Myth Busting!

The Facts on Lifestyle Factors and OCD

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• **Myth:** My sleep has nothing to do with my OCD
• **False!**
• **Fact:** Decreased sleep is related to greater OCD symptoms in both children and adults
• **Fact:** Greater total sleep time may improve treatment outcomes
<table>
<thead>
<tr>
<th>Age Group</th>
<th>NSF Recommendation</th>
<th>CDC Recommendation</th>
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</thead>
<tbody>
<tr>
<td>Newborns (0-3 months)</td>
<td>14-17 hours</td>
<td>16 hours</td>
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<tr>
<td>Infant (4-12 months)</td>
<td>12-15 hours</td>
<td>16 hours</td>
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<tr>
<td>Toddler (1-2 years)</td>
<td>11-14 hours</td>
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<tr>
<td>Preschool (3-5 years)</td>
<td>10-13 hours</td>
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<tr>
<td>School Age (6-12 years)</td>
<td>9-12 hours</td>
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<tr>
<td>Teen (13-18 years)</td>
<td>8-10 hours</td>
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<tr>
<td>Adult (18-60)</td>
<td>7 or more</td>
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<td>Adult (61-64)</td>
<td>7-9 hours</td>
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<tr>
<td>Adult (65+)</td>
<td>7-8 hours</td>
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Sleep Tips!

• **Myth or Fact:** If you can’t sleep you should stay in bed and try harder to fall asleep.

• **False!**

• If you cannot fall asleep after 15 minutes, get out of bed and do something non-stimulating. Only return to bed when you feel sleepy.
• Myth or Fact: If you couldn’t sleep last night, sleep in or take a nap later.

• False!

• Fact: Keep regular wake up times and limit day-time napping to 20-30 minutes
Sleep Hygiene

- No TVs in the bedroom
- Limit light and noise
- Keep temperature cool
- Modify bedding and mattress if needed
- Bed is only for sleep and sex
- No caffeine, nicotine, alcohol, rich foods, or intense exercise before bed
- Keep set bedtimes and wakeup times
- Try to limit the use of snooze
- Exercise regularly
- Get exposure to natural light
Track your sleep

• Use sleep diaries, apps, or fitness devices (e.g., Fitbit) to monitor your sleep.

• One free option is CBT-i Coach, developed by the U.S. Department of Veterans Affairs

• Aim for 90% or greater sleep efficiency (time asleep/time in bed). This may mean spending less time in bed at first
• Myth: Dietary changes have been shown to be ineffective.

**False**

• Fact: Some nutrients have shown efficacy in the treatment of OCD. Nutrients that have shown promise include myo-inositol (MI) and N-acetyl cysteine (NAC). However these findings are mixed, and research is limited. Never take a dietary supplement without clearing it with your treatment team. (Sarris, 2012).
Nutrition

• Myth: Dietary changes have been shown to be ineffective. **False!**

• Fact: Probiotics have shown reductions in “obsessive compulsive” symptoms shown in a psychiatric sample (Messaoudi et al., 2011) as well as several animal models (Turna et al., 2016).
Nutrition

• Myth: If a supplement improves another disorder, it will also improve OCD.

**False!**

• Fact: Herbal Supplements: St John's wort, milk thistle, and borage have been examined in OCD but have not shown promise (Sarris, 2012).
St. John’s Wort (Hypericum) has more research supporting its use for the treatment of depression.

– Metanalysis found it was more effective than placebo and as effective as antidepressants for mild to moderate depression (Apaydin, et al., 2016)
• N-acetyl cysteine is an altered form of the amino acid cysteine that is used in dietary supplements. Cysteine is found in most protein-rich foods.
• Myo-inositol is present in fruits, beans, grains, and nuts. Fresh vegetables and fruits have more than their canned/frozen counterparts.
• Eat healthy, balanced diets when possible.
• Avoiding anxiogenic foods/drinks (especially those that are high in caffeine).
Exercise

• Myth: Exercise helps anxiety.  
  **True!**

• Both aerobic and anaerobic exercise have been shown to reduce anxiety symptoms
  – **Aerobic exercise** – generally used to reflect longer term exercise efforts
  – **Anaerobic exercise** – generally used to reflect shorter term, higher intensity efforts

• Aerobic exercise has shown efficacy in enhancing extinction, improving quality of life and decreasing depression, anxiety, and OCD symptoms (Chamari & Padulo, 2015; Jayakody, Gunadasa, & Hosker, 2013)
Exercise

• Body dysmorphia with excessive exercise
  – Can be associated with excessive preoccupation with weight, size and appearance (referred to as “muscle dysmorphia” in the literature)
  – High drive for muscularity, more common in men, and is associated with greater levels of psychopathology, psycho-social impairment, and suicide risk than typically seen in BDD

• Eating Disorders
  – High levels of exercise in anorexia nervosa is associated with increases in obsessive and compulsive personality traits

• Both are associated with a maladaptive reliance on exercise to moderate mood

Mitchison & Mond, 2015
Exercise

• Exercise may show some promise in enhancing treatment outcome
• More research is needed
• Encourage moderate exercise and/or physical activity as appropriate for the patient
• Evaluate impact of exercise in obsessionality
  – “excessive” exercise
The American Heart Association recommends:

- 30 minutes of moderate-intensity aerobic activity at least 5 days per week for a total of 150

OR:

- At least 25 minutes of vigorous aerobic activity at least 3 days per week for a total of 75 minutes; or a combination of moderate- and vigorous-intensity aerobic activity

AND:

- Moderate- to high-intensity muscle-strengthening activity at least 2 days per week for additional health benefits.

Try taking 5-10 minute walks per day, as well as incorporating enjoyable exercise activities.
• **Myth:** “Eastern” techniques such as yoga and mindfulness may help!

  **True!**

• **Yoga:** while the current methodological examinations are poor, evidence suggests that yoga may reduce anxiety, stress and may contribute to reductions in OCD symptomology (Cramer et al., *in press*; Klatte et al., 2016)

• **Mindfulness:** Biofeedback shows some promise (Deng et al., 2014) as does mindfulness-based ERP (Strauss et al., *in press*)

• **Acupuncture:** limited research with strong effect sizes as an adjunct to CBT/ERP therapy (Feng et al., 2016).
• Most lifestyle factors, supplements and alternative therapies are under researched, however that does not mean that they may not hold promise.

• Always talk to your treatment team before making any adjustments, changes, or additions to your treatment regimen.

• If it has been approved by your doctor and works for you, go for it!
• Making lifestyle changes can be difficult
• Set reasonable goals
  – Sleep
  – Diet/Nutrition
  – Exercise
• If you are having difficulties?
  – Set intermediate goals
    • Don’t try to change everything at once
    • Gradual changes
      – Think of it as a hierarchy
Take-Away

• When making changes
  – Be flexible
  – Working on accepting uncertainty
  – There is not a perfect regimen
Take-Away

• CBT-E/RP is highly effective for OCD
  – Avoidance & Accommodation
  – Change to an approach mindset

• Sleep, Nutrition, and Exercise can help but are not a replacement for good treatment
Questions/Discussion

- Clinic: [https://psychiatry.ufl.edu/patient-care-services/ocd-program/](https://psychiatry.ufl.edu/patient-care-services/ocd-program/)
- Research: [https://psychiatry.ufl.edu/fear-lab/](https://psychiatry.ufl.edu/fear-lab/)
- Center for OCD and Anxiety Related Disorders [https://coard.psychiatry.ufl.edu/](https://coard.psychiatry.ufl.edu/)
Sleep
Centers for Disease Control (2017). How Much Sleep Do I Need?
National Sleep Foundation (2018). How Much Sleep Do We Really Need?

Nutrition
Exercise


Alternative Therapies


