

If normal cleanliness has become an obsessive fear of germs and daily life is disrupted by uncontrollable compulsive behavior, you may have a mental health condition called obsessive-compulsive disorder or OCD.

It often runs in families and is more common than many people realize, said Dr. Gregory L. Hanna, director of the Child & Adolescent Psychiatry Division for the University of Michigan Health System. Hanna and his research team have discovered further evidence that there is a genetic component to OCD.

"OCD affects between 1 and 3 percent of the world's population, which makes it more common than schizophrenia, bipolar disorder or panic disorder," says Hanna. "It can develop during childhood or adulthood and often changes over time. Typical obsessions consist of worries about harm to self or others and excessive concerns about dirt, germs or illness — both of which often trigger repetitive compulsive behaviors."

Christopher King, an 18-year-old OCD patient from Livonia, developed symptoms at age 11 after recovering from a bacterial infection. "I noticed that I started obsessing about germs. If someone sneezed, I had to go into the bathroom and wash for half an hour at a time," says King. "It was like something inside me was telling me I have to do this. I couldn't stop it, even if I wanted to."

People like King who develop OCD during childhood are much more likely to have relatives with the condition than those who develop it during adulthood. Hanna and col-

## COMPULSIVE



## TIC BEHAVIOR

*Obsessive-compulsive disorder is a family affair*

leagues at the U-M and the University of Chicago are studying families with OCD to identify genes that make a person vulnerable to developing the disorder.

### Other factors

Hanna emphasizes that not all forms of

OCD are caused by a single genetic variation. Like many medical conditions, it develops when people who are genetically predisposed are exposed to specific environmental triggers. For example, recent studies indicate it may be linked to previous strep infections or other types of infection.

[www.med.umich.edu/psychiatry/ocd/index.html](http://www.med.umich.edu/psychiatry/ocd/index.html)  
 ■ U-M Health Topics A-Z: Obsession and Compulsion  
[www.med.umich.edu/libri/mental/obsess01.htm](http://www.med.umich.edu/libri/mental/obsess01.htm)  
 ■ National Institute of Mental Health: Obsessive-Compulsive Disorder  
[www.nimh.nih.gov/publicat/ocdmenu.cfm](http://www.nimh.nih.gov/publicat/ocdmenu.cfm)

"If we can establish genetic markers for the illness, we may be able to use them for diagnostic testing. Ultimately, we hope to learn more about how to prevent the illness in people who are at heightened risk for developing the problem and how to develop safer and more effective treatments for the disorder."

Until the 1970s, psychiatrists had few effective treatments for OCD. The good news today is that a combination of medication and behavior therapy can help most people with obsessive-compulsive disorder.

"It was ruining my life," says King. "I was constantly in my room, because I was so afraid of germs. Dr. Hanna helped me find out what my problem was and how to desensitize myself."

For more information about OCD, visit the following Web sites:

■ U-M Anxiety Disorders Program

[www.med.umich.edu/psychiatry/ocd/index.html](http://www.med.umich.edu/psychiatry/ocd/index.html)

■ U-M Health Topics A-Z: Obsession and Compulsion

[www.med.umich.edu/libri/mental/obsess01.htm](http://www.med.umich.edu/libri/mental/obsess01.htm)

■ National Institute of Mental Health:

Obsessive-Compulsive Disorder

[www.nimh.nih.gov/publicat/ocdmenu.cfm](http://www.nimh.nih.gov/publicat/ocdmenu.cfm)

## Obsessive-compulsive and tic disorders in children may have origin in strep infection

National Institute of Mental Health researchers report that some children whose symptoms of obsessive-compulsive disorder (OCD) and the disorders were worsened by a common strep infection have been successfully treated with plasma exchange and intravenous immunoglobulin (IVIG). Dr. Susan Swedo and colleagues at the National Institutes of Health reported their findings in the Oct. 2 issue of *Lancet*.

In previous studies, Swedo and others observed that in a small number of children suffering from the obsessional thoughts and compulsive behaviors typical of OCD and tic disorders, symptoms suddenly became worse after infection with Group A beta hemolytic streptococci.

Evidence pointed to an autoimmune response to the infection, in which antibodies attack healthy as well as infected cells, leading to inflammation in the brain's basal ganglia, an area involving movement and motor control. The resulting syndrome typically occurs in young children and is noted for its dramatic, sudden onset or exacerbation of symptoms and episodic course, in which periods of symptom worsening follow strep infections.

The investigation shows that plasma exchange and IVIG relieve neuropsychiatric symptoms in this subgroup of children with tics and obsessive-compulsive disorder.

"A few children were even able to discontinue all psychotropic medications after treatment," said Swedo. Of the 29 children who completed the trial (19 boys, 10 girls), 10 received plasma exchange, nine IVIG, and 10 placebo. Both plasma exchange and IVIG produced substantial improvement in obsessive-compulsive symptoms, anxiety, and overall functioning; plasma exchange also improved tic symptoms.

Ratings done one month after treatment revealed that patients in

both the plasma exchange and IVIG groups were much improved. In contrast, symptoms changed little in children who received placebo. The treatment gains of plasma exchange and IVIG remained at one-year follow-up, with 14 of 17 subjects "much" or "very much" improved over baseline.

However, the study does not support using plasma exchange and IVIG for all cases of tics or OCD. Nor does it suggest that all children with untreated strep infections will get OCD, tics, or Tourette syndrome. Strep infections are common, and strep-triggered neuropsychiatric disorders are rare. The vast majority of children with strep infections are not at risk for developing these disorders, particularly with prompt attention and treatment, said Swedo.

Although the cause of obsessions, compulsions, and tics is unknown, evidence suggests a common origin for all of these symptoms, with genetic and nongenetic factors playing a role.

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