

Tourette syndrome and OCD

A significant number of children and young people with Tourette syndrome (TS) also have Obsessive-Compulsive Disorder (OCD). OCD is an anxiety disorder where a person has intrusive, distressing, unwanted thoughts (obsessions) and time-consuming, senseless rituals (compulsions). This information sheet explains about OCD, the effects it might have on your everyday life and how you can learn to cope better with it. It forms part of our TS information pack for young people and families.

How is OCD diagnosed?

The diagnosis of OCD is made through observation and history taking, and by use of questionnaires. Many children and young people become anxious from time to time about things and develop mild obsessions and compulsions to deal with the situation better, but OCD is when obsessions and compulsions start to get in the way of your everyday life and cause you to feel bad.

Ways of coping

- An important thing to remember is that OCD is an anxiety disorder – obsessions or compulsions can be very annoying for everyone, and you are not just 'being difficult'.
- Getting help from your family doctor or specialist doctor will make a big difference. There are various ways of treating OCD, which often work very well
- Talk to someone if it all feels too much. This is true for all family members, because there will be times when it can be more difficult to cope.

How can OCD be treated?

There are two main ways of helping a child or young person with TS and OCD, which can be used on their own or together:

Behavioural therapies

There are various types of behavioural therapy, but Exposure with Response

Prevention (ERP) therapy has been proved to be helpful for people with TS and OCD. The idea behind ERP is that a person to neutralise an unpleasant thought or urge with an action. So, for instance, someone who has to check that a light is switched off because they worry about a fire, learns to cope with leaving the lights on and fights the need to switch off the lights. Over time, this becomes easier and the pattern between obsession and compulsion is broken.

Medicines

Most TS medicines interact with chemicals in the brain. Our brains constantly have these chemical messages moving around, giving instructions for certain aspects of our behaviour. Different chemicals are thought to be involved in tics, attention deficit hyperactivity disorder (ADHD) and (OCD). The choice of medicine will depend on which difficulty needs help. Some children need more than one medicine. The specific medicines which help with OCD are medicines which act on serotonin.

Learning support

Obsessions and compulsions may affect schoolwork directly, in that the pupil with OCD wrongly believes they need to destroy written work or reread reading work, repeating it until they feel it is exactly perfect. Making sure that teachers are aware of the pupil's OCD is the most important way to support them through school, and once treatment is underway, helping work with them and their therapist to resist rituals.

Where to get more help

The first stop should be your family doctor (GP). They can refer you to a specialist if needed for diagnosis and treatment, and can also advise you about treatments available in your local area.

The following organisations will be able to offer you support and advice.

OCD Action

Helpline: 0845 390 6232

Website: www.ocdaction.org.uk

OCD-UK

Tel: 0845 120 3778

Website: www.ocduk.org

Further reading

You might find the following books helpful – you can order them from your local library if they don't have them in stock.

Derisley J et al (2008) Breaking free from OCD: a CBT guide for young people and their families. Jessica Kingsley Publishers

ISBN: 1 843 105 748

Long R (2005) Obsessive compulsive disorders. David Fulton Publishers (Building success through better behaviour series)

ISBN 1843 123 665

NICE Guidelines for assessment and treatment of OCD (2005) – available online

at www.nice.org.uk/CG031



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