# **Decoding the Hereditary Effect of OCD**

Obsessive-compulsive disorder (OCD) is a debilitating mental health disorder, which affects individuals from childhood through adult life. Typically, OCD is characterized by recurrent episodes of obsessions and compulsions. As per the World Health Organization (WHO), OCD is listed among the top ten disabling medical conditions across the globe.

**Obsession**

Obsessions refer to disturbing thoughts, mental images, or uncontrollable urges to perform specific actions. The disturbing thoughts may often include fear of illness or contamination, a strong urge to put things in order/symmetry or in "just the right" manner, or thoughts related to religion, sex, or aggression.

**Compulsions**

Compulsions comprise a set of repetitive actions, such as washing, counting, arranging, checking or verifying, or acting out specific routines. Typically, compulsions are not intended to seek pleasure like in gambling or in eating. In fact, these actions are performed to relieve anxiety that bothers people with OCD.

A room with a fireplace and chairs

Description automatically generated with low confidence

Individuals struggling with OCD are also vulnerable to additional mental health problems such as depression, generalized anxiety disorder (GAD), schizophrenia or panic disorder. People suffering from neurological conditions such as Tourette syndrome, stroke, dementia, and traumatic brain injury may also experience symptoms of OCD.

**Does OCD Run in Families**

Since the early twentieth century, clinicians have been wondering about heredity’s role in the development of OCD. One of early clinical reports found that out of the [fifty cases](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2824902/) of ‘obsessional neurosis’ treated at the Maudsley Hospital in London, 21 percent of siblings and 37 percent of parents were diagnosed with the disorder.

Similarly, over 15 family studies of OCD from the Hopkins suggested familial transmission of OCD. In another family-based study, the morbid risk of OCD was reported to be higher in first-degree relatives of people with OCD than relatives of those without the diagnosis. Another study, which examined twins with OCD, also supported the theory of familial transmission of OCD, especially in cases where the onset of OCD was in childhood years rather than adulthood. The researchers concluded that though hereditary played an important role in the occurrence of OCD, environmental factors could not be ignored.

Overall, different family studies suggested a seven to 15 percent incidence of OCD in first-degree relatives of child and adolescent probands with OCD. Proband here refers to an individual who serves as the starting point for inheritance-based study in medicine and psychiatry.

While multiple studies have hinted the possibility of genetic transfer of OCD, with an estimated odd ratio of 32.5 for OCD in first-degree relatives, researchers have taken into account the role of environmental factors as well.

To sum up, OCD is a complex genetic disorder, where the gene involved, and types of environmental factors are largely unknown. However, the development of this mental disorder depends on the patient’s genes as well as external factors. For example, if a parent has OCD, it is not necessary that the children also develop the disorder. Similarly, if the parent does not have OCD, it does not mean that their children will not develop OCD.

**Treatment**

OCD treatment aims at managing the symptoms and improving quality of life. Depending on the severity of symptoms, people with OCD may require ongoing, intensive, or long-term treatment. The two main treatment lines considered to be effective for OCD include medication and psychotherapy, or a combination of both.

**Medications**

Doctors treating people with OCD may prescribe certain psychiatric medications to help them manage the obsessions and compulsions.

Most commonly prescribed medications are:

* Clomipramine (Anafranil) for adults and children aged 10 years and older
* Fluvoxamine for adults and children aged 8 years and older
* Sertraline (Zoloft) for adults and children aged 6 years and older
* Paroxetine (Paxil, Pexeva) for adults only

**Warning**: Do not try to self-medicate. Doctors prescribe the best possible medication plan based on the severity of the disorder and the age of the patient. Self-medication may lead to serious complications.

**Psychotherapy**

When it comes to psychotherapy, Recovery-Focused Behavior Therapy (RFBT) and Exposure Response Prevention (ERP), a type of cognitive behavioral therapy (CBT), have emerged as the most effective treatment protocols for OCD.

In RFBT, a patient is introduced to a fictional scenario of apparent recovery. They are then asked to hypothesize and perform behavior patterns that they would exhibit in the case of actual recovery. On the other hand, during ERP, the patients are gradually exposed to the obsession or a feared object such as dirt. This way the patient is made to learn ways to resist the compulsion or manage the obsession.

While therapists do their best, patients’ willpower and efforts define the outcome of the treatment.

In addition to medication and psychotherapy, different intensive [**outpatient and residential treatment programs**](https://www.athenabhs.com/services/outpatient-care/) are available to help people with OCD restore harmony in their lives. Such programs may include deep brain stimulation (DBS) and transcranial magnetic stimulation (TMS).

For more information about OCD and effective ways to treat the disorder contact [**Athena Behavioral Health**](https://www.athenabhs.com), India’s leading **behavioral health facility**. We provide evidence-based [**OCD treatment programs**](https://www.athenabhs.com/services/obsessive-compulsive-disorder/) customized to suit the patient’s needs and requirements. For more information, call our 24 x 7 helpline **1800-890-9897** or chat online with our representative about our services, specialties, and admission procedure.

**For more information please visit: -**

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