

OBSESSIVE COMPULSIVE DISORDER IN CHILDREN

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Who does it affect?

Obsessive-compulsive disorder (OCD) in children is more widespread than experts initially believed. In the 1970s, OCD was estimated to affect 0.1% of children in the United States and anxiety disorders, including OCD, were estimated to affect 0.3% of children (March, Leonard & Swedo, 1995). Today, OCD is estimated to affect about 17 000 children and adolescents in Canada, which represents between 2 - 3% of the under-eighteen population (Grados & Riddle, 1999). Although case studies of OCD in children as young as 3 years old can be found in some articles, OCD is usually diagnosed around the age of 10. Research has shown that during childhood, boys seem to develop OCD earlier than girls, whereas in pre adolescence and adolescence, the diagnosis is more prevalent in girls.

A child with OCD presents obsessions and/or compulsions and these symptoms cause him/her significant distress, are time and energy consuming or markedly interfere with the usual routine, surrounding environment, social activities, or in the child's interpersonal relationships. One should therefore not necessarily worry if a child likes to do things "just right" or if s/he insists on having a precise routine before going to bed. All children need the security of a structured routine. What is important to remember is that, to be diagnosed as OCD, these "habits" would have to involve a lot of time and energy (at least one hour a day) and interfere significantly with different spheres of their life.

Researchers agree that the most frequent compulsions in children are cleaning, checking, counting, and repetitive behaviors, excessive touching among others (Berthiaume, Turgeon & O'Connor, 2004). The majority of children with OCD will have cleaning rituals at one time or another in their OCD experience. As for obsessions, the fear of contamination, the fear of harming oneself or someone else as well as having sexually-related thoughts are very common (Berthiaume, Turgeon & O'Connor, 2004). We can also say that the development of OCD follows the normal cognitive development of the child (i.e. the first symptoms are often the compulsive behaviors). Then, the more the child matures, the more s/he acquires cognitive skills and the more noticeable the obsessions become.

One of the major hurdles to treatment, even nowadays, is that OCD can often go unnoticed in children because of better known concomitant disorders that draw more easily the attention of adults and even the professionals.

Associated disorders

In nearly 75% of the cases, children with OCD also have a concomitant mental health problem. The most common are generalized anxiety disorder, specific phobia, separation anxiety disorder, oppositional defiant disorder, and attention deficit disorder with hyperactivity. Other disorders from the "OCD spectrum disorders", that can be confused with obsessive-compulsive disorder, can also be present such as chronic tics, trichotillomania, pervasive development disorders (particularly Asperger syndrome) and eating disorders. The presence of concomitant disorders to the OCD diagnosis directly influences the choice of pharmacological interventions. For instance, some stimulants usually prescribed for hyperactivity can, as a side effect, increase the obsessions and compulsions. It is therefore

important to seek out specialists who are familiar with these various disorders in order to receive the appropriate treatment.

The role of the family

Although OCD can be found in several members of the same family and that there is probably some shared genetics in its development, family dynamics is not sufficient by itself to cause OCD. Nevertheless, the family acts on OCD, just as OCD has several consequences on the family. Thus, a family in which there is over-protection, control, hostility and severe criticism can exacerbate OCD manifestations, whereas a calm and supportive environment can better improve treatment impact. Many parents also tend to avoid situations that trigger their child's anxiety, which, unfortunately, does not help the child to appropriately face these situations. Moreover, putting emphasis on the child's compulsions or issuing reprimands can have the effect of increasing OCD behaviors. The implication of the family in the ritualized behaviors of the child afflicted with OCD is thus important to consider because in childhood, the family constitutes the most important environment for the child.

It is important that the family members be as informed as possible in order not to make them feel guilty and for them to know what are the best ways to act vis-à-vis OCD. It is not only normal, but also frequent that they need to manage the distress that the obsessional-compulsive manifestations may have caused. Since it is not easy to live daily with a child afflicted with OCD, a combination of family and individual therapy often proves very beneficial to the members of the affected family.

What happens in school?

Children with OCD try to hide their condition as much as they can when they are at school in order to be seen just as any other child, as do most children with a mental health disorder. This can directly cause physical and mental exhaustion in the child, but also lead to an explosion of obsessional-compulsive behaviors at home. When OCD has not yet been diagnosed, a teacher can bring to the parents' attention certain unusual behaviors in the child, such as the time spent on a task, the time spent in the restroom, the tendency to ruminate, etc. In other cases, when the OCD diagnosis has been given, it can be very advantageous to inform the teacher, who can then contribute to the optimal functioning of the child in school, for example by avoiding unfair reprimands, and also by sensitizing the other pupils to the reality of a child with OCD.

Which psychological treatments have proven to be effective?

It is very rare that OCD disappears by itself and, unfortunately, it usually tends to worsen with time. This is why it is important to be informed about the various treatments offered. Although pharmacotherapy is often helpful, cognitive-behavioral therapy (CBT) is the treatment of choice for most of the anxiety disorders no matter the age of the afflicted person. The most common intervention is gradual exposition with response-prevention (i.e. the child does not accomplish compulsions or rituals). In children, the imagination is an element that can be profitable in treatment. For them, a story can often have more impact than complex and abstract theoretical explanations (O'Connor et al., 2005). Considering the level of cognitive development of children, it is essential to implicate the parents in the treatment of OCD or any other mental health problem. For more information on the various psychological

treatments available, please contact a health professional whose name appears on the list available at the QOCDF.

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