OBSESSIVE COMPULSIVE DISORDER- A CASE REPORT

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Abstract: Introduction: Obsessive compulsive disorder is a disorder in which an individual experienced unwanted thoughts, like the insistency of words or ideas perceived by the patient to be inappropriate or nonsensical. It is an obsessive urge or idea changed the personality of people. The lifetime prevalence of OCD in India is about 2-3% which means that at least two to three people out of hundred are suffering from this illness.
Case Presentation: A case of Obsessive compulsive disorder is found in a 47 years old man from Nalwadi, Wardha. He has a symptoms like over disciplined, perfectionist, overly maintaining self-hygiene. All these symptoms started 2 years back and the intensity has increased. The purpose of this study is to be aware of what Obsessive Compulsive Disorder is and aware that it is an illness that can be treated.
Conclusion: In the study, we mainly focused on OCD and how it affects people's mental health.
Keywords: Obsessive Compulsive Disorder, Mental Health

1.INTRODUCTION

Obsessive compulsive disorder is a state in which " the outstanding symptom is a feeling of subjective compulsion, which must be resisted to carry out some action(1). Obsessive compulsive disorder is a disorder of the brain behavior, in which an individual experienced unwanted thoughts, like the insistency of words or ideas that are perceived by the patient to be inappropriate or nonsensical (2). It is an obsessive urge or idea changed the personality of people. It can also be accompanied with depression, substance abuse disorder, attention deficit disorders etc. The causes may be that Serotonin which is a neurotransmitter is involved in regulating anxiety. The OCD suffers may have somehow blocked or may be dragged the receptor sites and preventing the serotonin to function into full potential or can also be possible genetic mutation. The lifetime prevalence of OCD in India is about 2-3% which means that at least two to three people out of hundred are suffering from this illness. It

usually starts from the age of 20 years however it can occur at any age including as early as 2 yrs of again children. Prior to 1984, obsessive compulsive disorder (OCD) was considered to be one of a rare disorder and one that is difficult treat difficult to treat(3).

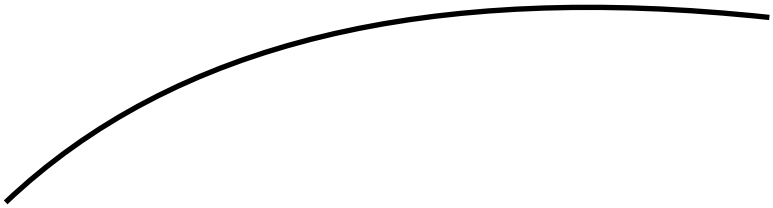
2.CASE HISTORY

The patient was apparently asymptomatic 2 years back when he was working in a private company. He was fired from his job when his boss wrongly claimed he was irresponsible to work to the higher authority as he wanted to replace him. He later worked as a clerk in hn his wife uncle's private school. Although got a new a job, he cannot get over the wrong things that had happened to him at his old job and due to his embarrassing traumatic past he'd get irritated, stress and anxiety over every trivial matters. He also shows symptoms of obsessive compulsive disorder by maintaining self-disciplined and devoting himself to his new found job in fear of loosing the new job again which goes a little overboard for a while and later become extremely overboard towards everything. he would get violent and aggressive towards his family over little things and would hit them if they don't do it the way he wanted it to be. Although he wants everything to be perfect, he couldn't complete a task due to his difficulty in concentration and would get more irritated. He doesn't want to be around people and isolate himself even from his family. He doesn't want to get involved in any social functions either. Due to his behaviour changed, he is in a borderline to lose his new job as well. The fear of losing his new job again increases his stress and anxiety He was taken to AVBRH Psychiatric OPD by his wife and was admitted on the same day. He was later diagnosed as Obsessive compulsive disorder.

3. CHIEF COMPLAINTS
Extremely self disciplined
Perfectionist
Lack of concentration
Stress
Anxiety
Becoming violent if given any advised regarding his behaviour

4. PRESENT PSYCHIATRIC HISTORY
Onset: 2 years ago
Duration: 2 years ago till date
Course: Continuous
Intensity: Increasing
Predisposing factors: No history of OCD or mental illness in the family
Precipitating factors: Patient was fired from his job by his boss 2 and half years ago
Perpetuating factor: Stress related to losing his job and the remaining fear of losing his new job.

5. ASSOCIATED DISTURBANCES
Sleep disturbance
Aggressiveness
Difficulty completing task
Loss of interaction
Self Isolation



6. LIFE CHART 45-47yrs

1-44yrs

Perfectionsim
Self Disciplined
Repetitive grooming and cleaning
Stress
Anxiety
Difficulty completing task
Irritability
Sleep disturbances
Violent over trivial matters

7. HISTORY OF OTHER ILLNESS
The patient doesn't have any other chronic physical illness.

8. FAMILY HISTORY
The patient belongs to a nuclear middle class family. He lives with his wife and two sons in their home in Nalwadi, Wardha. He is working as a clerk in private school and is the breadwinner of the family. His wife owns a small grocery shop at their house and his two sons were still a students.

9. SUBSTANCE USE HISTORY
The patient occasionally drinks alcohol but very rarely. Accept for alcohol he does not smoke or chew tobacco.

10. MARITAL HISTORY
The patient got arranged non-consanguineous marriage by his parents choice. He has been married for 17 yrs now.

11. PREMORBID PERSONALITY
A) Interpersonal relationship with family members, friends, colleagues: Socially well adjusted.
B) Introvert/extrovert: Extrovert
C) Use of leisure time: Reading news paper, watching TV, occasionally playing cricket with sons.
D) Predominant mood: optimistic, cheerful, stable
E) Attitude to others: Polite and having good manners towards others.

F) Attitude to self: Confident
G) Attitude to work and responsibility: Sincere , hardworking
H) Moral and religious attitudes & behavior : Following Hindu religion and practice all the religious ceremony.

12. MENTAL STATUS EXAMINATION

After examining with all the questions, it was found that the patient's Concentration, stream of thought and insight is impaired.
The Patient was asked to subtract numbers in which he was overwhelmed by the questions and was stress over the calculations ha made and find it very difficult to concentrate and work his brain on the simple calculations. He was asked about his illness in which he replies "I'm not sick, I was just getting a little irritated over trivial matters because I want everything to be perfect around me" that indicates his lack of insights.

13. NURSING DIAGNOSIS

- Fear related to the possibility of loosing his new job.
- Social isolation related to irritability.
- Ineffective role performance related to strict disciplined and perfectionism.
- Ineffective coping and interaction with family and society related to obsessive thoughts.
- Knowledge deficit related to present mental health status.

14. TREATMENT

Early sessions were spent with the patient gathering some information and forming a working alliance. Although he showed a good response and finish his sentences and seemed focus on conversations, there was lack of concentration on the topic discussed and he refused to accept his mental illness. He was given Tablet Clomipramine 25mg once a day before bed.
In the weeks ahead, sessions concentrated on educating patients about OCD, the symptoms, possible causes and treatment. His drug dose Clomipramine was increased to 50mg the following week in which he also seems to show some positive response, he was more relaxed and calm.
Behavioral therapy with medications and supportive therapy to deal with his difficulties and problems were initiated for the next following week. And after several weeks he had shown some improvement his behaviour as his overboard grooming, frequent cleaning of his hospital bed and surroundings becomes a little less often.

15.DISCUSSION

This case is a little complicated as the patient shows various symptoms of obsessive compulsive disorder with stress and anxiety. While, Washing, shaving, routine screening, and concern for illness, danger, and doubt are frequently recorded signs of OCD initiation.4) As in this case, there is a complaints of stress towards every little things, fear of not doing his work perfectly, maintain extremely self-disciplined which at first doesn't bother his family but later when he becomes a little too overboard, his wife felt the needs to seek help. OCD is too often stereotyped, but by the majority it is not well known, and there are questions about the decisions that people make out of ignorance. People who had experience OCD often try to cope and keep it to themselves when they can no longer conceal the signs. That can make them feel more alone and make it harder to overcome the OCD. (5). As in this case, the symptoms of the patient had been ignored by the family for 2 years and the patient himself

trying hard to just cope with whatever was going on in his head. Mental health is not something to be taken lightly. It is as important as physical health.

A study by Ricciardi, et al. (6) ,Diagnoses of DSM-III - R Axis II following treatment for OCD is examined. After behavioral and/or pharmacological treatment of their OCD more than half of the patients in the study no longer met DSM-III - R criteria for personality disorders. The writers conclude that this poses concerns about the legitimacy of a diagnosis of Axis II in the face of OCD. One may even start asking how many people with personality disorders have had OCD undiagnosed? Rasmussen and Eisen (1) Some Axis I conditions find very high comorbidity in OCD patients. Thirty-one percent of patients surveyed were also diagnosed with major depression, and twenty-four percent had anxiety disorders.

P. Morgado, D. Freitas et.al (7) conducted a study by characterizing correlations of OCD symptoms with levels and stress scores of basal serum cortisol and perceived a questionnaire (PSS-10).The results also shown that the levels of cortisol and the PSS-10 stress scores were higher in controls in OCD patients. However, the Self-reported stress levels in the Yale – Brown Obsessive – Compulsive Scale (Y – BOCS) of patients using PSS-10 associated favorably with OCD severity. PSS-10 scores are correlated with the Y – BOCS obsessive component but not the compulsive component. Such findings support the importance of stress in the context of OCD, particularly for the obsessive symptoms. Various studies on different mental disorders and related factors are available (8-10). Gupta et al reported clinical practice guidelines for sleep disorders(11). Pal et al reported about recognition of major depressive disorder and its correlates among adult male patients in primary care(12). Prevalence of alcohol use disorders in hospitalised male patients was reported by Patel et al (13). The issues were also addressed in Global Burden of Disease Study(14,15,16).

16. CONCLUSION

Obsessive compulsive disorder (OCD) is a chronic psychiatric disorder characterised by recurrent intrusive thoughts or ideas and or repetitive compulsory behaviours. Obsessive compulsive disorders can sometimes i=be accompanies with other personality disorders, depression, anxiety disorders, post-traumatic stress disorder etc. In this case, the patient has lost his job after he was falsely blamed to be irresponsible at his job. He later got a new job at his wife uncle's private school but his embarrassment traumatic past had haunt him everyday of his life which ld him to get irritated, lack of concentration and developed symptoms of obsessive compulsive disorders with stress and anxiety disorder.

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