

The Definition and Treatments for OCD

The Information

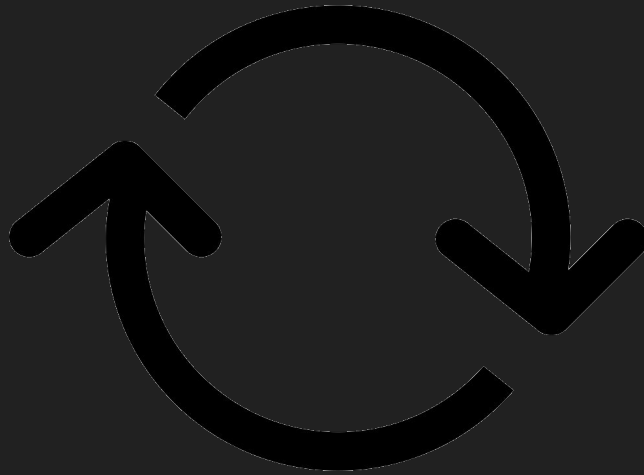
What Is OCD?

- Chronic
- Long-lasting
- Common
- uncontrollable/ reoccurring thoughts/ behaviors



The Need To Repeat

- People who have OCD always feel the need to repeat their thoughts/ behaviors when pertaining to the disorder.



Obsessions

- Thoughts/ urges/ mental images which cause anxiety
- Common symptoms include
 - Fear of germs/ contamination
 - Unwanted forbidden/ taboo thoughts involving sex, religion, or harm
 - Aggressive thoughts toward others or self
 - Having things in symmetrical or in a perfect order

Compulsions

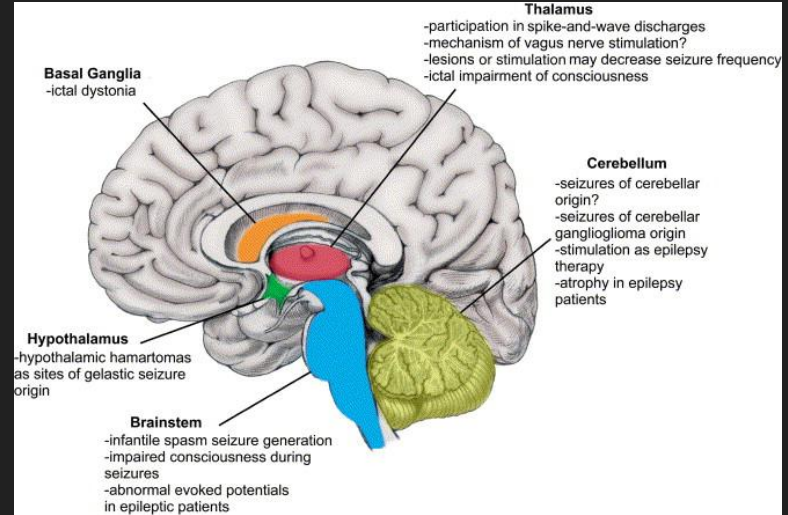
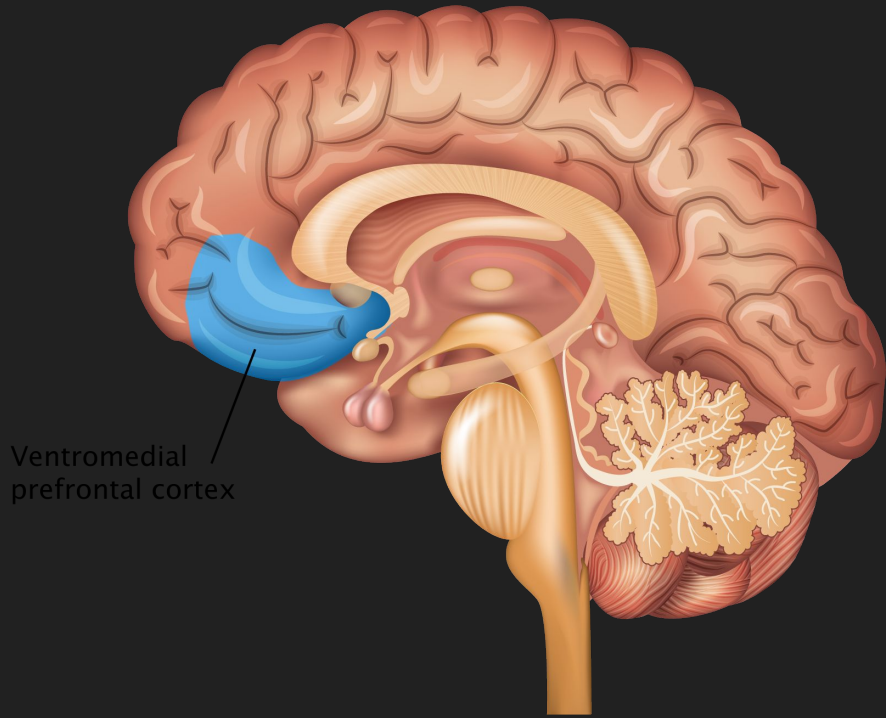
- behaviors that a person with OCD feel the urge to do in response to an obsessive thought
- Not all habits or rituals are considered compulsions
- Common symptoms include
 - Excessive cleaning/ handwashing
 - Ordering and arranging things in a particular/ precise way
 - Repeatedly checking on things, such as looking to see if the door is locked or if the oven is on
 - Compulsive counting

How To Tell The Difference Between OCD and Habits

- Since not all rituals/ habits are compulsions, you can tell the difference between them both because a person with OCD usually:
 - Can't control their thoughts/ behaviors, even when they're considered excessive
 - Spends at least one hour a day on these thoughts/behaviors
 - Doesn't get pleasure when performing these behaviors or rituals, but may feel brief relief from the anxiety the thoughts cause
 - Experiences significant problems in their life due to the thoughts/ behaviors

Risk Factors

- Diagnosis by age 19
- No onset after age 35
- Typically an earlier onset in boys than girls
- Genetics
 - Twin and family studies have shown that people with immediate family who have OCD are more likely to develop OCD
 - The risk is even higher if said family member developed OCD as a child or teen
- Brain structure
 - Imaging studies have shown changes in the prefrontal cortex and subcortical structures of the brain, but the connection is unclear
- Environment
 - In some cases OCD or OCD symptoms develop in children following a strep infection
 - Called Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal (PANDAS)



Treatments and Therapies

- Typically treated with:
 - Medications
 - Psychotherapy
 - A combination of the two
- Most patients respond to these treatments
- Some may continue to experience symptoms even after treatment

Medications

- Serotonin Reuptake Inhibitors (SRIs)
 - Include Selective Serotonin Reuptake Inhibitors (SSRIs)
 - Both are used to reduce symptoms of OCD
- SRIs often require higher daily doses for OCD than disorders like depression
- May take 8-12 weeks to start working
- If these don't work, research shows that some may respond to an antipsychotic medication
 - Can also help manage symptoms for OCD and tic disorders

SSRIs

- Celexa (Citalopram)
- Lexapro (Escitalopram)
- Prozac, Sarafem, Symbyax (Fluoxetine)
- Luvox, Luvox CR, (Fluvoxamine)
- Paxil, Paxil CR, Pexeva (Paroxetine)
- Zoloft (Sertraline)
- Viibryd (Vilazodone)

Psychotherapies

- Can be effective for both children and adults
- Research shows that certain types of psychotherapy can be as effective as some medications for many individuals
 - Cognitive Behavior Therapy (CBT) and other related therapies
 - Habit reversal training
- Exposure and Response Prevention therapy is effective in reducing compulsive behaviors in OCD
- As with most mental disorders, treatment is personalized

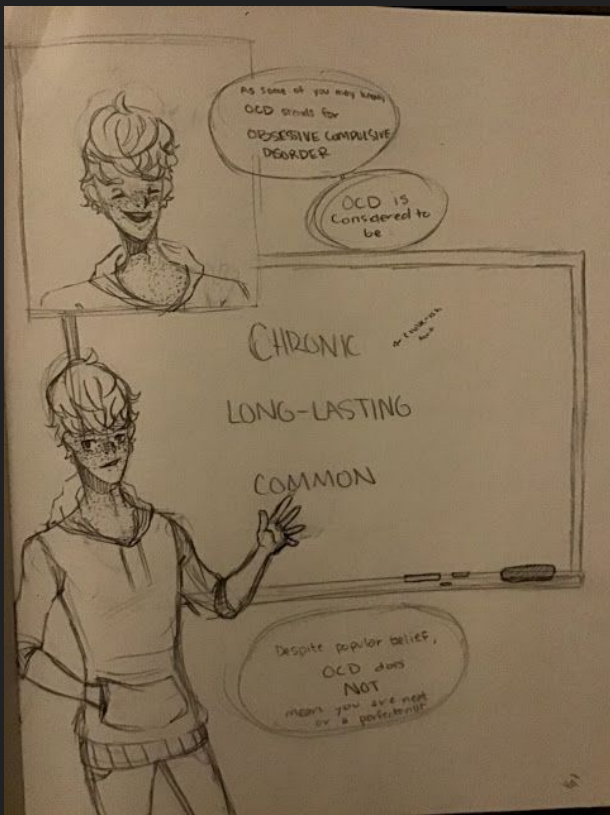
More Interesting Information

- Tic disorders sometimes happen in people with OCD
- The symptoms of OCD can come and go/ ease and worsen over time
- They may try to avoid situations involving triggers in order to help themselves
- Most adults with OCD realize that what they're doing doesn't make sense
- Some adults and children may not realize that their behavior is out of the ordinary
- parents/teachers usually recognize symptoms in children

The Process

Page 1

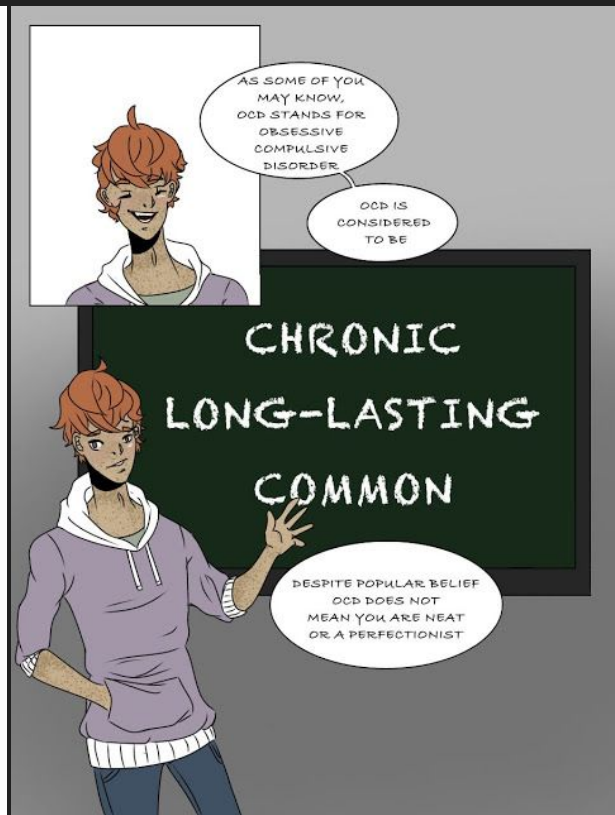
I had a lot of trouble starting this comic. It was hard to imagine a mental thing as being physically present, but I decided to not waste time, and use some of the characters I'd already made. That said, I probably took a good hour on just planning, drawing, and writing the first page alone. Then came the lining, which is a whole other battle. I had to use a stabilizer (keeps the lines even and straight) to keep the line art clean, and had to completely erase some parts several times. It did eventually happen though, and I made it through the coloring with ease.



Sketches are meant to be messy.
That's why this one is.



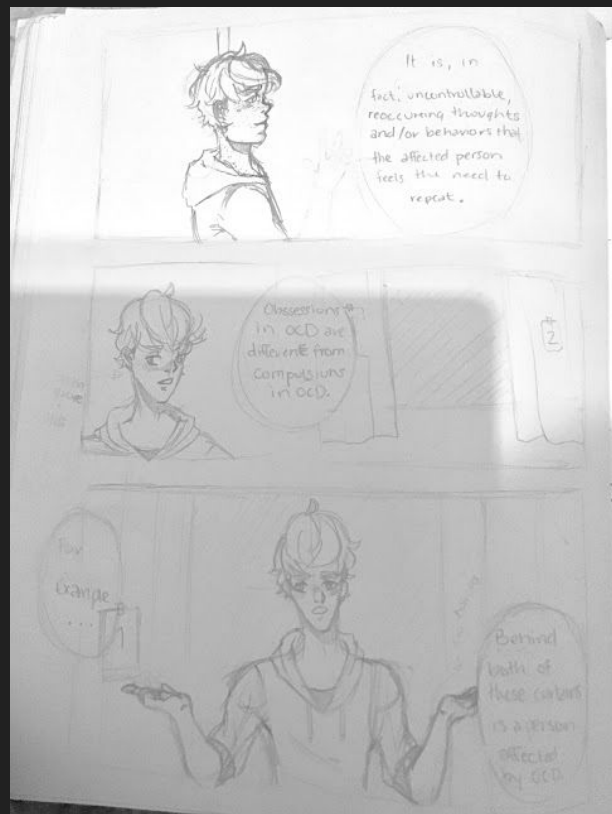
The lineart.
Clean and crisp. (I hope)



The final picture.
With words too!

Page 2

At this point, I had a basic idea of where I wanted to take the comic. It would later be harshly revised of my own accord. I wanted to take less of a story route and lean more towards informative, all while fighting the information becoming dry and boring. I had to find a way to convey the facts without simply spitting them back at the reader. So, I used examples. When researching, I found that I understood compulsions and obsessions much better if I had an example. I decided to use that logic to write the speech bubbles and other facts in the comic.



This sketch is very light, but still visible. It was actually very helpful when I was lining it!



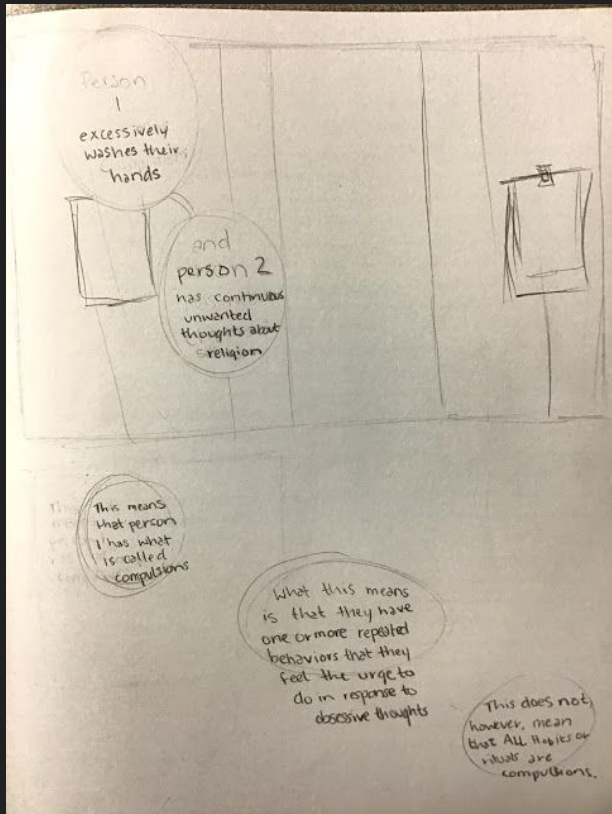
This linart is a lot of straight lines and symmetry, which I'll admit gave me some trouble at first.



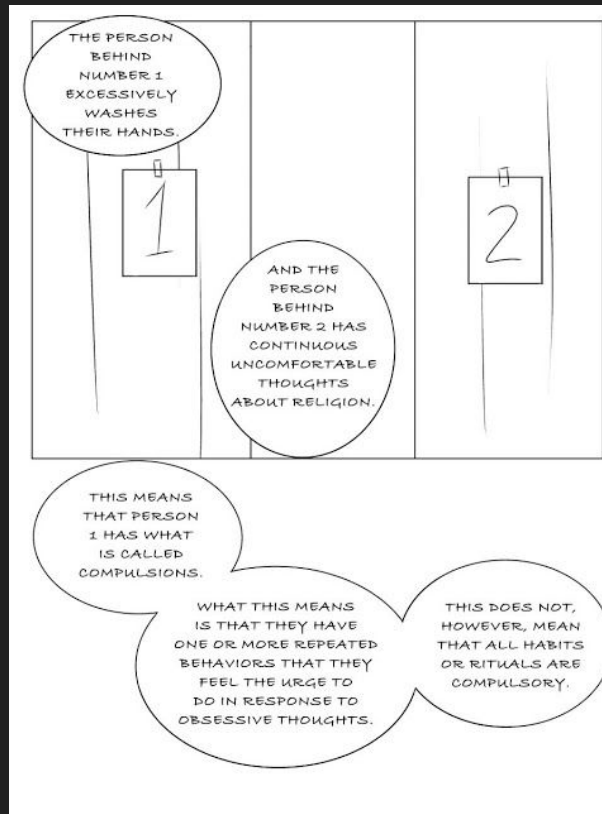
This page was where I really started to build a color scheme. Dark.

Page 3

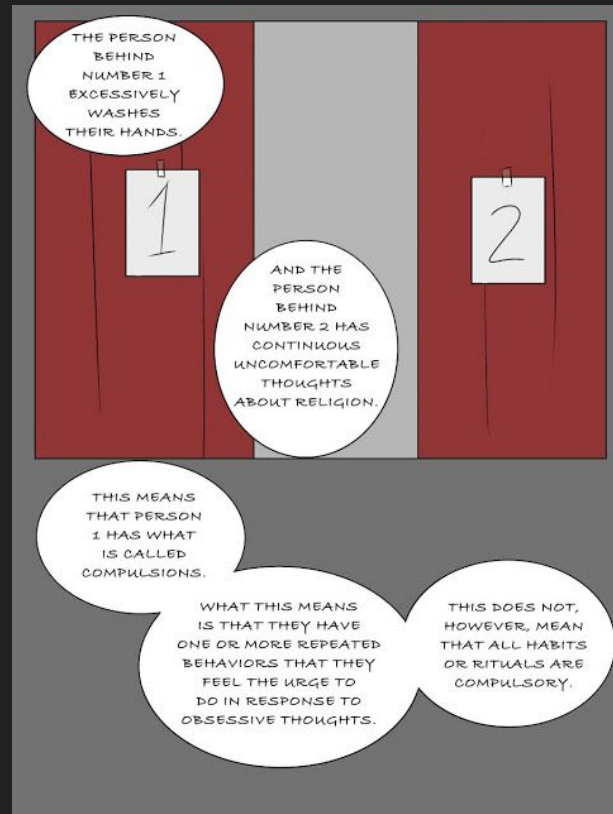
This page had no people! This meant easier lines (except for all of those straight ones). It was admittedly the page that I spent the least amount of time on. However, I did focus a lot on how I worded the speech bubbles on this page. It can get confusing trying to explain what the difference between compulsions and obsessions are, so I worked to find the best examples possible.



It is likely that this sketch does not make any sense to you.



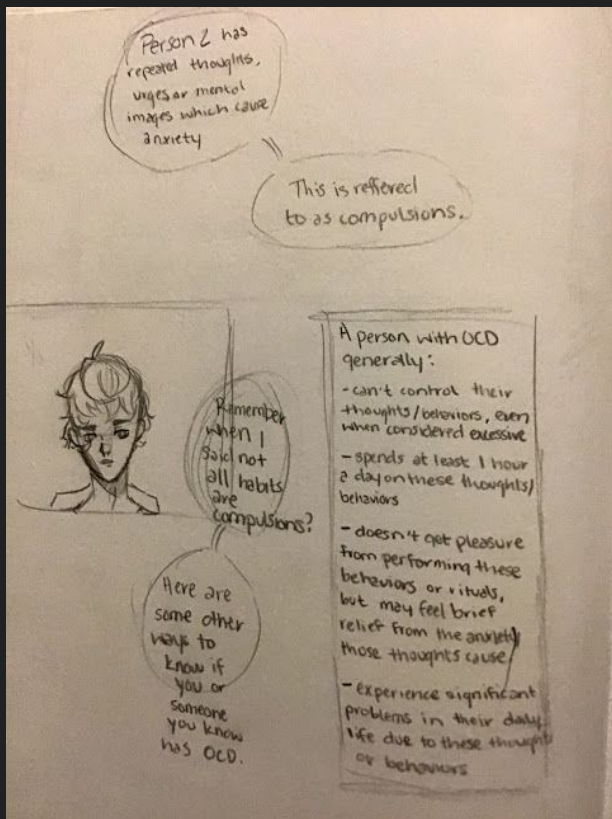
The sketch did make enough sense for some clean lineart, with many straight lines.



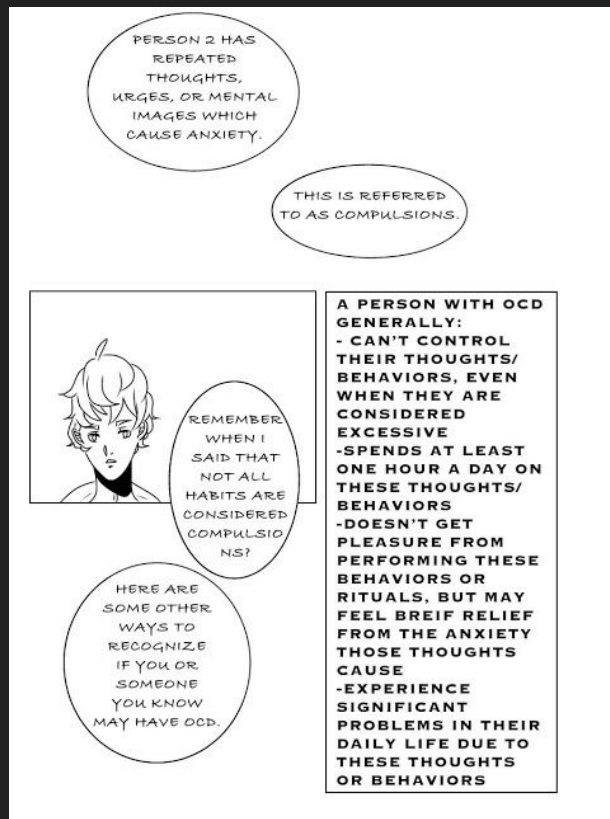
The colors were really easy for this one. Simple as that.

Page 4

There was a lot of information to include on this page specifically, so I had to work extra hard to word it in a way that wasn't excruciating to listen to. Needless to say, it was a challenge, but I did it! The thing about describing what the signs of OCD are, is that they're hard to describe without being mentally taxing to read.



This sketch has a whole bunch of really straight lines, that aren't really that straight.



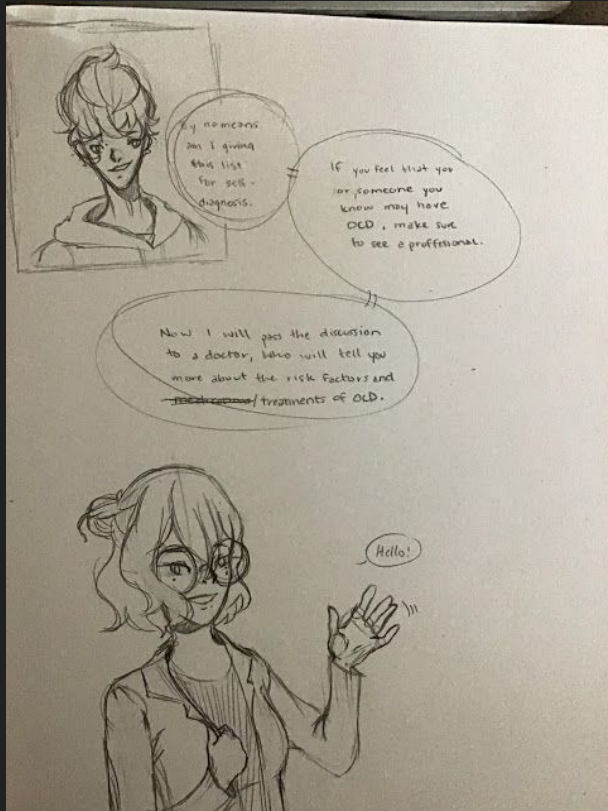
Yay! Straight boxes!



I chose different fonts here to differentiate between the wording.

Page 5

This page came with the introduction of a new character, and I do have a reason for doing this. Pages 6-8 are describing the risk factors and treatments used for OCD. It feels right to have a doctor relaying this information, so I used a character whose design resembles that of a doctor role. This page is not chock-full of information like the past pages, however, it is important to bring in other supporting roles to make the information more interesting.



This sketch was somewhat simple, but I added background detail in the coloring.



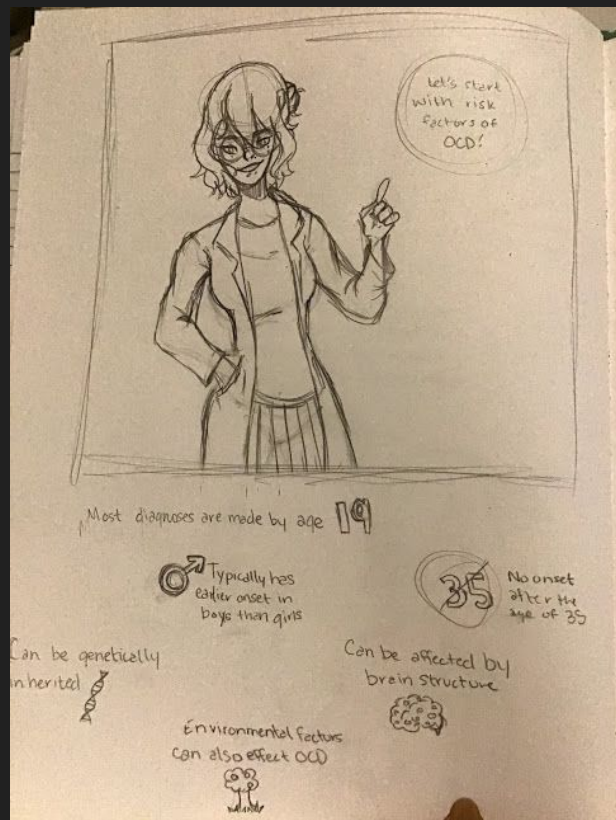
The page 5 line art was surprisingly complex, because I redid almost the whole face of the doctor here.



The background detail and other coloring made for a nice transition.

Page 6

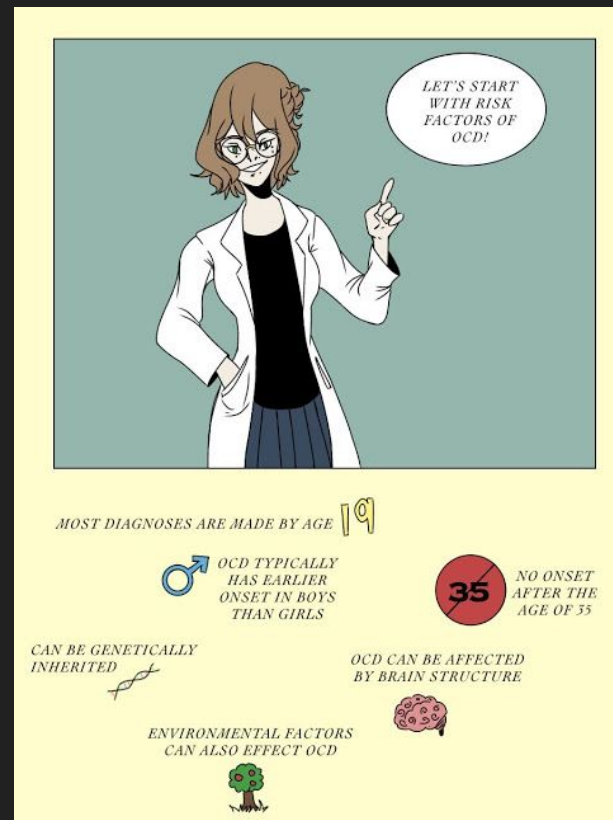
This page was where I kicked off talking mostly about the doctoral factor of OCD. I started with risk factors, as it was the easiest to explain coming straight out of a basic definition. Here, I changed the color palette to more pastel colors, which helps to differentiate between 1) the characters, and 2) the information being given. I even went so far as to change the font for the same reason. I also switched from examples to small images to represent the text.



Even after several attempts, I still couldn't fit all of the page into the camera.



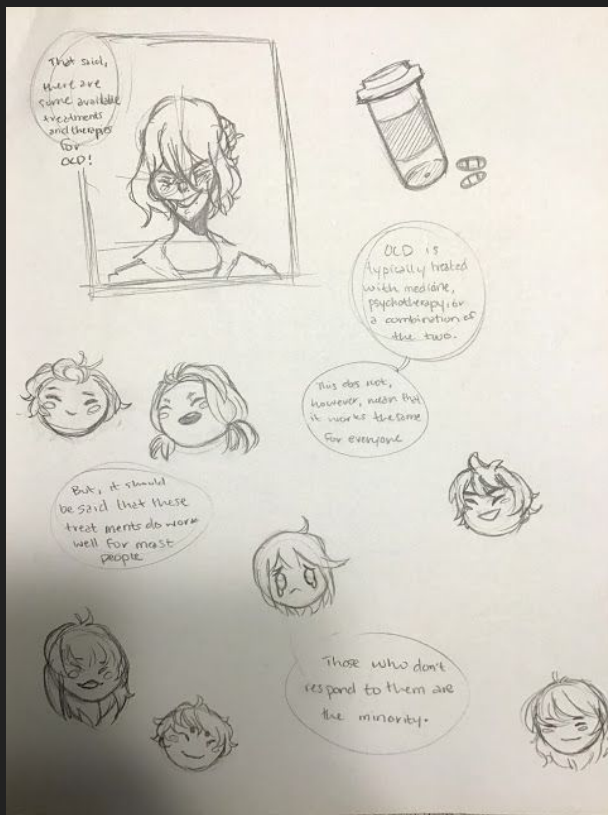
The lineart was more complex for this page, due to the smaller images. Many of them also required a ruler.



The coloring was weird for this one, because I kept having to move things around for better results.

Pages 7 and 8

I decided to put these two pages together, because they are saying similar things. They both detail the types of treatments available for people with OCD. Page 7 is focused on treatments' effects on patients, while page 8 is focused on the specific treatments that are used for OCD. I decided to split it this way because while they are similar, they are different ideas. I made sure to keep a constant color scheme for the past few pages so that they do look cohesive.



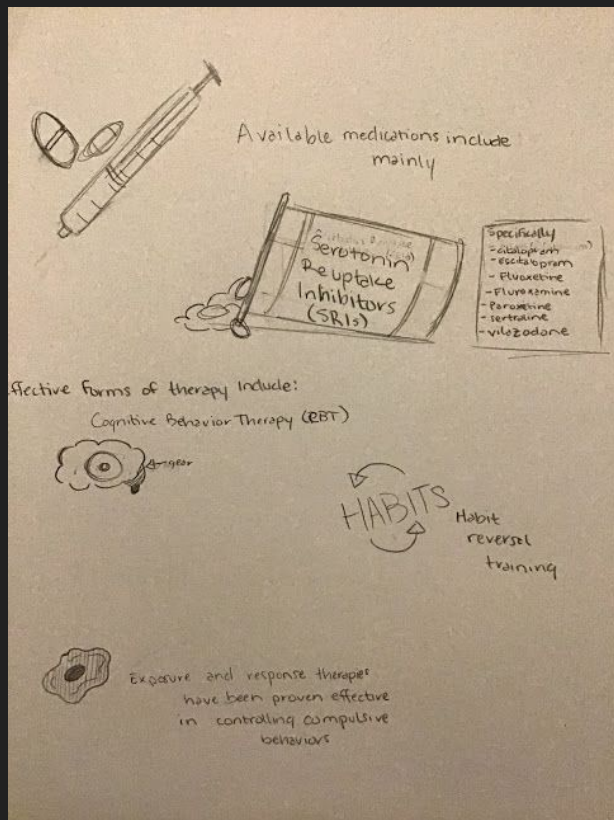
There are a lot of shadows here, I am sorry.



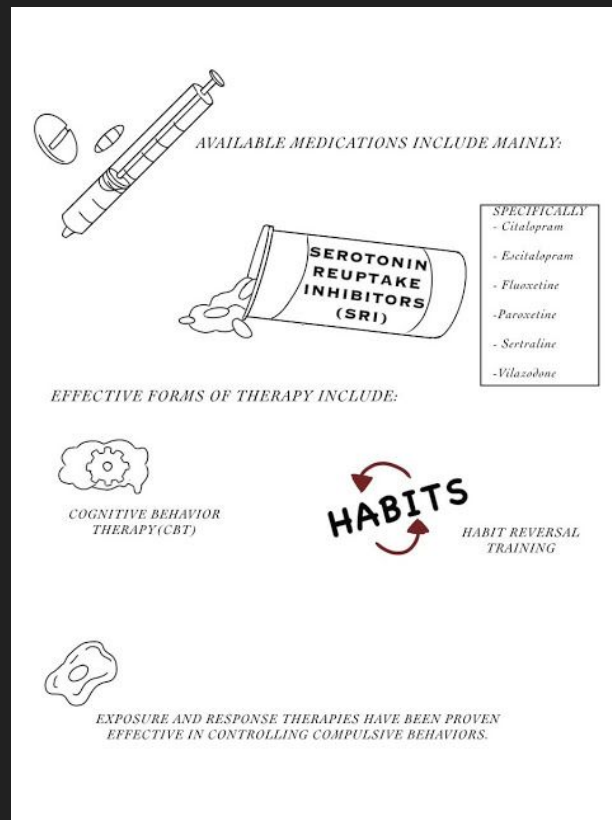
The lineart of this one changed a lot on the way, the pill bottle is completely different, and the little people changed too.



I really enjoyed coloring this one specifically, because I got to use a whole bunch of different colors!



This page was hard for me. It was all objects. Objects are hard.



The line art was the same story as the sketch, but I had to change some of the proportions like the bottle at the top.



The last page. I was honestly kind of sad that I couldn't add more. Though I guess I can always do that whenever.

https://photos.google.com/u/1/album/AF1QipO5_LBunPKkfFxBKrHI4ZjHCdYKAh1AkmIYjb0b

That was



OCD