



## Too much of a ‘good’ thing?

When I was in medical school and would read about a new disease, I always recognized a few of the symptoms in myself. I therefore experienced a bit of *déjà vu* on reading the article on obsessive-compulsive disorder by El-Sayegh et al in this issue of the *Journal* (page 824).

In medicine, worrying about potential problems and engaging in preventive actions, like hand-washing and rechecking, are not, in themselves, bad. In fact, we encourage such activities by our residents, and we view them, within reason, as good things to make part of the medical care routine. How many times in our own practices have we checked a test we didn't think would be abnormal, just “for the sake of completeness”?

Such activities, in all walks of life, become abnormal only when the acts themselves are inappropriate and the quantity of such activity becomes unreasonable. We have all known some physicians (and certainly some patients) with personality disorders, including obsessive-compulsive tendencies. While these behaviors are not pleasant, people can often still function productively, more or less, in the face of them.

Full-blown obsessive-compulsive disorder is a horse of a different color, as El-Sayegh et al point out. It precludes productive function and disables the sufferer, and can involve many negative behaviors and thoughts, such as sexual or aggressive obsessions. Fortunately, help is available in the form of “exposure and response prevention” therapy, perhaps supplemented by serotonin reuptake inhibitors.

It seems that what we are dealing with here is *way* too much of a *bad* thing, which is qualitatively (as well as quantitatively) different from just “being complete.” There is a clear difference.

JOHN D. CLOUGH, MD  
Editor-in-Chief  
ccjm@ccf.org