

# Myth Busting!

## *The Facts on Lifestyle Factors and OCD*

**Andrea Guastello, Ph.D**

**Danielle Cooke, M.S.**

**Melissa Munson, Ph.D.**

**Joseph P.H. McNamara, Ph.D.**



# Sleep

- *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

# NSF and CDC Sleep Recommendations

- Newborns (0-3 months) 14-17 hours
- Infant (4-12 months) 12-15 (NSF) 16 hours (CDC)
- Toddler (1-2 years) 11-14 hours
- Preschool (3-5 years) 10-13 hours
- School Age (6-12 years) 9-12 hours
- Teen (13-18 years) 8-10 hours
- Adult (18-60) 7 or more
- Adult (61-64) 7-9 hours
- Adult (65+) 7-8 hours

# 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.

# Sleep Tips!

- *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



# Nutrition

- 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).

# Nutrition

- 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 angiogenic 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

# 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 obsessiveness
  - “excessive” exercise

# Exercise Tips!

- 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.

# Alternative Therapies

- **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).

# Take-Away

- 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!**

# Take-Away

- Making lifestyle changes can be difficult
- Set reasonable goals
  - Sleep
  - Diet/Nutrition
  - Exercise

# Take-Away

- 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/>

- Research:

<https://psychiatry.ufl.edu/fear-lab/>

- Center for OCD and Anxiety Related Disorders

<https://coard.psychiatry.ufl.edu/>

## Sleep

Centers for Disease Control (2017). How Much Sleep Do I Need?

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## Nutrition

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## Exercise

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## Alternative Therapies

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