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Obsessive-Compulsive Disorder: Case Report.

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ABSTRACT

Obsessive-compulsive disorder (OCD) is an anxiety disorder characterized by uncontrollable, unwanted thoughts and repetitive, ritualized behaviors you feel compelled to perform. If you have OCD, you probably recognize that your obsessive thoughts and compulsive behaviors are irrational—but even so, you feel unable to resist them and break free.

Keywords: Obsession, compulsion

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INTRODUCTION

Obsessive-compulsive disorder (OCD) is characterized by repetitive, ritualistic behaviours and obsessional thinking. The compulsive behaviours are often carried out to attempt in an unconscious attempt to reduce the in tens anxiety, irritability and other emotional conflicts.

Obsessive-compulsive symptoms are often a defense against strong feelings of fear and anger which the child is unable to face. Betrayal experiences that damage trust leads to the development of anger and fear that are often unrecognized. Also, very sensitive children are often predisposed by their temperament to the development of anxiety. Unconscious fear and anger can lead to obsessional thinking and to compulsive behaviours which are an unconscious attempt to diminish their influence.

Obsessive-compulsive disorder (OCD) is characterized by distressing, intrusive obsessive thoughts and/or repetitive compulsive physical or mental acts. Once believed to be rare, OCD was found to have a lifetime prevalence of 2.5% in the Epidemiological Catchment Area study [1-6].

CASE REPORT

Miss. X is a 27-year old woman, complained of excessive checking. Her symptoms dated back to her childhood when she spent hours on homework because of a need to have each page perfect with no erasures or cross outs and hours arranging her room so that it was in perfect order before sleeping. By high school she couldn't complete assignments until after the term had ended and did not participate in any extracurricular activities because her time was spent checking work assignments.

When she entered college, she developed new checking rituals to assure herself that she had not caused harm to anyone around her (e.g., checking electrical appliances for fear that she had started a fire, faucets for fear that she had left them running, and door locks for fear that she had left them open). These rituals began to consume several hours a day leading her to be late for class or to miss it entirely.

Although the therapy, she did not tell the therapist about her obsessions and rituals for fear she would be labelled "crazy." Her bedtime rituals grew to three to four hours, leaving her practically no time to sleep or study. Her appetite and mood plummeted and she stopped attending class. She left college and returned home. Her parents, alarmed at the changes in their daughter, took her to a psychiatrist who diagnosed depression and started her on a standard dosage of a serotonin reuptake inhibitor. After six weeks on the medication, her mood was slightly improved but her rituals were unchanged. Her medication was changed to a second serotonin reuptake inhibitor, also at a low dosage, with no better results.

A second opinion was sought and she felt comfortable enough to admit to her "crazy" thoughts.

Obsessive Compulsive Disorder (OCD) was diagnosed. Her serotonin reuptake inhibitor dose was raised and her obsessions decreased in intensity, reducing the amount of time spent checking to an hour a day. On the medication she was able to return and complete college.

SIGNS AND SYMPTOMS

Obsessions	Compulsions
➢ Contamination ➢ Safety ➢ Doubting one's memory or perception ➢ Scrupulosity (need to do the right thing, fear of committing a transgression, often religious) ➢ Need for order or symmetry ➢ Unwanted, intrusive sexual/aggressive thoughts	➢ Cleaning/washing ➢ Checking (eg, locks, stove, iron, safety of children) ➢ Counting/repeating actions a certain number of times or until it "feels right" ➢ Arranging objects ➢ Touching/tapping objects ➢ Hoarding ➢ Confessing/seeking reassurance ➢ List making

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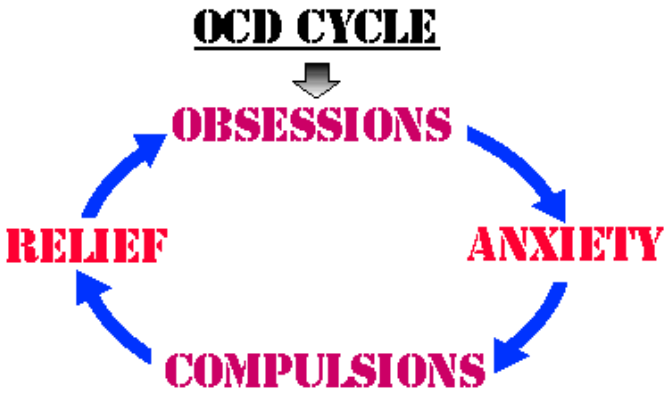
The American Psychiatric Association defines OCD as the presence of obsessions, compulsions, or both. Obsessions are defined by (1) and (2) as follows:

1. Recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive and unwanted, and cause marked anxiety and distress
2. The person attempts to suppress or ignore such thoughts, impulses, or images or to neutralize them with some other thought or action

Compulsions are defined by (1) and (2) as follows:

1. Repetitive behaviours (eg, hand washing, ordering, checking) or mental acts (eg, praying, counting, repeating words silently) in response to an obsession or according to rules that must be applied rigidly
2. The behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however, these behaviors or mental acts either are not connected in a way that could realistically neutralize or prevent whatever they are meant to address, or they are clearly excessive



MANAGEMENT

The mainstays of treatment of OCD are as follows:

- Serotonergic antidepressant medications
- Particular forms of behavior therapy (exposure and response prevention and some forms of cognitive-behavioral therapy [CBT])
- Education and family interventions
- Neurosurgery (anterior capsulotomy, or deep brain stimulation) , in extremely refractory cases

First-line serotonergic antidepressants for OCD are selective serotonin reuptake inhibitors (SSRIs; (fluoxetine, fluvoxamine, sertraline, paroxetine, citalopram, escitalopram) and clomipramine (Anafranil), a tricyclic antidepressant. SSRIs are generally preferred over clomipramine, as their adverse effect profiles are less prominent. Results of serotonergic antidepressant treatment are as follows:

- Complete or near-complete remission of OCD symptoms is rare with monotherapy
- Perhaps half of patients may experience symptom reductions of 30-50%
- Many other patients fail to achieve even this degree of relief

Interventions for patients with treatment resistance include the following:

- Change or increase in medication (eg, increase dose or prescribe a different SSRI or clomipramine)
- More intensive CBT

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