



Anxiety Disorders

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“Instead of looking at the whole picture, I’ll be looking at the dots and lines in a picture.”

– Courtney, 17 years old

Seventeen-year-old Courtney is obsessed with saving. She saves everything—even hair. She even saves hair from her brush or off of her shirt.

Daye Blackmon, Courtney’s mother, says she saved “hair that she may find on her shirt, in her brush—she saved it at the foot of her bed.”

Courtney eventually examines each piece of hair. Daye says that “in Courtney’s mind” there may be something important on the hair that Courtney didn’t want to throw away.

Courtney suffers from a severe case of obsessive-compulsive disorder, or OCD. It started when she was 13.

At the root of it is extreme anxiety.

But she’s found an unusual way to cope. Courtney narrates everything she does. She checks behind herself every time she leaves a room, a ritual is so intrusive that it once took her more than two hours to walk up the stairs to her bedroom.

Her mom says, “It seems like everything she does is a ritual.”

Experts say, not every child with anxiety or obsessive behaviors will be diagnosed with O-C-D. But the *sooner* you can get treatment, the less likely it will develop into something worse.

Dr. John Piacentini, clinical child psychologist, explains, “Many of these kids don’t grow out of it, they won’t grow out of it, and so kind of ignoring it or thinking that it’s not a problem can really lead to more severe problems down the road.”

For those, like Courtney, behavior therapy and medication can help.

And, experts say, parents can help kids through anxious moments and obsessive behavior by showing them positive ways of coping.

“I think you’re actually trying to teach your child to be flexible. Give them different options—even if that’s different rituals—just so they’re not always stuck with one coping mechanism,” says Dr. Vincent Ho, child psychiatrist.

Courtney’s behavior therapy and medication have helped a lot, but her mom says that she still has a long way to go.

Tips for Parents

Anxiety disorders are the most common mental health problems that occur in children and adolescents. According to one large-scale study of 9 to 17 year olds, entitled Methods for the Epidemiology of Child and Adolescent Mental Disorders (MECA), as many as 13 percent of young people had an anxiety disorder in a year. Types of anxiety disorders include:

- **Generalized Anxiety Disorder:** symptoms include exaggerated worry and tension over everyday events.
- **Panic Disorder:** characterized by feelings of extreme fear and dread that strike unexpectedly and repeatedly for no apparent reason, often accompanied by intense physical symptoms, such as chest pain, pounding heart, shortness of breath, dizziness, or abdominal distress.

- **Post Traumatic Stress Disorder**

(PTSD): a condition that can occur after exposure to a terrifying event, most often characterized by the repeated re-experience of the ordeal in the form of frightening, intrusive memories, and brings on hypervigilance and deadening of normal emotions.

- **Phobias:** social phobia, extreme fear of embarrassment or being scrutinized; specific phobia, excessive fear of an object or situation, such as dogs, heights, loud sounds, flying, costumed characters, enclosed spaces, etc.
- **Separation anxiety disorder**
- excessive anxiety concerning separation from the home or from those to whom the person is most attached
- **Selective mutism** - persistent failure to speak in specific social situations.

One of the most debilitating of the anxiety disorders is obsessive-compulsive disorder (OCD). OCD is a type of disorder in which time-consuming obsessions and compulsions significantly interfere with a person's routine, making it difficult to work or to have a normal social life or relationships. OCD can strike at any age but often begins in adolescence or early adulthood. Afflicting nearly 4 million Americans, OCD is equally common in men and women and knows no geographic, ethnic, or economic boundaries. Generally, OCD is characterized by two components:

Obsessions - constant, intrusive, unwanted thoughts that cause distressing emotions such as anxiety or disgust. Children experiencing obsessions recognize that these persistent images are a product of their own mind and are excessive or unreasonable. Yet, these intrusive thoughts cannot be settled by logic or reasoning. For example, some people may constantly fear bringing harm or injury to themselves or others or worry excessively about germs and contamination.

Compulsions - urges to do something to lessen discomfort, usually discomfort that is caused by an obsession. Rituals are the behaviors in which children engage in response to a compulsion. In the most severe cases, a constant repetition of rituals may fill the day, making a normal routine impossible. Compounding the anguish these rituals cause is the knowledge that the compulsions are irrational. Examples of compulsions include:

- **Cleaning** - Provoked by the fear that real or imagined germs, dirt, or chemicals will "contaminate" them, some spend hours and hours washing themselves or cleaning their surroundings.
- **Repeating** - To dispel anxiety, some utter a name, phrase, or behavior several times. They know these repetitions won't actually guard against injury but fear harm will occur if they don't do it.
- **Completing** - People with this compulsion must perform a series of complicated behaviors in an exact order or repeat them again and again until they are done perfectly.
- **Checking** - The fear of harming oneself or others by forgetting to lock the door or close the window develops into the ritual of checking.
- **Being meticulous** - While neatness and tidiness don't signify a disorder, some individuals with OCD develop an overwhelming concern about where things go on a desk or the appearance of a room.
- **Avoiding** - Compulsive avoiders stay away from the cause of their anxiety and anything related to it.
- **Hoarding** - One of the less common compulsions, hoarding involves the constant collection of useless items. People with this compulsion may collect anything - scraps, newspapers, clothing, containers, cans, stones, even garbage - to the point that rooms are filled, doorways are blocked, and health hazards develop.
- **Slowness** - Also a rather uncommon compulsion that strikes mostly men, this compulsion causes people to do certain tasks very, very slowly.
- Other varieties of compulsions include excessive and ritualized praying, counting, and list making.

OCD is not a curable illness, however it can be treated and controlled. Ironically, some of the biggest impediments to the successful treatment of OCD are related to the nature of the illness itself, as well as parental and child perceptions of the effects of the illness. Children and adolescent may feel shame for doing/thinking such bizarre things, coupled with a fear of being considered "weird", "strange" or crazy. The generally secretive nature of the disease, lack of knowledge about OCD, and a fear of medication and/or other types of therapy also serve as to negatively effect treatment of OCD. Without treatment, the prognosis for OCD is not good. The disorder waxes and wanes, but left untreated the OCD will continue indefinitely. Generally only about 10-20% of OCD sufferers have a spontaneous remission of symptoms without some kind of treatment.

With treatment, the prognosis for OCD is very good. Up to 80% of OCD sufferers improve significantly with proper treatment of behavioral therapy and medication. The two most effective treatments for OCD are drug therapy and behavior therapy.

Currently, the most effective medications for OCD are the SSRI's (selective serotonin reuptake inhibitors). These medications have brand names such as Prozac, Paxil, Luvox, and Zoloft as well as the tricyclic Anafranil. These are the only medications proven effective for OCD thus far. Other medications may be added to improve the effect of the SSRI's. These medications can result in a 40-95% decrease in symptoms if taken properly.

The primary types of behavior therapy used for OCD treatment are exposure and response prevention. While this

therapy can initially be anxiety provoking in and of itself, it is the best method of permanently reducing obsessions and compulsions.

Ultimately, the most effective treatment for OCD is a combination of pharmacological and behavioral therapies.

References

- National Institute of Mental Health
- American Psychiatric Association
- Obsessive Compulsive and Spectrum Disorders Association

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