

Management of Obsessive-Compulsive Disorder: A Case Report

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ABSTRACT: -

BACKGROUND: Obsessive compulsive disorder is a mental illness characterised by a pattern of undesirable thought, sensations, and behaviour (obsessions) (compulsions) . Anxiety is one of the most typical symptoms, and such a task could include repeatedly washing their hands, keeping the lights on, or keeping their surrounding clean.

MAIN SYMPTOMS AND IMPORTANT CLINICAL FINDING: The patient is 33 year old female was admitted in A.V.B.R.H on dated 03/01/2020 with chief complaint of anxiety, obsessive thought, She had a 21-year history of obsessive thoughts and ritualistic behaviours, such as excessive checking, which had been worse since the birth of her first child. Except for a modest case of generalized anxiety disorder, there is no evidence of comorbidity. She'd like to know which treatment is best for her right now.

THE MAIN DIAGNOSIS, THERAPEUTIC INTERVENTION, AND OUTCOME: Obsessive-compulsive disorder (OCD) is a diagnosis. After a physical check and investigation, To relieve symptoms, give paroxetine (Paxil pexeva) at a dose of 25 mg, clomipramine (Anafranil) at a dose of 50 mg, and fluoxetine (Prozac) at a dose of 20 mg orally. OCD was once thought to be a persistent, treatment-resistant condition .There was no meaningful improvement with psychodynamic therapy or a variety of pharmaceutical treatments available at the time.

OUTCOME: Good sanitation, improved water supply, and a suitable sewage waste matter system, and treatments are given psychotherapy, behavioural therapy, particularly those involving exposure and response prevention. After physical examination and investigation doctor diagnosed a case of obsessive compulsive disorder

NURSES PERSPECTIVE: The patient was offered counselling as well as Tab. Obsessive-compulsive disorder (OCD) is treated with clomipramine/clomipramine. It helps to reduce unwanted/persistent thoughts (obsessions) and the want to perform repetitive duties (compulsions like hand-washing, counting, and checking) that interfere with daily life. Maintain intake and output, as well as providing a healthy atmosphere and weekly therapy as directed by the doctor.

CONCLUSION: The patient in this scenario is an example of an obsessive-compulsive patient. We recommended a 20-session CBT for her. The Yates-Brown Obsessive Compulsive Scale score fell from 29 at the beginning of treatment to 13 at the end. This is a 55 percent reduction in efficacy. For the 1-year follow-up, the results remained consistent. The general therapy techniques for OCD are provided. There are certain behaviors or thoughts that come up repeatedly in everyone's life. Patients

with OCD have thoughts or behaviors that consume at least an hour of their day. Aren't in your control aren't they entertaining? Interfere with your professional or social life, or any other element of your life.

KEYWORDS: Obsession, anxiety disorder, compulsion, are all symptoms of a undesirable thought, sensation.

INTRODUCTION:

Obsessive-compulsive disorder is a mental illness in which persons feel compelled to check items repeatedly, think about specific things again, or execute specific rituals again.¹ For more than a brief length of time, the person is unable to regulate his or her thoughts or behavior hand washing, counting objects and checking to see if a door is locked are all common compulsions².

These actions occur to the point where they negatively impact the person's everyday life, often taking more than an hour a day. The majority of individuals are aware that their actions are illogical. Tics, anxiety disorder, & higher risk of suicide are all linked to the illness.³ The reason behind is unknown.⁴ There appear to be some genetic factors at play, with both identical and non-identical twins being afflicted more frequently than non-identical twins. A history of child maltreatment or another stressful incident is a risk factor. Following infections, certain cases have been observed.⁴ The diagnosis is made based on the symptoms, and other drug-related or medical causes must be ruled out. To determine the severity, rating systems such as Yale-Brown Obsessive Compulsive Scale, might be utilized. An obsession is an undesirable and unpleasant idea, picture, or discomfort.⁵

A compulsion is a habitual behavior or mental act that a person feels compelled to engage in order to momentarily alleviate the negative feelings caused by an obsession thought. For example, someone who is afraid of being burgled may feel compelled to double-check that all windows and doors are closed before leaving the house.⁶

Obsessions and Compulsions:

Many persons who suffer from Obsessive compulsive disorder are aware that their thoughts and actions are irrational. They do things because they can't stop themselves, not because they enjoy them. If they stop, they become so depressed that they restart.⁷

Obsessive thinking might include the following:

Fears of causing harm to yourself or others. Blinking, breathing, or other body sensations are constantly visible. Suspicion that a partner is unfaithful despite the fact that there is no proof to back it up. Compulsive behaviors can include the following: Performing tasks in a specific order or a certain "acceptable" number of times on a regular basis. Counting things like steps and bottles. Fear of sneezing, touching doorknobs, or going to public facilities.⁸

*** What Is Obsessive-Compulsive Disorder?**

Obsessive-compulsive disorder (OCD) is a mental condition characterised by a strong need to repeat a behavior and persistent unpleasant thoughts or feelings (obsessions) (compulsions). Obsessions and compulsions can coexist in some persons. Obsessive-compulsive disorder isn't characterised by bad behaviours like chewing your nails or obsessively thinking about negative things. It's very likely that you feel numbers or colours are "good" or "bad" because of your fixation with them. Handwashing seven times after handling something potentially unclean could become a habit. OCD sufferers have thoughts or behaviors such as: Make it a daily goal to accomplish it at least once. Aren't they under

your control? Isn't it fun to watch them? Hide your job, your social life, and any other aspect of your existence.⁹

*** Obsessive compulsive disorder Symptoms and Types:-**

Obsessive compulsive disorder can take many forms, however the majority of cases fall into one of four categories: Checking stoves, locks, light switches, and alarm systems, as well as detecting a mental illness or pregnancy. A strong desire to clean or a dream of becoming polluted are both examples of contamination. If you feel like you've been treated like garbage, it's a sign of mental contamination. The drive for symmetry and order, as well as the drive to organize things in an exact order. Ruminations and distracting ideas, as well as a focus on a single point of view. Some of these ideas may be distressing or confronting.¹⁰

Obsessive thoughts can include:

Concerns about harming yourself or others
Constant awareness of blinking, breathing, or other bodily sensations
Suspicion of infidelity in a spouse, but no cause to believe it.¹¹

Obsessive compulsive disorder causes and risk factors:-

Doctors are baffled as to why certain people get OCD. Stress may aggravate symptoms. Women are slightly more likely than men to suffer from it. Teenagers and young adults are more likely to experience the following symptoms. Obsessive-compulsive disorder (OCD) in a parent, sibling, or child
Specific parts of your brain have different physical structures. Whether it's tics, anxiety, or sadness,
You may have been subjected to physical or sexual abuse as a youngster as a result of a traumatic incident. A young child may acquire OCD as a result of a streptococcal infection. This is known as pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections.

PATIENT INFORMATION

PATIENT SPECIFIC INFORMATION:-

The patient is a 33 year old female was admitted in A.V.B.R.H on dated 03/01/2020 with chief complaint of anxiety, obsessive thought. She had a 21-year history of obsessive thinking and repeated behaviors, including compulsive checking, which had gotten worse after her first kid was born. There is no evidence of comorbidity, with the exception of a minor case of generalized anxiety disorder. She'd like to know which treatment is the most appropriate for her at this time.

PRIMARY CONCERNS AND SYMPTOMS OF THE PATIENT:-

Present case visited AVBR Hospital at psychiatry OPD on date 03/01/2020 with agitation, compulsive hoarding, hypervigilance, impulsivity, meaningless repeat of own words, repetitive movements, ritualistic behaviors, social isolation, or repeated repeating of words or actions worry , fear, guilt, or panic attack as the primary complaint.

MEDICAL, FAMILY AND PSYCHIATRIC HISTORY:-

The patient suffered from anxiety, obsessive thoughts, and ritualistic behavior's such as compulsive check-ups.

Patient has no medical history, his family is a nuclear family from a middle-class household, and all of his family members are healthy.

CLINICAL FINDINGS:-

Mental status examination:-

- 1) General appearance and behaviour:--Personal hygiene =maintained,-Facial expressions= anxiety, pleasure,-attitude =not co-operative,-Rapport =not maintained,-Attention=active,-Eye to eye contact=not maintained
- 2) Mood and affect:--Mood =not appropriate,-Pleasurable affect =not present-Un-pleasurable affect =not present,-other affect=anxiety, panic attack
- 3) Thought:--form of thought =ambivalence,-Stream of thought =normal,-Delusion =absent,-Observation =absent,-Phobia =absent,-Anxiety=present
- 4) Orientation:-Time: - not answer properly,-Place:-oriented, Person:-she confused some times
- 4) Memory:--Remote:-she know his date of birth,-Recent: - confused and not answering properly,-immediate: - she knows the immediate talking what she is talking
- 5) Judgement:--Test-impact: - she is answering well,-Social impaired:-no any response,-Impression:- after no any test is intact but social not present

Important clinical finding:-

Obsessive compulsive disorder is a persistent, debilitating disorder marked by obsessions and /or compulsions. Obsessions are ideas, images, or emotions that are both invasive and distressing. Compulsions are habitual, deliberate behaviours that a person feels forced to engage in despite a desire to avoid them. Compulsions are usually used to avoid certain situations. a phobia-inducing situation or to alleviate distress Patients and their families experience tremendous distress as a result of these ego-dystonic symptoms. With a lifetime prevalence of roughly 2.3 percent, OCD is one of the most frequent anxiety disorders.

TIMELINE: -

He took treatment in A. V. B. R. H. and he got the proper treatment. Taking proper medication and now she has been recovering she's condition but she's not totally cure.

NURSING PERSPECTIVES: -

-The patient was offered counselling as well as Tab. Obsessive-compulsive disorder (OCD) is treated with clomipramine (OCD). It aids in the reduction of unwanted/persistent thoughts (obsessions) and the impulse to undertake repetitive chores .Hand-washing, counting, and checking are examples of compulsions that interfere with daily life.

Paxil (paroxetine): this medicine is used to treat severe OCD for about 6 months. Fluoxetine is effective and well tolerated in OCD, impulsiveness in OCD patients, and it helped a lot, got my anxiety and obsessive thoughts under control fluoxetine is effective and well tolerated in OCD, panic attacks, and depersonalization, and it helped a lot, got my anxiety and obsessive thoughts under control Maintaining intake and output, as well as providing a safe atmosphere and weekly therapy as directed by the doctor.

DISCUSSION:

Obsessive compulsive disorders are known to occur at rates less than proportional to the general population in patients with intellectual disabilities, but the developmental disabilities and lack of communication in these patients often make it difficult to diagnose and assess the disorder, and it thus goes undetected and untreated¹²⁻¹⁴. OCD can manifest as behavioural phenotypes of some disorders, such as Down's syndrome and Prader-Willi syndrome, in people with mental impairment. It may be difficult to diagnose and treat OCD in intellectually challenged people. In people with intellectual disabilities, behavioural concerns, rather than anxiety, are the most common symptoms. These people acquire compulsions in the absence of evident "ego-dystonic" traits that would normally lead adults to identify their acts as excessive or ridiculous. The use of observed behaviour to diagnose OCD in these patients has a high level of reliability, and studies have shown that it should be prioritized. These folks are driven by compulsions. Externally visible characteristics of the disorder's behaviour. In the diagnostic procedure, instead of focusing on inner problems and concerns. Once diagnosed, treating OCD in patients with intellectual disabilities is a challenge for therapists. Because of the prevalence of OCD, no pharmacologic therapies for OCD in such patients are known. Because of their brain dysfunction, they are more vulnerable to the neuroleptics' side effects. Adults with OCD who have mental disability respond well to serotonergic medications. Serotonergic antidepressants like Fluoxetine, Sertraline, and Clomipramine have been shown to be beneficial in the treatment of OCD and can thus be combined with behavioural approaches. Clomipramine use, on the other hand, has been related to substantial side effects in this cohort, according to some experts. Fluoxetine has also been associated to an increase in hostility in those who have developmental problems. Benzodiazepines can be used to treat anxiety, but they should be taken with carefully because they have been linked to bizarre side effects such aggressive disinhibition, self-injurious behaviour, and violence. With benzodiazepines, there is a risk of abuse and dependence in this demographic. According to clinical consensus, benzodiazepines should only be used for a maximum of three weeks. The goal should be to improve pharmacological and behavioural therapies to alleviate physical and emotional trauma in patients and carers while enhancing community involvement. This is a case of obsessive compulsive disorder and mental retardation coexisting. Diagnosing OCD in mentally challenged people is difficult due to significant repetitive behaviour, inability to concerns, and ego dystonicity of thought and behaviour¹⁵⁻¹⁷. Investigation autistic patients repetitive behaviour and discovered that obsessive compulsive symptoms are distinct from other repetitive thought and behaviour that are comment in this population¹⁸. Patients with mental disabilities face unique challenges in therapy, such as difficulty using behaviour therapy, uncontrollable aggression, and the presence of multiple co-morbid psychiatric and neurological disorders, all of which are exacerbated by the unpredictability of pharmacological treatment¹⁹⁻²¹. In this example, we noticed an increase in irritability and aggression after commencing medicine, which improved with the addition of sodium valproate, fluoxetine was found to be effective, and the behavioural measures improved significantly after around 6 months. Behavioral Interventions are improved, especially when the patient is a risk of pharmacological side effects, and should be considered whenever possible, at least in mild to severe mental impairment. Other case reports in the literature show how difficult it is diagnose obsessive compulsive disorder in mentally challenged people and emphasise the importance of behavioural approaches in treating obsessive compulsive disorder.¹²

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