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Clinical Psychology

A CASE REPORT- OBSESSIVE-COMPULSIVE DISORDER (OCD) OVERCOMING WITH CBT

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ABSTRACT This study investigates Obsessive-Compulsive Disorder (OCD) through a case report of a 36-year-old woman from Perambalur, Tamil Nadu. The case highlights common OCD symptoms like intrusive thoughts of contamination, low mood, fatigue, and repetitive behaviors such as excessive handwashing, bathing, and laundry routines. The research aims to explore the impact of OCD on the patient's mental well-being, including loss of interest in daily tasks, reduced self-care, and emotional distress. By examining this case, the study emphasizes the importance of understanding OCD and the availability of treatment options for better mental health outcomes.

KEYWORDS : Obsession, Compulsion, Fearful, Repetitive thoughts

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 brain behavior, in which an individual experiences unwanted thought, 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 that changes the personality of people. It can also be accompanied with depression, substance abuse disorder, attention deficit disorders etc. The cause 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 one of the rare disorders and one that is difficult treat difficult to treat. According to a study published by King George Medical University, OCD affects around 0.8% of the Indian population.

CASE HISTORY

The patient, a 36-year-old woman hailing from Perambalur based Tamil speaking Muslim family background of lower socio-economic status with informant being father, whose reliability is good and adequate.

The patient was apparently asymptomatic 2 years back. she was brought to the hospital with 6 months complaints of Repetitive and intrusive thoughts of contamination, Low mood and sadness Easy fatigability, Increased compulsive behaviours: (Excessive handwashing, Prolonged bathing routines, Extended utensil and clothing washing) Loss of interest in daily activities, Reduced self-care hygiene, Increased tearfulness, especially in the past two months. These symptoms worsened significantly over the past two months, leading to: Avoidance of public places and social gatherings, Social isolation from family and relatives, Preference for spending time alone

CHIEF COMPLAINTS

- Repetitive thoughts
- Sadness of mood
- Easy fatigability
- Repetitive washing of hand,
- Lack of interest
- Fear of contamination
- Decreased self-care
- Loss of interaction
- Self-Isolation
- Difficulty in concentration

PRESENT PSYCHIATRIC HISTORY

Onset: 6 Months
Duration: 6 Moths to till date
Course: Progressive worsening with increased symptoms
Intensity: Increasing

HISTORY OF OTHER ILLNESS

The patient doesn't have any other chronic physical illness.

FAMILY HISTORY

The patient's mother passed away from HIV infection. An elder brother has a diagnosis of panic disorder and is currently undergoing treatment. Additionally, a maternal uncle has been diagnosed with Delusional Disorder.

SUBSTANCE USE HISTORY

No history of substance use.

MARITAL HISTORY

The patient is married but has been separated from her spouse for the past four years.

PREMORBID PERSONALITY

A) Interpersonal relationship with family members, friends, colleagues: Good
B) Use of leisure time: watching TV
C) Predominant mood: Prone to anxiety
D) Attitude to self &others: Low self-confident
E) Attitude to work and responsibility: Poor
F) Moral and religious attitudes & behavior*:* Following Muslim religion and practice all the religious ceremony.

MENTAL STATUS EXAMINATION

She was an asthenic build and appeared moderately nourished. Eye contact was made and maintained throughout the interview, and rapport was successfully established. Her speech was normal in terms of tone, tempo, and volume, and the content remained relevant and coherent. The patient's mood was depressed, and her affect mirrored this with a decreased range of emotions compared to what would be expected in the situation. Examination of her thought process revealed obsessions centered on contamination fears and compulsions involving reassurance seeking. No abnormalities in perception were reported. However, cognitive testing indicated some difficulty with immediate recall, and the patient demonstrated poor insight into her condition. Her judgment regarding social and personal situations was also deemed impaired.

DIAGNOSIS

6B20-Obsessive Compulsive Disorder (ICD 11)

METHOD:

The severity of the patient's OCD symptoms was assessed using the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) administered at weekly intervals. The Y-BOCS is a clinician-rated scale that provides separate scores for obsessions and compulsions, with higher scores indicating greater symptom severity. The patient's Y-BOCS score-60 on the initial assessment helped establish a baseline for symptom

severity. Scores were monitored throughout treatment to track progress.

TREATMENT

Cognitive behavior therapy was administered in 17sessions of one hour each duration for 20 weeks. Initially the family members were explained the nature of the problem, and explained that psychological therapy is an important adjunct to medication. The client was explained the basic concept of CBT. The intervention program was developed with the following components;

1. Jacobson Progressive Muscular Relaxation (JPMR) (Jacobson, 1938): The psychological management of the client started with JPMR since there was marked anxiety. In the first two sessions she was taught in detail how to relax and then she was persuaded to practice it twice a day.

2. Activity scheduling: In next session an activity schedule was prepared in consultation with the patient to shift her focus of attention from obsessive thoughts to routine activities and responsibilities, and to maintain her daily routine as well as to engage her to give more importance to her routine activity instead of engaging in obsessive thoughts or compulsive acts. Initially client was not able to abide by the activity scheduled but after repeated encouragement, she started practicing it. Client was suggested to defocus her attention from obsessions and compulsions by keeping herself busy, in doing activities in the form of watching tv, listening to music, or focusing on the scheduled activity. In later sessions family therapy was made to understand in a rational and logical manner so as to how the faulty cognitions play significant role in the genesis and maintenance of her obsessions.

3. Behavior therapy: [Exposure and response prevention (ERP)] We categorized the contamination into a hierarchy during this session.one by one, with the assistance of the therapist, revealed by the patient. By practicing, the compulsive act will slow down.

4. Thought stopping: - Simultaneously, thought stopping technique was applied. The client was told to imagine the content of her obsessive thoughts and simultaneously asked to say 'stop it', loudly in therapeutic session and later she was asked to practice it covertly. Her family members were educated about this and requested to monitor and report any noticeable change in her. The client reported significant improvement after five sessions. Though the thoughts were not completely absent but their frequency and associated anxiety was reported to be decreased.

5. Cognitive restructuring: - In the next step, the client was trained to monitor the automatic thoughts and to substitute more positive interpretations of her negative cognitions and alter her irrational beliefs that predispose her to distort her experiences. After 17 sessions, client reported much improvement in her symptoms. She was able to control her thoughts. Her family life improved. She remained in follow up for next four months and resumed normal functioning

DISCUSSION

Obsessive-compulsive disorder (OCD) is an anxiety disorder characterized by intrusive thoughts (obsessions) and repetitive behaviours (compulsions). People with OCD experience these obsessions and compulsions as unwanted and distressing, and they often engage in compulsions in an attempt to reduce their anxiety or prevent feared outcomes. This case study aimed to assess the effectiveness of CBT in improving OCD symptoms and daily functioning related to the disorder. After 17 sessions of CBT, her OCD symptoms decreased significantly. The client started doing household work and self-care. The findings of this case study reflect that CBT is effective in reducing OCD symptoms, and these findings are also supported by existing research. In recent years, two treatment modalities have proven effective for OCD: SSRIs and behaviour therapy. SSRIs provide symptomatic relief, while behaviour therapy is crucial for long-term management. The anxiety was reduced with the help of JPMR. Behavioural techniques were useful in normalizing day-to-day activities. Cognitive techniques were found to be helpful in modifying negative thoughts to more positive alternatives, which led to improved coping strategies.

CONCLUSION

This case illustrated a presentation of obsessive-compulsive disorder (OCD) characterized by intrusive thoughts (obsessions) and repetitive behaviors (compulsions). The patient's OCD symptoms significantly impacted her daily life. Following cognitive behavioral therapy (CBT) intervention, she demonstrated a marked reduction in OCD symptoms, anxiety, and compulsive behaviors. Notably, she regained the ability to manage self-care, complete household tasks, and re-engage socially. It is important to acknowledge that this is a single case study, and the findings cannot be generalized to the broader OCD population. However, this case adds to the growing body of evidence supporting the effectiveness of CBT in treating OCD and improving overall functioning in patients.

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