

Case Report

Severe OCD in a Young Female Triggered by the COVID-19 Pandemic: A Case Report

Vartika Mishra¹, S.G Mehta², Neha Agarwal³, Tavleen Kaur^{4*}

¹PG Resident, ²Professor and Head, ³Senior Resident, ⁴Assistant Professor

Department of Psychiatry, Pacific Medical College and Hospital,
Udaipur, Rajasthan, India

*Corresponding author Email: tavleen700@gmail.com

ABSTRACT

The prevalence of COVID-19 has overpowered public discussions and given its consequential on vulnerable population groups. The obsessive compulsive symptoms of COVID-19 pandemic were more proficiently associated with contamination and harm responsibility symptoms than other contents. Fear of contamination is observed as a common obsessional content in the majority of sufferers with obsessive-compulsive disorder (OCD) and COVID 19 pandemic has affected the people who were more vulnerable to develop the condition. We report the case of a female adult premorbidly having obsessive compulsive traits as reported by parents of adequately controlled contamination and need for symmetry anankastic traits who presented with a noteworthy exacerbation of OC symptoms precipitated by COVID-19. Most of the patients had aggravated symptoms during the pandemic situation, but there were also new onset OCD cases triggered by a variety of stressors. The case report shed lights on the potential psychological impacts of obsessional traits in individual who already had anankastic traits.

KEYWORDS: COVID-19, Contamination, Obsessions, Fear

INTRODUCTION

In Obsessive compulsive disorder, sufferers experience unwanted and repetitive thoughts, feelings, ideas, sensations or behaviors that compel them to do certain acts (compulsions) and this gets involved in their behaviors or mental acts as a result of these thoughts or obsessions. The lockdown period during COVID – 19 led to social seclusion which adversely affected the mental health of many individuals. This had led to relapse of psychiatric symptoms

in consequence to the stress associated with the COVID-19 pandemic. With OCD there is seen negatively impacted quality of life, psychiatric co-morbidity and disability. The etiology of this disorder has been proposed as multifactorial in dimension. Amongst the general population, the higher estimates are found in childhood OCD in comparison to the adult disorder (27% in Adults and 47% in Children. In this report, we present a case of an adolescent female who presented with onset of obsessive-compulsive disorder which progressed from previous anankastic traits.

CONTAMINATION AND DIRT	NEED FOR SYMMETRY	PATHOLOGICAL CHECKING AND DOUBT	FORBIDDEN/ INTRUSIVE THOUGHTS
<ul style="list-style-type: none"> • Frequent hand washing, excessive • Irrational concerns about germs • Disgust regarding body waste and fluids 	<ul style="list-style-type: none"> • Excessive need for symmetry and order • Extreme concern in neatness and one's individual appearance 	<ul style="list-style-type: none"> • Obsession of doubt • Repeated checking behaviour • Obsessional self doubt and guilt 	<ul style="list-style-type: none"> • Excessive obsessional sexual or aggressive thoughts causing distress • Obsessive suicidal ideation

(SOURCE: Boland R, Verduin M, Ruiz P. Kaplan & Sadock's Synopsis of Psychiatry. Lippincott Williams & Wilkins; 2021 Feb 9)

CASE REPORT

An 18 year old right-handed female presently a student of 11th standard, unmarried, belonging to middle socio-economic status, living in a joint family, Hindu by religion, from an urban background was brought by her parents to the out-patient department with chronic onset of illness of 2 years duration; consisting of fear of contamination, repetitive thoughts about cleanliness and sexual obsessions which began during lockdown period. Patient was apparently maintaining well when the lockdown was imposed due to COVID-19 pandemic. During which she began to listen and read the news from the television, newspapers and social media platforms about all the hand hygiene measures, routes of infection, and possible sources of COVID-19 infection and gradually, she began to become anxious. Moreover, information on all these media described frequent hand-washing as an essential precautionary measure against the disease which encouraged her for repeated handwashing. Though, she initiated washing her hands to protect against the disease, eventually it became excessive and hampered her day to day activities. Within few days, her anxiety increased markedly. During this time patient started remaining preoccupied with repetitive thoughts regarding germs and contamination in which she spent around 8-10 hours per day. In response to those thoughts patient started performing compulsive act of frequent handwashing, the intensity and frequency of which kept progressing. The extreme fear of contamination led to her isolation from family members and peers as she used to confine herself in her own room and had minimal interaction with her family members. In addition to this, the patient gradually developed obsessional ruminations regarding spy cameras being attached to her own self and surroundings causing her to repeatedly ask her mother to check for the same. She would prefer to sit at one place and feared that moving out of her bed will expose her to hidden

cameras, eventually leading to poor self care, hygiene and isolation [Severe regression]. These difficulties lasted for about 1 month following which she started experiencing sleep disturbances. Her sleep had reduced to 3-4hrs/day which was earlier 8-9hrs/day. She had problems in both initiation and maintenance of sleep. She would hold her phone at a particular angle, keep her belongings at a particular place and in a fixed order and any change in the above pattern would lead to marked distress in her. Sexual thoughts were also reported by the patient related to strangers and also family members who were intrusive, repetitive and troubling for her. In order to escape from these undesirable thoughts, the patient used multiple ways to divert her mind but with no success [compulsion]. The patient inculcated affirmations as a part of her routine to overcome the disturbing thoughts and emotions related with them. The patient revealed of not having any control to keep herself away from fanaticizing towards strangers and aliens which she apparently saw in a movie 2-3 months before the onset of illness in an unequivocal erotic way, which caused extreme distress to the patient and made her feel guilt ridden and tensed most of the days, and weeks after suffering before she finally related this to her mother. Therefore, her parents decided to seek help for her condition. They sought Ayurvedic treatment with which they did not witness any improvement. They eventually brought her to psychiatry OPD for treatment.

Pre- Morbid Personality: According to the patient's mother, she was responsible and sensitive. She was a perfectionist and had difficulty in completing tasks due to perfectionism and followed strict standards. She also mentioned that while studying she required her curtains to be closed and preferred to sit in a particular corner of the room for better focus. She always liked to mingle with friends and family and took active participation in co-curricular activities at school.

ASSESSMENT AND TREATMENT

The mental status examination disclosed obsessive thoughts, doubts and fears, sexual obsession and compulsions. (YBOCS) Yale-Brown Obsessive Compulsive Scale score was 34 [severe] at the time of initial assessment. The diagnosis was made based on the ICD-10 i.e. Obsessive Compulsive Disorder with mixed Obsessional thoughts and acts [F42.2]. Routine blood investigations were done and nothing significant was found. It was planned to treat her as an IPD patient with combined psycho-pharmacological management with psychotherapeutic interventions. However, due to certain problems patient and family members refused for hospitalization and she was treated on the outpatient basis. Initial sessions were spent with the patient gathering information and forming a cordial rapport. She was given Tablet CLOMIPRAMINE 25mg twice a day 0—1/2—1 to 1/2--1/2—1, Tablet FLUVOXAMINE 50mg 1/2--0—1 titrated to 1/2--1/2—1 Tablet OLANZAPINE 2.5mg 1/2--1/2—0 and Tab. CLONAZEPAM 0.25 mg 1—0—1 [All medications were upward titrated in 10 days period]. In the weeks ahead, psycho-education was focused upon and sessions concentrated on educating patient about OCD, the symptoms, possible causes and the rationale for the chosen treatment approach was given. In the following week, patient started showing positive response in her symptoms profile. Psychological treatment was sought for her along with medications, which included behavior therapy and family therapy to deal with her difficulties. After 4 weeks she had reported approximately 60% improvement in the form of self care, daily routine, reduction in obsessive thoughts and compulsions and reduced need for symmetry with reduction in score of YBOCS to 22 [moderate]. The remaining symptoms included the intermittent fear regarding cameras being attached to her and surroundings and checking for the same repeatedly, although the frequency got reduced. Avoidance towards social interaction and gatherings was persistent while the intensity of rest of the obsessive thoughts and compulsions had reduced considerably.

DISCUSSION

In OCD, the individual endures intrusive, re-occurring and disturbing thoughts that interfere with their overall functioning and they usually try to control these by deliberately having other thoughts or indulging in behaviors with the hope of getting rid of the former with latter. It is worthy of mention that there are several conscious/unconscious as well as cognitive and behavioral underpinnings of OCD symptoms. The former focuses on the childhood experiences and conflicts as being one of the significant determinants shaping one's comprehensive personality into adulthood and the latter takes into account the role of thought processes and learning. Psychodynamic viewpoint posits that in the absence of key relational processes, including emotional proximity, containment, and attachment, the child experiences vacuum in a manner. Strict

parenting, conflictual relationship of parents, and a sense of lack of love and care results in fixation at certain psycho-sexual stages of development, eventually leading to the adoption of dysfunctional defense mechanisms.

In the view of psychoanalytic framework; individual personality emerges from a disparity amongst the two forces i.e., biological, pleasure-seeking and aggressive instincts versus internal (socialized) control over these. Furthermore, personality formation occurs through a balance between these two competing forces. In this case the imbalance between the two competing forces had led to overpowered sexual obsessional thoughts and feeling of disgust associated with it, which are ego-dystonic for the patient. The behavioral school of psychology recognizes such patterns to be reinforced by learning and therefore can be treated on the same principle.

The foremost part of the treatment comprised of psycho-education for the patient and family members, whereby the illness and its nature was explained and rationale behind the chosen treatment approach was explained. In our pharmacological management, the sufferer responded to a combination therapy of CLOMIPRAMINE, FLUVOXAMINE along with OLANZAPINE and the psychotherapeutic management was done on the lines of Cognitive Behavior Therapy with family intervention. This has resulted in overall improvement in condition and graded induction of patient into her social activities and routine.

CONFLICT OF INTEREST: None

FINANCIAL SUPPORT: None

REFERENCES

1. Chakraborty A, Karmakar S. Impact of COVID-19 on obsessive compulsive disorder (OCD). *Iranian journal of psychiatry*. 2020 Jul; 15(3):256.
2. Sulaimani MF, Bagadood NH. Implication of coronavirus pandemic on obsessive-compulsive-disorder symptoms. *Reviews on Environmental Health*. 2021 Mar 1; 36(1):1-8.
3. French I, Lyne J. Acute exacerbation of OCD symptoms precipitated by media reports of COVID-19. *Irish journal of psychological medicine*. 2020 Dec; 37(4):291-4.
4. Sharma LP, Balachander S, Thamby A, Bhattacharya M, Kishore C, Shanbhag V, Sekharan JT, Narayanaswamy JC, Arumugham SS, Reddy JY. Impact of the COVID-19 pandemic on the short-term course of obsessive-compulsive disorder. *The Journal of nervous and mental disease*. 2021 Apr 1; 209(4):256-64.
5. Linde ES, Varga TV, Clotworthy A. Obsessive-compulsive disorder during the COVID-19 pandemic—a systematic review. *Frontiers in psychiatry*. 2022; 13.

6. Tiuvina NA, Maksimova TN, Prokhorova SV, Vysokova VO. Obsessive-compulsive disorder during the SARS-CoV-2 pandemic (case report). *Neurology, Neuropsychiatry, Psychosomatics*. 2021 Oct 16; 13(5):134-9.
7. CHAUHAN N, AGRAWAL A, DOMUN I, GOYAL R. Unmasking of Obsessive Compulsive Disorder in a Vulnerable Preadolescent Girl due to COVID-19 Related Stress: A Case Report. *Journal of Clinical & Diagnostic Research*. 2021 Oct 1; 15(10).
8. Kumar V. Obsessive-compulsive disorder patients and their well-being during lockdown caused due to COVID-19 pandemic. *The International Journal of Indian Psychology*. 2020.
9. Chaudhary S, Singh AP, Varshney A. Psychodynamic Perspective of Sexual Obsessions in Obsessive-Compulsive Disorder. *Annals of neurosciences*. 2022 Apr; 29(2-3):159-65.