



## HIGH-PERFORMANCE ATHLETES AND OBSESSIVE COMPULSIVE DISORDER (OCD)

**Obsessive-Compulsive Disorder (OCD)** is a mental health condition characterized by intrusive thoughts (obsessions) and repetitive behaviours (compulsions) that individuals feel driven to perform. While OCD can affect anyone, including high-performance athletes, its impact on the athlete population can be particularly challenging due to the demands of sport and the pressure to maintain peak performance.

OBSESSIONS	COMPULSIONS
<p>Persistent unwanted thoughts, images and urges. When thoughts repeatedly pop into your mind, making you feel tense and anxious, and you can't seem to control them, they are called obsessions.</p>	<p>A strong behavioural urge often follows an obsessive (irrational) thought. A compulsion acts to temporarily reduce feelings of tension created by the thought in your body and allows feelings of control.</p>
COMMON OBSESSIONS	COMMON COMPULSIONS
<ul style="list-style-type: none"> <li>• Fear of germs or contamination</li> <li>• Fear of forgetting, losing, or misplacing something</li> <li>• Fear of losing control over one's behaviour</li> <li>• Aggressive thoughts towards others or oneself</li> <li>• Unwanted, forbidden, or taboo thoughts involving sex, religion, or harm</li> <li>• Desire to have order, neatness, or tidiness</li> <li>• If a "sign" appears, performance will drop</li> </ul>	<ul style="list-style-type: none"> <li>• Excessive cleaning or hand washing</li> <li>• Ordering or arranging items in a particular, precise way</li> <li>• Repeatedly checking things, such as that the door is locked or the oven is off</li> <li>• Compulsive counting</li> <li>• Praying or repeating words silently</li> <li>• A sequence of pre-competition routines that must be in order</li> </ul>



**Most people diagnosed with OCD have both obsessions and compulsions** and usually more than one type. High-performance athletes may be masking OCD as rituals that are considered to be socially acceptable for a competitor. It is important to note that not all rituals are indicative of OCD - some rituals are acceptable and expected. The difference between not detrimental and detrimental rituals lies in their locus of control (when thoughts and behaviours control you versus you controlling your thoughts and behaviours). If an athlete is performing a ritual to decrease their anxiety versus progressing in their development, OCD tendencies are at play.

## When are repeated thoughts and rituals considered to be OCD<sup>1</sup>?

- **Unable to control** obsessions or compulsions, even when you know they're excessive.
- Spend **more than one hour a day** on obsessions or compulsions.
- Do not get pleasure from compulsions but feel **temporary relief** from anxiety.
- Experience **significant problems in daily life** due to thoughts or behaviours.



## ONSET AND PREVALENCE

The average age when people are typically diagnosed with OCD is late adolescence or early adulthood. **OCD is diagnosed in about 1% of the Canadian population**, with higher rates in women than men. In one study involving collegiate athletes, OCD may be as common as 5.2%, while 35% reported having at least some symptoms<sup>2</sup>. OCD often presents in conjunction with other mental illnesses, especially in athletes - it is essential to monitor for symptoms of other mental illnesses and follow up with a physician or psychologist as needed.

Adapted from Canadian Psychological Association "Psychology Works" Fact Sheets. Available at: <https://cpa.ca/psychology/fact-sheets/>.

1. National Institute of Mental Health. (2024). Obsessive-Compulsive Disorder: When Unwanted Thoughts or Repetitive Behaviors Take Over. Available at: <https://www.nimh.nih.gov/health/publications/obsessive-compulsive-disorder-when-unwanted-thoughts-or-repetitive-behaviors-take-over>

2. Cromer, L. D., Kaier, E., Davis, J. L., Stunk, K., & Stewart, S. E. (2017). OCD in College Athletes. *American Journal of Psychiatry*, 174(6), 595-597. <https://doi.org/10.1176/appi.ajp.2017.16101124>



## TREATMENT STRATEGIES

Treating OCD is challenging to do by yourself. **It is essential to seek help.** Cognitive Behavioural Therapy (CBT) is the most effective form of treatment; 76% of individuals who complete treatment see significant and lasting improvement. CBT is a form of short-term talk therapy. It is designed to help clients address real-life situations they face in their day-to-day lives due to mental illness. Exposure and response prevention (ERP) therapy, one form of CBT, may also be used to reduce anxiety over certain situations. Medications may often be used concurrently with therapy or as a stand-alone treatment. Ensure the medication you are on is approved by the [World Anti-Doping Agency \(WADA\)](#); most OCD medications are WADA-approved, but it is important to check and confirm.

## TIPS FOR MANAGING OCD

**Individuals who think they may have OCD** are encouraged to speak with their physician or consult a mental health provider. In the meantime, you can:

- 1 Educate Yourself:** Start by reading Anxiety Canada's "[Self-Help: Managing Your OCD at Home](#)" resource.
- 2 Monitor Your Fears:** Use the Anxiety Canada "[Obsessive Fear Monitoring Form](#)" to learn more about your obsessions.
- 3 Substitute Rituals:** Try to replace harmful or unwanted rituals with relaxation techniques (i.e. deep breathing, calming imagery).
- 4 Mitigate Fears and Triggers:** ERP techniques and CBT can be helpful.
- 5 AbilitiCBT,** available to all Game Plan-eligible athletes, connects you virtually to a therapist who can help.

**CONTACT YOUR COPSIN GAME PLAN ADVISOR OR MENTAL HEALTH LEAD FOR MORE INFORMATION ON HOW TO MANAGE OCD AND TO GET CONNECTED TO THE RIGHT RESOURCES.**