in the same signalling pathways in the brain that control action selection, performance, monitoring and goal-directed behaviour. OCD and TS symptoms can share common features, including a sense of discomfort before involuntary, repetitive behaviours that are followed by a sense of relief. Both conditions have similar genetic factors and may be passed down through families, although this is not always the case.

HOW DO PEOPLE EXPERIENCE BOTH OCD AND TS?

It can be difficult to tell the difference between a compulsive behaviour, related to OCD and a compulsive tic, related to TS. Typically, a compulsion is an action carried out to relieve distress (like anxiety), which may be caused by an intrusive or obsessional thought. A tic is associated with initial *physical* urge and is performed to relieve the urge sensation.

Some people can experience both tics and obsessive compulsive-behaviour in distinct ways. This could be thought of as TS with OCD or might be referred to as tic-related OCD. Instead of a specific thought, people with tic-related OCD report a strong, compelling and irresistible 'not just right' feeling alongside carrying out a particular action. Common sorts of compulsions might be touching a doorframe, tapping on another person and performing a prayer action.

When OCD that occurs in people with TS, it tends to be first experienced at an earlier age than OCD alone and it may be associated with family history of tic-related disorders, like TS.

MANAGING OCD

WHAT TREATMENTS ARE AVAILABLE FOR OCD?

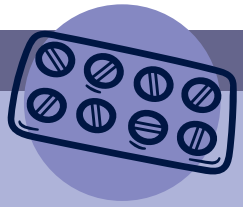
Treatment for OCD has been well-researched and evidence suggests that getting help for OCD promptly can prevent the condition from dominating daily life, relationships and work or school. Available treatments for OCD include:

PSYCHOEDUCATION

This is the starting point for treating OCD and is a type of therapy that helps a person better understand their condition and feel in control of it.

COGNITIVE BEHAVIOUR THERAPY (CBT)

A talking therapy that teaches people to tolerate negative thought patterns and behaviours. This is the element of the treatment that helps a person with OCD start to develop control over the symptoms. The most effective form of CBT for OCD is Exposure with Responsive Prevention (ERP), where people learn to resist doing a certain action to relieve an urge or thought.



MEDICATION

Sometimes prescribed alone or in combination with therapy, such as CBT. Medications for OCD and TS, such as selective serotonin reuptake inhibitors (SSRIs), selective serotonin-norepinephrine reuptake inhibitors (SSNRIs) and dopamine blockers, affect chemical interactions in the brain.

For many people, treatment for OCD may require both medication and talking therapy to help them to manage the symptoms. A reappearance of symptoms in the years following treatment is common, so it's important for people with OCD to understand the condition and be able to continue using effective psychological strategies to manage the symptoms if they worsen.

DISCLAIMER

If you think you or your loved one may have OCD, the first step is to contact your GP to discuss your symptoms. A GP can make a referral to a community specialist, if needed, for diagnosis and treatment.

EXTRA SUPPORT

LEARNING SUPPORT AND REASONABLE ADJUSTMENTS

Both OCD and TS can affect executive functioning, which is the ability to plan, perform and remember tasks. This can impact children and young people in education and adults in their work and home life. It's important to make teachers, lecturers and employers aware of OCD and TS diagnoses so additional support can be provided.

FOR MORE INFORMATION AND SUPPORT, CONTACT THE FOLLOWING ORGANISATIONS:

OCD-UK

A national charity supporting children and adults who are affected by OCD:

W: www.ocduk.org
E: support@ocduk.org

OCD Action

A national charity supporting children and adults who are affected by OCD in the UK:

W: ocdaction.org.uk
E: support@ocdaction.org.uk

For helpline, call: **0300 636 5478** (open Monday to Friday, 9.30am to 8pm)

Young Minds

A national charity committed to improving the emotional wellbeing and mental health of children and young people:

W: www.youngminds.org.uk

For young people, text: **85258** (free, 24-hour mental health support)

For parents, call: **0808 802 5544** (open Monday to Friday, 9.30am to 4pm)

SUMMARY

Many people with TS also experience OCD in their lifetime. While diagnosed and often treated as distinct conditions, TS and OCD can overlap in the involved brain pathways, family history and symptoms. There are multiple treatment and therapy options for TS and OCD that your GP can guide you through.

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