



Information about **OBSESSIVE–COMPULSIVE DISORDER (OCD)** in children and adolescents

WHAT IS OCD in children and adolescents?

All children go through periods in their development in which they experience a fear of losing something, or a fear of something terrible happening. It is also normal for children to repeat patterns of behaviour. This is part of the child's development and is dealt with in the interaction between child and adult.

In children and adolescents with OCD, there are pronounced compulsive thoughts and actions that cannot be ignored, and that can have an effect on their social life and schooling.

Compulsive thoughts are thoughts, ideas and images that recur and become overwhelming. These thoughts revolve around the fear that something unpleasant will happen. Compulsive actions are rituals that the child or adolescent feels obliged to perform repeatedly because they can alleviate the unpleasant compulsive thoughts for a while. The child or adolescent may, for example, have a compulsion to wash his or her hands over and over again to remove the thought of being dirty or infected with bacteria or some illness.

The symptoms of OCD can develop gradually over a few weeks or over a longer period of time, sometimes months or years. The disorder is found in all degrees of severity, from a mild form with just a few symptoms lasting for only a short period of time to a severely debilitating form that can last for the whole of the person's lifetime.

In most cases, OCD is hereditary, though psychological and social causes may also play their part in the development of the disorder.

OCD can be treated, and in the vast majority of cases it is possible to alleviate the symptoms significantly or eradicate them entirely. The sooner OCD is detected, the easier it is to treat.

HOW MANY CHILDREN AND ADOLESCENTS HAVE OCD?

- **Approximately 0.5–2 per cent of children and adolescents under the age of 18 in Denmark display symptoms of OCD.**
- **OCD is rare in children of pre-school age and often begins at the age of 8–10, or during the teenage years.**
- **Before the teenage years, OCD is most common in boys.**

HOW LONG DOES OCD LAST?

Children and adolescents who are treated for their OCD have a good chance of making a significant recovery, or being completely healed.

It is difficult to say precisely how long OCD lasts. The duration of the disorder can depend on how many symptoms are present, and how severe these are. The duration can also depend on how the child/adolescent responds to treatment. In general, it can be said that, the sooner the disorder is detected and treatment begins, the shorter the course of the illness.

SYMPTOMS OF OCD

OCD is divided into conditions where compulsive thoughts predominate and conditions where compulsive actions predominate. Most children and adolescents with OCD predominantly experience compulsive actions, while compulsive thoughts are mainly found in adults with OCD. The symptoms can vary during the course of the disorder. The effect of the symptoms may change, or the symptoms may disappear entirely. At the same time, new ones may appear without there necessarily being any clear reason why.

Children and adolescents who have OCD are not aware that their thoughts and actions are exaggerated or pointless. And, without help, it is impossible for them to suppress the symptoms.

COMPULSIVE THOUGHTS

- **A fear of dirt and germs**
 - **A fear on the part of the child or adolescent that something dreadful will happen, either to himself/herself or to his/her family**
 - **A fear of illness and dying**
 - **Doubting mania, e.g. where the child or adolescent constantly doubts whether he or she has remembered to close the window or lock the door**
 - **A need for symmetry, where furniture or toys must be placed in a particular way as otherwise something dreadful will happen**
 - **A fear of aggressive impulses, such as harming yourself or others**
 - **A fear of sexual thoughts**
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COMPULSIVE ACTIONS

- **Control rituals, a compulsion to check over and over again that the window is closed, the door locked or the tap closed**
 - **Washing rituals, a compulsion to wash your hands or clothes multiple times**
 - **A compulsion to count objects in the room, reel off certain words and list or touch certain objects**
 - **Symmetry compulsion, a compulsion to do with the left hand what he/she has just done with the right hand, or a compulsion to check constantly that things are positioned in a particular way**
 - **Collection mania, where the child or adolescent is unable to throw things away**
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HOW CAN A PERSON GET HELP?

If it is suspected that the child or adolescent has OCD, it is important to talk to his or her doctor about it. The doctor can help clarify whether it is OCD and which treatment will be most helpful. The doctor can also refer the child or adolescent for examination and treatment at Mental Health Centre for Child and Adolescent Psychiatry, if this is necessary.

If your child needs emergency psychiatric help, contact the 24-hour Psychiatric Emergency Department for children and adolescents in Glostrup. For more information, visit www.psykiatri-regionh.dk/akut or the Akuthjælp app.



TREATMENT OF OCD

OCD is a disorder that can be treated. The child or adolescent can make a significant recovery with the correct help and training in how to meet the challenges and difficulties that the disorder can entail on a day-to-day basis.

Examination and treatment is carried out either by a GP, by a privately practicing specialist in child and adolescent psychiatry, or at Mental Health Centre for Child and Adolescent Psychiatry. This is dependent on the severity of the case of OCD in question.

Within Mental Health Services – Capital Region of Denmark, when OCD is suspected the examination begins with a discussion aimed at determining whether OCD is present and, if so, which treatment is required.

If OCD is suspected in a child below the age of 15, the discussions will always be held with the child and the child's parents. This also applies to adolescents over the age of 15, unless otherwise agreed.

The treatment of OCD is adapted to the needs of the child or adolescent. Within Mental Health Services – Capital Region of Denmark, the therapist always draws up a treatment plan together with the child or adolescent, the parents and other staff. The plan is approved by a consultant and must ensure that there is agreement on what is to be done.

The actual treatment at the Mental Health Centre for Child and Adolescent Psychiatry is handled by a doctor, in consultation with, e.g., psychologists, nurses, educationalists, etc., and it takes place in co-operation with the family and relevant parties from the school and municipality.

OCD is treated using a combination of medication, talk therapy and psychoeducation.

TALK THERAPY

Treatment of OCD using talk therapy consists of talks with a therapist – often a doctor or psychologist. These talks can be held either one-to-one or in groups.

In family therapy, the whole family is involved in the treatment. This is done in order to help the family to break the deadlock of roles and behaviour patterns that otherwise can contribute to OCD persisting. This form of talk therapy can also be done with several families at the same time.

Talk therapy often includes cognitive behavioural therapy, where there is a discussion about how the illness is being perceived and attempts are made to help the child to change his or her thoughts, feelings, actions and body reactions. Agreements are made as to the goal of the treatment, and on how to achieve improvement.

EDUCATION ABOUT MENTAL ILLNESS (PSYCHOEDUCATION)

For both the child/adolescent and parents, a good understanding of symptoms, illness and treatment can help to improve the treatment of OCD. For this reason, both the child/adolescent and the parents are offered education about OCD and its treatment. The education includes talks about symptoms and treatment, as well as practical exercises in conjunction with the staff.

Education about mental illness is also called psychoeducation, and it forms part of the vast majority of courses of treatment under Mental Health Services – Capital Region of Denmark. The family and other close relatives can also benefit greatly from taking part in this education.

A good knowledge of the symptoms and the reactions to them can help to resolve the problems associated with having a child or adolescent with OCD. When you are very familiar with the symptoms and reactions, it is easier to help the child/adolescent to handle the reactions in a good way.

Some parents support the child/adolescent in performing compulsive actions as this alleviates the discomfort and anxiety otherwise experienced by the child or adolescent. In such situations, it is particularly important that the parents be given support in helping the child to avoid carrying out compulsive actions. Education about OCD can be of great help in this.

It will often be appropriate to advise the child's or adolescent's teachers/educationalists about the condition. This helps to create understanding and co-operation regarding the treatment, and can also help to make it easier for the child or adolescent to undergo the treatment.

You can ask the staff at the centre about the possibilities to participate in psychoeducation.

MEDICINAL TREATMENT

Severe OCD is normally treated with medication. Medication is never used as the sole treatment for OCD; rather, it is always combined with other forms of therapy. Over the first few months of medicinal treatment, it may be necessary for the doctor to adjust the dosage and the strength of the medication.

Some people experience side effects in connection with the medication. There may, for example, be reduced appetite or nausea, sleep disorders or headaches. These side-effects normally disappear over a short period of time, and are not harmful. If side effects occur, it may be necessary to speak to the doctor about changing to a different type of medication.

If medicinal treatment is stopped, this must be done gradually and by agreement with the doctor.

HOW DOES THE MEDICATION WORK?

As a rule, the so-called 'serotonin reuptake inhibitors' are used to treat OCD. This type of medicine works by increasing the amount of the signal substance serotonin, which affects the way in which the different parts of the brain 'communicate'.

Sometimes it can help to treat with antipsychotics, which has the effect of changing the activity of various neurotransmitters in the brain. This type of medication has a calming effect and alleviates the symptoms of OCD.

WHAT CAN RELATIVES DO TO HELP?

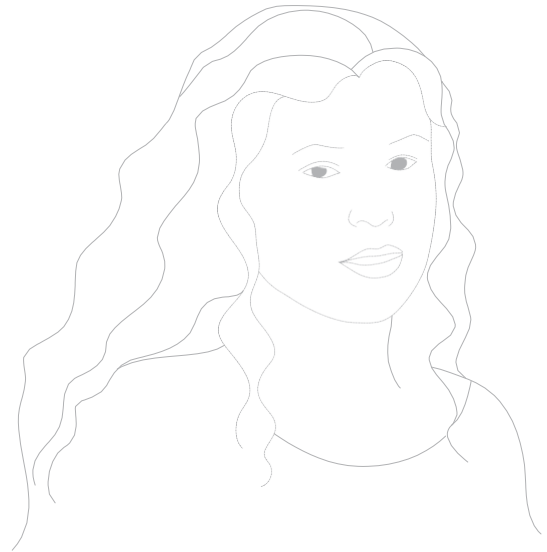
The most important task for relatives is to support the child or adolescent in finding professional help. It can be difficult to tell whether your child 'merely' worries a lot, or whether there are actual signs of OCD. It is up to the doctor to decide.

The relative of a child or adolescent undergoing treatment is best able to provide support by listening, being there for them, and making everyday life easier for the child or adolescent. For example, you may pay particular attention to providing support to the child in connection with leisure time activities, helping arrange visits to friends, helping with homework and generally exploiting the opportunities there are for children and adolescents in the local area.

Education about mental illness can help to make the child/adolescent more aware of the condition, the symptoms and the pattern of the illness. Knowledge about what has been involved in triggering the OCD can make it easier to recognise symptoms and patterns, thus supporting the child or adolescent in overcoming the compulsive thoughts and actions, should they occur again.

There are associations for people who have, or have had, from OCD. Information about these associations can be found at www.psykiatri-regionh.dk/patientinfo.

Mental Health Services – Capital Region of Denmark has published a leaflet containing information about the role of relatives, the involvement of relatives in the treatment and the potential for help and support for relatives. Please feel free to contact the staff at the Mental Health Department for Child and Adolescent Psychiatry or find the leaflet at www.psykiatri-regionh.dk/patientinfo.



TIPS FOR RELATIVES

- Take the illness seriously.
 - Find out what OCD is.
 - Help the child or adolescent to find out where and how he or she can obtain professional help.
 - Provide comfort, e.g. by saying: "Remember, you will get better. You have an illness that can be treated". Maintain a sense of hope and plan for the future.
 - Spare the child/adolescent from pieces of advice such as: "If I were you, I would..." or "Pull yourself together". It is not possible for the child or adolescent to control his or her compulsive thoughts and actions.
 - Avoid reproaches; instead, provide a distraction from the compulsive actions using something the child/adolescent likes to do.
 - Don't start long discussions about why the child or adolescent has become ill.
 - Seek help for yourself if you have questions, lack support or need assistance in your everyday life.
 - Remember that OCD are not anyone's fault.
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FURTHER INFORMATION

www.psykiatri-regionh.dk

You also have the opportunity to consult with PsykInfo for further information, advice and guidance on mental illness. PsykInfo is a mental health information centre in central Copenhagen aimed at all citizens that need to know about mental illness.

See www.psykinfo-regionh.dk



This booklet is for you who is a patient at Mental Health Services – Capital Region of Denmark and your relatives. With this booklet, we want to help you and your family experience a good and comprehensive course of treatment – and good cooperation with the staff at Mental Health Services – Capital Region of Denmark.

It is you and your immediate family, who live with the illness and is most aware of how you feel and how your illness is affecting your life.

We place great emphasis on keeping you well informed about the treatment throughout the course of treatment, and you are always welcome to ask questions.

THE PATIENT AT THE CENTRE

The treatment at Mental Health Services – Capital Region of Denmark often consists of a combination of a number of therapies and is always based on the patient's individual and immediate needs. Therefore, no courses of treatment are alike.

The mental health staff has professional insight into how mental illnesses can develop and be treated. We want to hear how you experience your illness and what your treatment goal is. We use both as a basis when we plan the treatment together.

The goal is for the treatment to heal you or make you considerably better. It varies when and how much people with mental illness recover. But with the right treatment, anyone can develop and create or resume daily life.

REGION HOVEDSTADENS PSYKIATRI (MENTAL HEALTH SERVICES – CAPITAL REGION OF DENMARK)

Many people encounter a mental illness during the course of their lifetime. At Mental Health Services – Capital Region of Denmark, every year we treat approx. 41,000 children and adults for a variety of mental illnesses. The treatment is done on an outpatient basis by visiting teams and, where necessary, by Mental Health Services – Capital Region of Denmark.

Mental Health Services – Capital Region of Denmark

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