

Mental Health Series: OCD

Featuring:

Patrick B. McGrath, PhD

TRANSCRIPT

Bice: Take a moment to imagine yourself doing a repetitive action that seems almost impossible to stop; or experiencing unwanted thoughts, fears, or worries that might seem unreasonable. An estimated 1.2 percent of US adults had OCD in the past year, and OCD was higher for females than for males.

I'd like to welcome you to the Abbott Nutrition Health Institute's Power of Nutrition podcast. My name is Bice Dolciato, and I'm with the Abbott Nutrition Health Institute, and I'm excited to bring you another episode of our mental health podcast series.

Today's topic is Obsessive Compulsive Disorder, otherwise known as OCD. We are lucky to have Dr. Patrick McGrath with us today. He is the Chief Clinical Officer at NOCD, an app-based platform for the treatment of OCD. He leads their teletherapy services across the world, and has authored two books titled, Don't Try Harder; Try Different and The OCD Answer Book. Welcome back, Dr. McGrath.

Patrick: Well, thank you – so great to be here again

Bice: And, before we get started, I just want to inform our audience. I'm recording in the studio, while Dr. McGrath is dialing in from Wisconsin. So, you may notice a small difference in the sound quality of our respective microphones.

Dr. McGrath, for those listeners that didn't have a chance to listen to the first few episodes, would you mind taking a moment to tell us a bit about yourself and your specialty in OCD?

Patrick: Absolutely. I have been a psychologist now for 23 years, and starting with my post-doc way back in the day, I was at an anxiety disorder clinic, and within a week of working there, thought this is what I'm going to do the rest of my life. So, I was working with people who had panic and OCD and trauma and phobias and it was amazing to be able to see people actually get better, because the therapy that we were doing was not a talk-based therapy, but a behavior based therapy. We were actually having people face their fears and learn how to handle them and deal with whatever it was that their brain was telling them was going to go awful and wrong and horrible, and learn that everything that runs through my head, not everything my brain tells me is actually true, and maybe these things aren't actually as dangerous as I think they are. So, it's been an amazing journey getting to help people face their fears and live the lives they've wanted to live and not the lives their OCD has wanted them to live.

Bice: And thank you for your warm welcome. It's such a pleasure, like I said, to have you here with us today. What I'd like to do is ask of you how to best define obsessive compulsive disorder – OCD. There must be something unique as to why the word obsessive and compulsive are strung together – it's always been top of mind for me. Can you provide us with a deeper understanding of why that is?

Patrick: Yes, absolutely. So, it's two things: there's obsessions. Obsessions are intrusive, maybe felt to be inappropriate types of thoughts or image or urges that people have, and they lead people to be very uncomfortable when these things happen, and there's a desire to somehow neutralize them to prevent the feared consequence of whatever those obsessions are from happening, and that behavior or mental act that we do is called a compulsion. And the compulsion's whole entire goal is to somehow prevent the feared consequence from occurring that the obsession was about, or to neutralize it in some way. And it provides a temporary relief for people when they do the compulsion, and they think that they've neutralized that obsession, but OCD doesn't go away so easily or fast, and so that obsession pops back into the head again, and now we're doing that thing all over again. So, there's kind of a hamster wheel of Hell experience going on for people with OCD where they just keep running around, over and over and over again, on the same thing without actually ever getting off of the hamster wheel – they're stuck in this pattern of behaviors and mental acts to try to make sure that their life, and the lives of other people around them, will be safe and okay, because they fear if they don't do that compulsion, they would be responsible for bad things happen.

Bice: Yeah, and that just sounds so exhausting, how you described that. I would imagine there's several myths about OCD, and people may casually joke – and I am guilty as charged for this – by saying they have OCD. But, when should one truly consider seeking professional help to be treated for OCD?

Patrick: I want to just – a little bit on that first part, and I appreciate you saying that, because there's so many people who always say, when I am talking to them, "I have a little OCD." Right? And, imagine if every time that you had a strange thought you said to yourself, "well, you know I have a little psychosis." Well, no one actually says that, right? So, just like we don't have a little bit of that, we also don't have a little bit of OCD. Every one of us has little quirky things that we do in the world. We may like to check the garage door twice or make sure the stove's off or something like that. But, OCD is a serious mental health condition that takes at least an hour of people's day, or severely interfering with their ability to live the life that they want to live. And, so, we also wouldn't say that OCD would be something that would be positive – that we would want to have. Last couple of years, during the pandemic, I was watching newscasters talk to each other, and they would say on the news to each other, "well maybe all of us should have a little OCD right about now," and, again, we don't go around suggesting a serious mental health condition is a great way to get through life. In fact, it's quite the opposite way of getting through life. It significantly interferes in people's ability to get things done. So, OCD has a major impact on the lives of people who experience it, and you quoted the stats about adults; but, if you're looking at – of the entire population, children through adults, you're looking at almost two – 2.2 percent of the population experiencing OCD at any point in time. So, this is not a joking matter, and this is a very serious thing, and the people who have it really suffer from it.

Bice: Yeah, and I can only imagine, and I want to thank you for educating me on that, and so it's good to know. I'm going to stick with the quirky elements in my life, so I do appreciate that. And, what is the best management options and are there resources available to help with OCD?

Patrick: Yeah, well, the best way to management – you're looking at two things. First, you're looking at something called exposure and response prevention therapy, so a type of treatment where we're going to expose people to the themes of their obsessions, and we're going to teach them that they can handle those things without doing compulsions. That's really the response prevention piece of it – we're – we're preventing the typical response, which is a compulsion, and we're allowing people to learn, “oh wait a minute, I don't have to check the stove 20 times – I know how to turn it off the first time.” Or, “I don't have to go back and drive around the block and see was that actually a pothole or did I run somebody over with my car”? Because how can I be 100 percent certain about that. OCD demands certainty. In fact, its nickname is the doubting disorder, and it says there can be no doubt at all – you must have absolute certainty in all things. And so, people spend an inordinate amount of time trying to get absolute certainty, but because you have the doubting disorder, you can never actually provide that it the certainty it demands, so you're stuck in this rut – over and over and over again. You can also have people take medication. There are medications like the SRIs or SNRIs that can be very helpful to folks, as well. Those can be combined with therapy, as well. And there are great resources available out there. There's the International OCD Foundation has great information at IOCDF.org, and then the company I work for is called NOCD. That's N-O-C-D.com, or TreatMyOCD.com, and we have therapists all over the country, who are licensed in all states to be able to help people deal with their OCD and do evidence-based exposure and response prevention therapy, as well.

Bice: Dr. McGrath, you're sharing a lot of great information here, and I'm just trying to just process everything that you're sharing. So, let's just take a step back and just identify – what is normal repetitive thoughts – I'm sure that exists, correct?

Patrick: Oh, I don't know what normal is – there's probably about ten different ways to define normal, but I think if you're thinking of it in terms of the most common type of thing, all of us have intrusive thoughts, right? They're a normal, everyday type of thing. How many of us have ever been driving over a bridge and thought, “what if I just turn the wheel really hard right now and shot the car off the bridge”? Well, many people listening to this will be shocked. They're thinking wait a minute, I've thought that, how did he know? Well, because most people think those types of things, so that's not the problem. The intrusive thought is not the issue. It is the belief that it means something and then that leading to a compulsion to attempt to neutralize it, to make sure that the thing doesn't happen. So, that's really where the intervention comes in is on the idea that I have to somehow neutralize that or prevent something bad from happening. But I don't know how to stop a thought. I've never figured that out, nor has anyone else in the profession ever figured that out either, and it's really not the goal of treatment at all. You can have all the thoughts that you want – its how you react to them that's potentially the problem.

Bice: And, Dr. McGrath, could it be fair to say that, as we're walking away – the pandemic, even though it's still lingering – and we think about our health care professionals, some have experienced trauma. Are there triggers that could cause OCD or – I'm just trying to understand that component.

Patrick: Absolutely! Um, here's what we know about OCD. So, as we talked about statistics wise, if you're looking at about maybe two – 2.2 percent of the population having it, but if you have a first degree relative with it, you're going up to about a 20 percent chance of having it. And if you have an identical twin who has it, you have about a 60 to 70 percent chance. So that, therefore, means there's environmental stressors that are also going on in people's lives too that can kick it off. So, we talked of the Diathesis stress model. Basically, we all have predispositions to things, and we all experience stressors, and when those two meet at maybe the not-so-opportune times, because it develops OCD, that's when we have that kind of conjunction happening, and here is the result of obsessive compulsive disorder.

Bice: Yeah, let's stay on this topic here, because I'm sure we have several listeners with us today, listening in, especially health care professionals from around the world, where should they start to be concerned? Are there any, like, early warning signs? When should someone actually reach out for support?

Patrick: When you start noticing that it takes you longer to do things than you used to do them, or longer than most other people are doing them, that could be a sign. When suddenly you're avoiding things that you used to do without a problem, maybe that's a sign as well too. There could be new ways that you're interpreting that or thinking about it, and it could move from the day-to-day thoughts that you had to more of these obsessional types of thoughts. All it could take for certain people is the change in the stressor. So, when the pandemic came, everybody kind of went from oh, my packages are on the porch – I'm going to grab them; I'm going to bring them in the house; and, I'm going to unload them and I'm going to put them away. And other people, after the pandemic, did that, and others then did the opposite where they left them on the porch for three days to make sure the Covid died, and then when they came in the house, they sprayed them down with bleach. And then they let that dry. And then they put on masks and gloves when they opened it. And then they washed everything that was inside of the package. And then they let it sit in the basement for a while or in the garage. And, only after a two-week quarantine did they allow anything to even come into the home, right? So, you could see a very big stressor occur in the lives of all of us, and that can affect widely how people behave in relationship to that stress.

Bice: Yeah, and those are, again, great examples of stressors, and so what I'd like to do is just – with all this great information that you've shared with us today, are there any closing comments you'd like to share with our listeners, or – key takeaways, I would call it.

Patrick: Reach out for evidence-based care. OCD does not really do well in a general therapy type of study. General therapists may try to talk you out of the intrusive thoughts. Bice, if I said to you don't think of a pink elephant right now, what do you think you would think of?

Bice: I'm not going to answer that question.

Patrick: Okay. So, what does that mean, because I'm going to bet you were thinking of a pink elephant.

Bice: Of course, I was.

Patrick: Of course you were, right? So, if I tell people don't think of their intrusive thoughts, guess what they're going to think of? They're going to think of their intrusive thoughts. The therapy is almost paradoxical. Instead of trying not to think of something, I'm going to have you purposely think of it, and I'm going to have you keep doing that until it doesn't bother you anymore. You know, Bice, if you've ever had a song stuck in your head, and you've tried to make it go away, it's probably stuck there longer. But, the actual way to get rid of it would be to listen to that song ten, 15, 20 times in a row, over and over on repeat, and after that, because you've almost overexposed yourself to it. Well, those same principals are what we use in therapy as well, too. So, instead of just being afraid, you've got to be "behaved" out of being afraid. You have to go and face those fears and do those things and learn that you can handle those things. Then you will get the success that you want out of treatment.

Bice: Thank you so much for your insights and for joining us on today's Power of Nutrition podcast. For our listeners, the 988 lifeline provides 24/7 confidential support for people in suicidal crisis or mental health related distress. By calling or texting 988, you'll connect to a mental health professional. ANHI is excited to provide a series of podcasts on a variety of mental health related topics. So, please join us for the next episode by visiting [ANHI.org/resources/podcasts](https://anhi.org/resources/podcasts). We will be adding new episodes often, so please check back throughout this year. Thank you for listening. Stay healthy, and be safe.