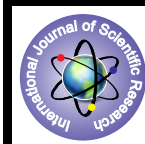


## Olfactory Reference Syndrome : A Case Report



### Medical Science

**KEYWORDS :** olfactory reference syndrome, blonanserin, body odor.

<b>Sagar Karia</b>	Resident Doctor, Department of Psychiatry, Lokmanya Tilak Municipal Medical College, Mumbai.
<b>Shivanshu Shrivastava</b>	Research Observer, Department of Psychiatry, Lokmanya Tilak Municipal Medical College, Mumbai.
<b>Avinash De Sousa</b>	Research Officer, Department of Psychiatry, Lokmanya Tilak Municipal Medical College, Mumbai.
<b>Nilesh Shah</b>	Professor and Head, Department of Psychiatry, Lokmanya Tilak Municipal Medical College, Mumbai.

### ABSTRACT

*Olfactory Reference Syndrome (ORS) is a psychiatric condition characterized by persistent preoccupation about body odor accompanied by social and occupational impairment. It has not been given separate diagnosis in both DSM-IV TR and ICD-10. Though it has been described around the world for over a century there are very few cases of it seen. Here we report a case of ORS in a female who was successfully treated with blonanserin and escitalopram.*

### Introduction:

Olfactory Reference Syndrome (ORS) is a psychiatric condition in which person has false belief that he is emitting an unpleasant, foul, or offensive body odour. Odours are believed to originate from mouth, genitals, rectum or skin. Most common odours are of flatulence, fecal or anal odours, general body odours, halitosis and genital odours but may include other odors such as sweat, armpit odor, sperm, urine and malodorous hands and feet. The patient is so much concerned and embarrassed of offending others that it causes much social and occupational impairment to them. They engage in repeated activities of checking, eliminating or camouflaging the odour and in severe cases they avoid activities of traveling and working outside and become homebound.<sup>[1,2]</sup>

### Case Report

A 50 year right handed graduate married female working as diamond sorter since 20 years who had come to us with chief complains of worry about passing flatus. She was apparently alright till 1995 when she delivered second baby (normal delivery) and post delivery she was informed by her gynecologist that there was slight descent of her uterus but nothing needs to be done. After 3 months of this incident she suddenly started feeling movements in her vagina and would feel that her uterus is coming down. After few days she started feeling that her bladder and anus are also moving down and the movements of anus were maximum. So she claimed that her passing of flatus had increased than before. As she was a diamond sorter by profession she had to work in air-conditioned room. This would make her feel that the people working with her are getting the smell of her flatus.

She claims that no one had directly told to her about it but she would feel that whenever she went out they would apply air freshener in room. Only once she was told by one of her female colleague that she would get her ayurvedic medicine for her problem of "Gas". This made her doubt more strong. She claimed

that her family member had never complained of it nor they could smell the flatus. They tried to convince her but it was in vain. She started worrying so much that she tried going to places where air-condition is present. She started feeling too much embarrassed that she would feel like not going to her work also. There was no history of repeated washing or any checking behavior. As this was causing her much worry she approached us. Prior to this she had never showed to a psychiatrist or any other doctor. There was no other psychiatric complains like hearing voices inaudible to others, muttering and gesticulating to self, disorganized behavior. There were no sleep or appetite disturbances. There was no history of psychiatric illness in her family. She did not suffer from any other medical or surgical illness.

She was treated on OPD basis and was given 10mg of escitalopram and 2mg of blonanserin at night time. After 15 days she followed up and claimed 30-40% improvement in her symptoms and felt much better. Her feeling of movements of anus had decreased and of vagina and bladder had stopped completely. Her blonanserin was increased to 4mg and escitalopram was kept the same. She is on regular medication and much better with it and now can go to her work more confidently with a 50% improvement in symptoms.

### Discussion

ORS is not a separate diagnosis in DSM-IV TR<sup>[3]</sup> or ICD-10<sup>[4]</sup>. It is classified as a delusional disorder, somatoform disorder, obsessive-compulsive spectrum disorder, or social anxiety disorder in DSM-IV and as persistent delusional disorder in ICD-10. It has similar symptomatology to "taijin kyofusho" which is a culture bound syndrome in Japan<sup>[5]</sup>. Treatment options includes antidepressants alone or antipsychotics alone or a combination of both<sup>[6]</sup>. There have been case reports where amisulpride<sup>[7]</sup>, blonanserin<sup>[8]</sup> and aripiprazole<sup>[9]</sup> have been found useful as augmentation therapy.

### REFERENCE

1. Arasalingam A, Henegame TA, Hanwella R, Gunaratne PS. A case of olfactory reference syndrome. Ceylon Med J. 2011;56(4):168-9. | 2. Feusner JD, Phillips KA, Stein DJ. Olfactory reference syndrome: issues for DSM-V. *Depress Anxiety*. 2010 ;27(6):592-9. | 3. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 4th ed. Washington, DC: American Psychiatric Association; 2000. | 4. World Health Organization. The ICD-10 Classification of Mental and Behavioural Disorders. Geneva: World Health Organization; 1993. | 5. Suzuki K, Takei N, Iwata Y. Do olfactory reference syndrome and jiko-shu-kyofu (a subtype of taijin-kyofu) share a common entity? *Acta Psychiatr Scand*. 2004;109:150-155. | 6. Phillips KA, Menard W. Olfactory reference syndrome: demographic and clinical features of imagined body odor. *Gen Hosp Psychiatry* 2011 ;6:398-406. | 7. Yeh YW, Chen CK, Huang SY, Kuo SC, Chen CY, Chen CL. Successful treatment with amisulpride for the progression of olfactory reference syndrome to schizophrenia. *Prog Neuropsychopharmacol Biol Psychiatry*. 2009 ;33(3):579-80. | 8. Takekita Y, Kato M, Sakai S, Suwa A, Nishida K, Tajika A, Yoshimura M, Kinoshita T. Olfactory reference syndrome treated by blonanserin augmentation. *Psychiatry Clin Neurosci* 2011 ;65(2):203-4. | 9. Muffatti R, Scarone S, Gambini O. An olfactory reference syndrome successfully treated by aripiprazole augmentation of antidepressant therapy. *Cogn Behav Neurol*. 2008 ;21(4):258-60.