

Recognising and addressing the impact of COVID-19 on Obsessive Compulsive Disorder

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The content of obsessions is not random. Obsessions are triggered by external events and are related to current concerns^{1,2}. Previous health-related dangers, including the HIV and AIDS epidemic, are rapidly reflected in clinical cases of obsessive-compulsive disorder (OCD)³. Young people and adults who are vulnerable to the development of OCD are likely to be deeply affected by the current COVID-19 pandemic, and existing difficulties will almost certainly be exacerbated in many of those who already have significant symptoms of OCD. The most at-risk are people with concerns about becoming contaminated themselves, those who fear unknowingly spreading contamination and causing harm to others, individuals with a tendency to seek reassurance by excessive searching for COVID-19 news, and people who overestimate threat. Even people without pre-existing concerns may inadvertently fall into the trap of compulsive handwashing having found that the repeated, stereotypical, timed handwashing advocated during the crisis provides relief from anxiety. Behavioural approaches would suggest that such relief will reinforce the behaviour so that the stereotypical handwashing is repeated whenever anxiety is experienced, regardless of whether there is an objective need to do so or not^{4,5}.

We suggest that people who are vulnerable to OCD will need some specific information with regard to the response to COVID-19 in terms of the need for effective handwashing, the risk of inadvertently causing harm to others, appropriate information-seeking, and the estimates of risk of contracting the illness and dying from it. Some of the information below may be helpful for those at risk.

A key message to convey to those at risk is the recommendations advocated by the Centre for Disease Control are sufficient. Washing for longer, or using stronger disinfectants, will not reduce the risk further. Such handwashing is advocated in response to external contact with a potential contaminant (such as a person who has been outside) and should not be used in response to fears of contamination, anxiety or mental contamination⁶. There is no need to increase the disinfecting of worktops within the home if there has not been any contact with external objects. Similarly, following guidelines about social distancing, quarantine and self-isolation is sufficient; people vulnerable to OCD are likely to unnecessarily be choosing to avoid all external contact to minimise perceived risk with such avoidance serving to maintain their difficulties.

People vulnerable to OCD are likely to be particularly concerned that they could inadvertently spread COVID-19 and cause harm to others despite being asymptomatic for more than 14 days, not being in contact with anyone with COVID-19, and observing social distancing and other Government guidelines. Although there is much yet to be learned about the spread of the disease, it is important to help people with OCD recognise that

people can only catch COVID-19 from others who have the virus and the main way that the disease spreads is through respiratory droplets expelled by someone who is coughing or sneezing⁷. If a person is observing social distancing rules and does not need to self-isolate due to them/household member displaying symptoms, the chance that they will inadvertently pass on COVID-19 is minimal.

There is recognition that the need for certainty can lead to excessive, intense, repeated reassurance seeking in OCD⁸. Inconsistencies between sources of information can lead to further seeking of information from a range of resources, some of which are likely to be more accurate than others. Obtaining information directly from reliable resources such as the Centre for Disease Control and the World Health Organisation on a limited basis (between once and twice daily) for adults would be helpful. For children and young people, providing them with updates from those sources once or twice daily is sufficient, and repeated provision of information and reassurance should be minimised with parents explaining to their children that they have already provided the information, nothing has changed, and then offering support to help them cope with their distress⁹.

It is critical to help people vulnerable to OCD to establish realistic estimates of risk to help manage their anxiety. It can be useful to consider anxiety levels using the following equation that is commonly used in cognitive behaviour therapy¹⁰.

$$\text{Anxiety} \propto \frac{\text{Perceived probability of harm} \times \text{Perceived seriousness of harm}}{\text{Perceived ability to cope with danger} + \text{Perceived 'rescue factors'}}$$

Obtaining realistic estimates of each of the variables will vary according to the region, ethnicity, age and activity (e.g., doctor vs. child self-isolating at home). Understandably the public health message has focused on the risk, but the reality is that for most people, in most locations, the risk of dying from COVID-19 is still low. Notwithstanding the limitations of the data and difficulties in calculating accurate risk, vulnerable people should be aware of the world's population, the number of confirmed cases, and the number of deaths. Personalising this so that the person has information that is relevant to them (e.g., in terms of age and presence of underlying health conditions) would be helpful, and would emphasise that most cases are not serious, and that many people manage at home (coping) or are treated successfully in hospital (rescue). For the general population, provision of such information may be considered to potentially undermine the key messages of staying at home, washing hands and social distancing, but for those vulnerable to OCD, the provision of accurate, personalised information about the risks may prevent the development or exacerbation of mental health problems.

Contributors

RS was responsible for the conceptualisation and writing of the article.
AC and MW contributed to the writing of the article.

Declaration of interest

RS, AC and MW declare no competing interests.

Acknowledgments

This work is supported by the NIHR GOSH BRC. The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.

References

1. Rachman S. A cognitive theory of obsessions. *Behaviour Research and Therapy*. 1997 Sep;35(9):793-802.
2. Rowa K, Purdon C, Summerfeldt LJ, Antony MM. Why are some obsessions more upsetting than others?. *Behaviour Research and Therapy*. 2005 Nov 1;43(11):1453-65.
3. Fisman SN, Walsh L. Obsessive-compulsive disorder and fear of AIDS contamination in childhood. *Journal of the American Academy of Child & Adolescent Psychiatry*. 1994 Mar 1;33(3):349-53.
4. Rachman SJ, Hodgson RJ. *Obsessions and compulsions*. Prentice Hall; 1980.
5. Berman NC, Schwartz R, Park J. Psychological Models and Treatments of OCD for Adults. *The Wiley Handbook of Obsessive Compulsive Disorders*. 2017 Aug 1;1:223-43.
6. Rachman S, Coughtrey A, Shafran R, Radomsky A. *Oxford guide to the treatment of mental contamination*. OUP Oxford; 2014 Nov 13.
7. Q&A on coronaviruses (COVID-19) [Internet]. *Who.int*. 2020 [retrieved 2 May 2020]. Available from: <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>
8. Kobori O, Salkovskis PM. Patterns of reassurance seeking and reassurance-related behaviours in OCD and anxiety disorders. *Behavioural and Cognitive Psychotherapy*. 2013 Jan;41(1):1-23.
9. Neal RL, Radomsky AS. What do you really need? Self-and partner-reported intervention preferences within cognitive behavioural therapy for reassurance seeking behaviour. *Behavioural and Cognitive Psychotherapy*. 2020 Jan;48(1):25-37.
10. Salkovskis PM. The cognitive approach to anxiety: threat beliefs, safety-seeking behavior, and the special case of health anxiety and obsessions. In: Salkovskis PM, ed. *Frontiers of Cognitive Therapy*. Guilford Press; 1997 Mar 15. p.51.