

Unusual presentation of patients with obsessive compulsive disorder

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Summary

Obsessive compulsive disorder (OCD) is a common psychiatric disorder in clinical practice. But few studies have been done in Bangladesh. The aim of the study was to find out the unusual presentation of OCD patients other than common presentation. This was a cross sectional study done at private chamber and clinic in Dhaka, Bangladesh during the period of February, 2018 to January, 2019. Hundred twenty five patients fulfilling the inclusion and exclusion criteria were selected consecutively. After taking written consent a predetermined questionnaire was filled for each patient through face-to-face interview. The results showed that, most of the patients were from 21-30 years of age group (34.4%) with female preponderance (60%). Majority of the patients were married (60%), completed up to HSC level (44.8%) and students (38.4%). Among the patients the unusual presentations of OCD were new experience headache (56%), decreased sexual desire (16%), cough (9.5%), pain (8%), vomiting (8%), fit like behaviour (4%), increased frequency of micturition (2.4%) and deliberate self harm (DSH) (1.6%). The research findings will help us for the assessment, diagnosis and treatment plan. Therefore misdiagnosis and patient sufferings will be reduced..

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Introduction

Obsessive Compulsive Disorder (OCD) is a chronic psychiatric illness characterized by distressing and intrusive thoughts, impulses or images (obsession) and repetitive covert or overt behaviours (compulsion) that are performed to reduce distress. Individuals with obsessions usually attempt to ignore or suppress such thoughts, impulse or neutralize them with some other thought or action. A diagnosis of OCD requires that the symptoms cause marked distress or significantly interfere with the persons functioning. Features of obsessive compulsive disorder are obsession, compulsion, preoccupations with appearance, hoarding, skin picking, hair pulling, other body focused repetitive behaviors, or other characteristics of obsessive compulsive and related disorder predominate in the clinical picture.¹ Males and females are equally affected from adolescent onwards, however males are predominate in pre-pubertal period.² OCD is a disease of relapse and remitting. The prevalence of OCD in Bangladesh is 0.5%.³ Among the etiology of OCD, biological factors play an important role. There is a dysfunction of serotonin and also found increased activity of frontal lobe, basal ganglia and cingulum. A group of patients were visited to consultant very cordially. In our private practice we have seen a high number of patients with headache that move from doctor to doctor many times. These groups of patients were treated by qualified neurologists and consultants

of other fields. They had poor response with common treatment of chronic headache, migraine or mix type of headache. Our realization were that this group of patients had been suffering from more than just a headache. There may be a secondary diagnosis. In our context the cause may be OCD, Obsessive Compulsive Personality Disorder (OCPD), Anxiety Disorders or Depressive Disorders. Sometimes it is the anxiety or depression that leads to psychiatric referral and the young person may not disclose the shameful obsessive compulsive symptoms unless specific inquiry is made.² Obsessive compulsive disorder may be associated with avoidance of situation, hypochondrical concern, guilt and sleep disturbance. It is reported that 20-30% of people with OCD have experienced tics.² Common sexual dysfunctions in female are anorgasmia and in male are hypoactive sexual desire.⁴ To date, few studies have done regarding unusual presentation of this disorder. For this reason, the present study was designed. The research findings will help us for the assessment, diagnosis and treatment plan. Therefore misdiagnosis and patient sufferings will be reduced as well as the findings of the study will help our health professionals.

Methods and materials

This was a cross sectional study done at private chamber/clinic in Dhaka, Bangladesh during the period of February, 2018 to

January, 2019. The data set was composed of 125 consecutive patients with OCD diagnosed according to the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, criteria, who visited the private chambers and clinic in Dhaka city.¹ Patients were included who were come for the treatment of other features not for the treatment of OCD. After completing extensive investigations and exclusion of all distantly possible organic causes we selected the above cases. All the patients were explained about the procedure, its purpose and were assured of confidentiality of the information within informed consent form. Patients were evaluated with a semi-structured interview covering socio-demographic questions and DSM 5 diagnoses through face to face interview. A predetermined questionnaire was filled for each patient. OCD was evaluated on the basis of DSM 5 by a psychiatrist and associated features by reviewing all the available information. The majority of cases were initially seen by the chief investigator. The rest of the cases were referred by Pulmonologist, orthopedist, neurologist and other consultants. Data was analyzed using statistical package for social sciences (SPSS) version 21 for Windows 10.

Results

The results showed that, most of the respondents were from 21-30years of age (34.4%). Out of 125 patients of OCD, 40% were male and 60% were female. Regarding marital status, it was found that, most of the patients were married (60%). Majority of the patients completed up to HSC level (44.8%) and 15.2% completed graduation. Most of the patients were students (38.4%) followed by (20%) housewives (Table 1). Among the patients, most of the patients (56%) had headache. On other hand among rest of the respondents 16% had less sexual desire, 9.5% had cough, 8% had pain, 8% had vomiting, 4% had fit like behavior, 2.4% had increased frequency of micturition and 1.6% had h/o DSH (Table 2).

Table1: Distribution of demographic variables among the respondents (n=125)

| Demographic variables | Frequency | Percentage (%) |
|---------------------------|-----------|----------------|
| Age in years | | |
| <10 | 2 | 1.6 |
| 11-20 | 10 | 8 |
| 21-30 | 43 | 34.4 |
| 31-40 | 38 | 30.4 |
| >40 | 32 | 25.6 |
| Gender | | |
| Male | 50 | 40 |
| Female | 75 | 60 |
| Marital status | | |
| Married | 75 | 60 |
| Unmarried | 50 | 40 |
| Educational qualification | | |
| Up to class V | 15 | 12 |
| VI to IX | 35 | 28 |
| SSC & HSC | 56 | 44.8 |
| Graduate and above | 19 | 15.2 |
| Occupation | | |
| Student | 48 | 38.4 |
| Housewife | 25 | 20 |
| Service | 23 | 18.4 |
| Unemployed | 14 | 11.2 |
| Others | 15 | 12 |

Table 2: Unusual presentation of OCD patient (n=125)

| Presentation | Frequency | Percentage (%) |
|------------------------------------|-----------|----------------|
| Headache | 70 | 56 |
| Decreased sexual desire | 20 | 16 |
| Chronic cough | 12 | 9.6 |
| Pain | 10 | 8 |
| Vomiting | 10 | 8 |
| Hysterical behavior | 5 | 4 |
| Increased frequency of micturition | 3 | 2.4 |
| DSH (Deliberate Self Harm) | 2 | 1.6 |

(More than one reason were considered in one respondents)

Discussion

The results showed that, most of the respondents were from 21-30years of age (34.4%). Out of 125 patients of OCD, 40% were male and 60% were female. Regarding marital status, it was found that, most of the patients were married (60%). Majority of the patients completed up to HSC level (44.8%) and 15.2% completed graduation. Most of the patients were students (38.4%) followed by (20%) housewives. Regarding socio-demographic profile of this study, findings were almost similar to other studies with the exception of age. Here 9.6% of cases were child. Among the children, 90% were male which was consistent with the other study.²

The study revealed that, headache was found 56% which was the highest percentage. These results were different from other studies.⁵ This was a new finding that not found in other studies.^{6,7} Interestingly this group of patients were consulted for the treatment of headache not for the treatment of OCD. Headache was the predominate feature in this study. Our interpretation was that patients always felt tension resulting in a headache due to rumination, orderliness and insulting dialogue. It might be due to not releasing the tension of the obsession from their mind, resulting in a headache. This study revealed that 16% of participants had a decreased sexual desire. This was not found in other studies.^{6,7} The explanation was that, they were always angry and had persistent features of anxiety. The brain was preoccupied with particular issues or compulsive act. Therefore they could not manage time for sexual activities. Another view was that they were highly rigid in their structural life, so breaching anything they could not tolerate, so they avoided sexual activities most of the time.

This study revealed that, chronic cough was found (9.5%). This was new finding and our explanation was that, these groups of patients were referred from pulmonologist and most of them were children. These patients were treated with the adequate dose and duration of anti asthma drugs. These were non-responding cases in spite of taking all types of anti asthma

drugs. History revealed that, they had dirt and contamination, obsessive orderliness and aggression towards family members. Characteristics of the cough was dry, non productive in nature and bouts/series of cough occurring at the same time. However the patients were not exhausted like an attack of asthma, pneumonia or acute infection. Our explanation was that, these patients might have vocal complex tics or a chronic cough that was unexplainable. If itwa consider as a vocal tic, this may happen in a certain group of OCD patients. This study also revealed that, chronic pain was found 8% of the cases. This was also a new finding and not found in other studies.^{6,7} This group of patients did not improve with painkiller, analgesic or muscle relaxant with adequate dose and duration. Pain did not follow any anatomical and physiological distribution. History and mental state examination revealed that, they had features of OCD. Actually these patients had rumination of any issue when the issue entered into the mind that was ruminated for long time. It could be one of the explanations. Another explanation was that, pain might be somatic features of OCD. Another presentation was fit or fit like attack. There were 4% of cases presented with fit. Explanation was excessive rumination, excessive tension or intense worries that created excessive pressure in the head. Patient failed to manage the stress or circumstance and ultimately developed a fit.

The present study revealed that, around 2.4% cases had increased frequency of micturition. Usually this is a feature of urological or kidney disease. Actually these patients felt excessive desire for micturition, though there was not enough volume of urine in the bladder. These might be obsessional doubt that micturition had completed or not. Another explanation might be autonomic instability. Sometimes these patients were given tab tamsulosin hydrochloride but there were no improvement. In this study 8% of cases had complaint of vomiting. This vomiting was not due to food factors. It was due to fear of excessive dirt and contamination, excessive feeling of nauseated, seeing ugly things, dammed floor, dirty water. In this study, some cases presented with aggressive behavior, sudden outburst, sharp

cutting injury, quarrel some behavior etc. But this was not found in other studies.⁸ Explanation might be impulsive personality, serotonin dysfunction and decreased copying ability. This group of patients were treated as bipolar mood disorder with lithium, valproate etc. Actually these anger were obsessive in nature.

Conclusion

OCD is a common psychiatric disorder among people. But only a small portion of patients receive adequate treatment. There is lack of information about uncommon features of this common distressing and disabling disorder in Bangladeshi context. An increased availability of information would help us to treat the disorder early and that will contribute on the way to relief symptoms and provide a better prognosis.

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