

Case Report

Hypochondriacal and Persecutory Ideas in A Man with Obsessive Compulsive Disorder Managed via Cognitive Behavioural Hypnotherapy.

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Abstract

This case report illustrates the management of a patient with obsessive compulsive disorder who presented with hypochondriacal and persecutory ideas. Cognitive behavioural hypnotherapy approaches were applied in the management as the patient not keen for pharmacological treatment. Obsessive thoughts were managed via distraction technique, thought stopping and modified it to a more helpful compulsive behavior via direct suggestion during hypnotic state. The compulsive behavior was managed via hypno-behavioural approaches, reinforced by direct suggestion and pseudo-orientation in time. The Subjective Unit of Distress Scale (SUDS), Beck Anxiety Inventory (BAI) and Beck Depression Inventory (BDI) scales were used to measure the progress of anxiety and depressive symptoms.

Key words: obsessive compulsive disorder, hypochondriacal, persecutory ideas, cognitive behavior hypnotherapy

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Introduction

There is much debate within medical circles as to the most appropriate treatment for obsessive compulsive disorder (OCD). However, treatment with the tricyclic antidepressant clomipramine or selective serotonin reuptake inhibitors (SSRIs) are common, either alone or in conjunction with psychotherapeutic intervention¹. Psychotherapy alone can also be considered². This patient not keen for medication and chooses psychotherapy alone as the sole treatment for him.

Despite the fact that the most effective evidence-based therapy appears to be cognitive-behavioral therapy, a portion of patients ranging from 30% to 60% does not respond to treatment. Some authors think that this gap can be filled with an approach

that, along with enhancing the ability of patients to manage anxiety, faces the elements that cause the disorder^{3,4}.

For this patient, a combination of cognitive behavioural therapy and hypnotherapy were used in the management. Solution-focused hypnotherapy was applied at the initial few sessions.

Case Report

Mr. M, 37-year old, business man presented with excessive worries about his health for one year. He has frequent visits to doctors at private hospital. The worries were accompanied by somatic symptoms such as shortness of breath, chest discomfort, abdominal discomfort, tremors and unstable feeling while walking. Whenever he has chest discomfort he

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will check his blood pressures or go to the nearest health center for a checkup.

A month prior to the consultation he also has poor sleep, distress and easily fatigued. He became more worried about his health and kept thinking of undiagnosed diseases. He checked his blood pressure more than twice a day; felt very anxious and only relief after knowing that his blood pressure was normal. He has recurrent intrusive thoughts about having diseases or unknown illnesses; consequently he has been checking his blood pressure repeatedly and more frequent visits to doctors.

He also has intrusive thoughts about his wife having ill intention towards him. He kept on thinking that she wanted to get rid of him or sabotaging him. He knew that all these thoughts were not true as his wife was a kind-hearted, full time housewife. However, he was not able to resist these thoughts and frequently asked her for reassurance. Apart from having an anxious personality, he has no family history of similar problems.

Physical examination revealed no abnormalities. Mental status examination revealed an anxious man who kept talking about his worries and presence of obsessional thoughts. He was motivated and having insight to get well. His baseline score of SUDS was 8, BAI was 40 and BDI was 14 which showed that he has severe anxiety symptoms. (Figure 1)

The aims and plans of treatment formulated for him. The initial stage of treatment (2 sessions) aimed for stabilization of the excessive anxiety symptoms via solution-focused therapy and relaxation via self-hypnosis and breathing exercises. For homework, patient was asked to chart the frequency of the obsessive thoughts and the consequence behavior daily, practiced slow breathing exercise to relax.

Later, he was taught on exposure and response prevention. patient were taught on how to identify his obsessive thought whenever it pop up and prevent himself from responding to the thought. (as a continuation from previous homework of charting his thought, now he has to catch his thought straight away). During hypnosis, a direct suggestion on managing the intrusive thought via thought stopping, distraction and acceptance were taught. This was further reinforced via the pseudo orientation in time. He progressed well and practice self-hypnosis regularly and his anxiety level reduced significantly at session 5. See figure 1.

Consequently, he was able to control his compulsive behavior of frequent checking his blood pressures. He felt calmer as reflected in his anxiety score. He also lives more happily with his wife and able to control his behavior on the persecutory ideas he has about his wife.

Discussion

In the first stage of treatment the patient presenting problems were stabilized. A solution focused approaches were used from the first session as it is a very effective technique. De Shazer noticed that many of his patients reported a positive change in their problem between the first contact on the telephone and the first therapy session⁵.

Later in the stage of changed, therapist worked on managing the patient's recurrent intrusive thoughts and reduction of the compulsive behavior following the thoughts. For the intrusive thought, patient was trained using acceptance, focus distraction and thought stopping. The nature of the obsessive thought and how it leads to compulsive behavior explained. Resisting the thought will lead to severe anxiety; therefore one way of managing it is just to accept the thought. Acceptance encourages the simple act of noticing the unwanted intrusive thought and discourages struggling with it, and we might expect the distress is less⁶.

Another strategy is focus distraction. Wegner found that focused distraction away from the intrusive thought can be effective in getting rid of unwanted intrusive thought. He described it as an ironic process of mental control⁷. In each therapy session patient's confidence to overcome his problems were enhanced using pseudo orientation in time. Pseudo orientation in time allows a patient to experience a time in the future when a problem has been resolved, or is on its way to being resolved⁸.

Therapist taught him the principle of exposure response prevention (ERP) which is the most effective techniques to reduce compulsive behavior.

These were reinforced during the trance state⁹. Kirsh et al, meta-analysed eighteen studies comparing the efficacy of cognitive behavior therapy (CBT) alone to CBT plus hypnotherapy for a variety of problems. They concluded that "the addition of hypnosis substantially enhanced treatment outcome"¹⁰.

Conclusion

The patient is successfully managed using hypnotherapy and cognitive behavioural therapy approaches. After five sessions of therapy, he was

able to understand his problems, manage his anxiety, intrusive thought. The compulsive behaviors of doctor's shopping and asking reassurance from his wife about the persecutory ideas also diminished.

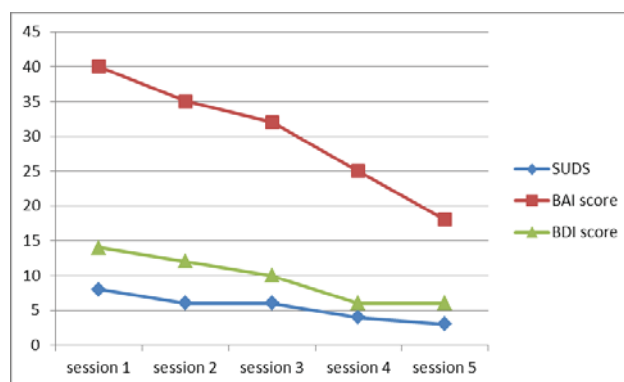


Figure 1: SUDS, BAI & BDI Score throughout the treatment session.

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