



Coronavirus Disease 2019 Associated Obsessive-compulsive Disorder: A Case Report

Ravikant Kumar¹, Jawahar Singh², Abhishek Chakladar^{3*}

¹National Drug Dependence Centre & Department of Psychiatry, All India Institute of Medical Sciences, New Delhi, India

²Department of Psychiatry, All India Institute of Medical Sciences, Bhatinda, Punjab, India.

³Department of Psychiatry, Varun Arjun Medical College and Rohilkhand Hospital, Shahjahanpur, Uttar Pradesh, India.

To the editors,

Distressing obsessions and repetitive compulsions characterize obsessive-compulsive disorder (OCD). Usually, OCD responds well to pharmacotherapy, cognitive behavioral therapy, or a combination of both.¹ Due to the pandemic of the Coronavirus disease 2019 (COVID-19), strict preventive measures, lockdowns, and quarantines during COVID-19 had a wider social impact, which caused significant mental health problems. Many studies have highlighted the worsening of OCD symptoms during the COVID-19 pandemic. We are reporting a case of a young adult who had gone through severe distress during the COVID-19 pandemic and developed syndromal OCD. To the best of our knowledge, this is the first case reporting new-onset OCD as an adverse outcome of COVID-19-associated stress.

A 26-year-old unmarried male, with no past history or family history of psychiatric illness or any childhood traumatic experience had a well-adjusted premorbid personality. His RTPCR test for COVID-19 was negative. Complete blood count, liver function test, kidney function test, and thyroid function tests were within normal limits. The patient provided written consent for this case writing. Due to the pandemic, International borders were closed and global agencies were looking for treatment and other containment measures to control the spread of the virus. The World Health Organisation (WHO) recommended social distancing and hand hygiene as precautionary measures to prevent of the spread of the virus. The patient reported excessive worries about health and illness related to COVID-19 for 2.5 months. Initially, he started to have difficulty getting sleep. He reported that whenever he would think about COVID-19, he started to have palpitations, dry mouth, restlessness, and sweating, which would subside on its own in 10 to 15 minutes. After 15 to 20 days of these symptoms, the patient started to keep track of worldwide cases of COVID-19. He started to be more particular about his hand hygiene and he would avoid touching unnecessary things. Gradually after one month of these symptoms, the patient started having repetitive intrusive thoughts of dirt and contamination and had to wash

ARTICLE INFO

*Correspondence:

Abhishek Chakladar
avcal89@gmail.com

Department of
Psychiatry, Varun Arjun
Medical College and
Rohilkhand Hospital,
Shahjahanpur, Uttar
Pradesh, India.

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his hands multiple times a day. He acknowledges these thoughts as his own, excessive, distressing, and useless. He would try to resist these repetitive thoughts but could not succeed, and at the same time, he started to have anxiety and restlessness. Anxiety and restlessness would be relieved by compulsive washing. He started to spend more time on each wash than the recommended (20 seconds) by WHO, in the whole day he would spend three hours washing and cleaning his hands. The patient gradually started to spend more time washing his hands. He also started to spend one hour every day and spend time in bathing, which was more than his usual self. Based on the Diagnostic and Statistical Manual of Mental Disorder Fifth Edition (DSM-5), he was diagnosed with OCD and his Yale-Brown Obsessive Compulsive Scale (Y-BOCS) was 24, suggesting severe OCD. On Depression and Anxiety Stress Scale (DASS), the patient showed mild depression, moderate anxiety, and severe stress. There was no history of fever/sore throat or associated hoarding behavior before or during all these symptoms. When the patient started to have significant distress and difficulty in his routine work, he consulted a local psychiatrist. There, he was started on Clomipramine 25 mg, and with it he was having excess sedation. Later, he visited the psychiatry outpatient department of our institute in September 2020, when regular outpatient services were started following Government directives. He was started on fluoxetine, which was gradually increased to 80 mg/day over one month and subsequently, Clomipramine was subsequently stopped. After two months of treatment, the patient showed gradual improvement in symptoms and his Y-BOCS score was reduced to 10, after which he resumed his duty. During follow-up periods at one and three months, he was maintaining well. At present, the patient is on Fluoxetine 60 mg as the only psychotropic medication and he is maintaining free of any obsessive-compulsive symptoms.

The COVID-19 pandemic has created a lot of distress and mental health problems in the population. Acute stress can cause obsession in both healthy as well as in persons with pre-existing psychiatric illness.¹⁻³ Similar findings have been reported during Severe Acute Respiratory Syndrome, Middle East

Respiratory Syndrome, and Influenza⁴ outbreaks. Prolonged exposure to stressful conditions can also increase the risk of adverse mental health outcomes like OCD.³ The index case had gone through severe stress, which signifies its role in the causation of OCD. According to the stress diathesis model, stressful conditions can lead to different effects in different individuals.⁵ Through the “stress-diathesis” model, stress can impact corticostriatal and limbic circuitry, leading to the development of OCD.¹ This is the first case that shows COVID-19-associated stress-induced OCD. However, the possibility of unknown pre-existing vulnerability factors cannot be excluded. Also, stress could have been contributed by fear of getting the infection and strict lockdown, which OCD may have further aggravated.

During the pandemic, OPD services were temporarily suspended, so it could have delayed the diagnosis and treatment of mental illnesses. Secondly, poor awareness and stigma associated with illness might have prevented patients from seeking help. So, physicians have to be more vigilant during and after such pandemics. Timely psychiatry consultations will help in the early diagnosis and treatment of illnesses. The health authorities must strengthen the public mental health services to address the adverse impact of the pandemic.

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