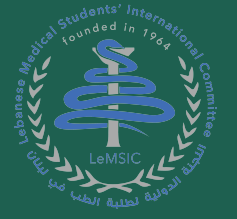


OBSESSIVE COMPULSIVE RELATED DISORDERS

embrace



**OBSESSIVE
COMPULSIVE
RELATED
DISORDERS**

OBSESSIVE COMPULSIVE DISORDER (OCD)

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WHAT IS OBSESSIVE COMPULSIVE DISORDER?

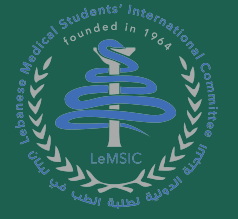
A person with Obsessive Compulsive Disorder experiences stressful, intrusive thoughts. The person is unable to ignore these anxiety-provoking thoughts and engages in ritualistic and compulsive behaviors to relieve them. An example is persistently thinking that a gas leak will cause the house to explode. To relieve the anxiety produced by this thought, the person might engage in compulsive behaviors (such as checking the gas multiple times, etc.) or mental acts (like counting, praying, etc.). Most often, the person realizes that their behaviors, like checking the oven gas 33 times before leaving the house, are excessive, but the urge to appease the intrusive thought compels them cannot to do it. Typically, obsessions have a fixation on a certain number or theme like contamination, sexual fears, religious fears, or other.

WHAT IS THE DIFFERENCE BETWEEN BEING ORGANIZED AND OCD?

Contrary to common misconception, someone feeling the need to keep their surroundings neat and tidy does not mean they have OCD. Simple double-checking things for good measure is not a sign of OCD.

WHAT HAPPENS IF LEFT UNTREATED?

Obsessive-Compulsive Disorder is treated with medications and/or psychotherapy, like cognitive-behavioral therapy. If left untreated, OCD can be persistent or episodic, either way debilitating enough to prevent a person from successfully going about their daily activities. The severe impairment of functioning caused by OCD places the sufferer at a higher risk of anxiety, depression, and suicide.



**OBSESSIVE
COMPULSIVE
RELATED
DISORDERS**

**BODY
DYSMORPHIC
DISORDER
(BDD)**

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WHAT IS THE DIFFERENCE BETWEEN NEGATIVE BODY IMAGE AND BDD?

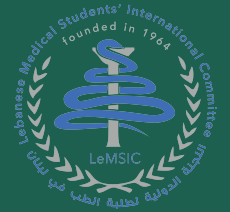
A person who has a negative body image experiences dissatisfaction with their appearance. A person with BDD is not only unhappy with their body image, but also consumed with obsessive thoughts over other people's perception of their body and over changing specific body parts. These thoughts cause extreme anxiety that compels them to undergo repetitive "safety behaviors" to reduce this anxiety like covering certain body parts (using a hat or glasses, for example), tanning to change skin appearance, constantly seeking reassurance from others about appearances, and sometimes, cosmetic surgery. It is important to note that not every person who does these things has BDD. People with BDD also tend to avoid social situations out of fear of being judged for their appearances.

WHAT IS BODY DYSMORPHIC DISORDER?

Body Dysmorphic Disorder (or BDD) is characterized by a severe preoccupation with appearance that causes major distress, affecting one's social life, work, school, and other areas of functioning. A person with body dysmorphic disorder is usually consumed with the idea that their body is flawed or has defects which evokes severe anxiety. Obsessive thoughts around body defects can lead to certain compulsive, repetitive behaviors and rituals such as skin-picking or constantly looking at one's reflection.

WHAT HAPPENS IF LEFT UNTREATED?

BDD can be treated with psychiatric medications and/or psychotherapy. If left untreated, the symptoms of BDD can increase in severity, interfering with daily life functioning to the point of not being able to go to work, attend school, or maintain healthy relationships. Moreover, individuals suffering from BDD may be at higher risk of suicide, depression, and substance use disorder.



**OBSESSIVE
COMPULSIVE
RELATED
DISORDERS**

TRICHO- TILLOMANIA

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WHAT IS TRICHOTILLOMANIA?

A person with trichotillomania is unable to resist pulling hair on various parts of their body, often leading to significant hair loss. Trichotillomania often develops in pre-adolescence and early adolescence (between the ages of 10 and 13 years old), and is often used as a mechanism of negative emotion relief. Hair-pulling can be either focused, carried out with intention, or automatic, carried out without conscious realization at the same time as other activities such as watching tv). A person suffering from trichotillomania usually tries to minimize or stop hair-pulling but is unable to, which leads to major stress and problems in daily life. It is important to note that trichotillomania is different from plucking one's hair for cosmetic reasons.

WHAT HAPPENS IF LEFT UNTREATED?

Trichotillomania is treated with medications and/or psychotherapy. If left untreated, it can negatively impact the person's life: from avoiding social situations to missing work or school. Children and adolescents with trichotillomania tend to fear rejection by their friends, due to visible and significant hair loss.