



COMPULSIVE EXHIBITIONISM TREATED SUCCESSFULLY WITH COMBINATION OF SSRI , LOW DOSE RISPERIDONE AND EXPOSURE RESPONSE PREVENTION THERAPY – A CASE STUDY.

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Abstract

OBSESSIVE COMPULSIVE DISORDER (OCD) being a heterogeneous disorder is one of the most distressing and a state of chronic anxiety occurring in patients. It is a relatively common illness with a lifetime prevalence of 2-3% and is the fourth most common psychiatric illness. Owing to its waxing and waning course, patients tend to seek treatment after years of suffering. Fully aware of the nature of illness to re- wash , re-pray , re-count , re-check , re do but being compelled by an inner force of her/his own thoughts leads to intense distress. The multifarious of OCD has now been conceptually shifted to the leader in OCDs with fair to good; and poor to absent insight in ICD-11. The diverse nature of clinical presentation of obsessions- Contamination, sexual, blasphemy/religious, pathological doubts about daily activities, harm/aggression, superstitious fears, need to know...and the list is endless associated with their respective compulsive acts.

In this report, we discuss about a 17 year old boy with repetitive thoughts of exhibiting his private parts and compulsive act of exhibiting to opposite gender with good response to SSRIs and augmentation with low dose of anti-psychotics. The reporting of the case was approved by the Institute of Ethics Committee.

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Case Description:

A 17 year old unmarried hindu, tamil speaking male educated upto 12th standard, currently preparing for competitive examination from middle socio economic status and semi urban background was brought by his father and mother in the psychiatry outpatient department with more than 3 years history of repetitive thoughts about exhibiting his private parts to the opposite gender. These thoughts were consuming more than 2-3 hours per day and were unwanted and very unpleasant to him. Patient had tried to control his thoughts and try not to act on them but was unsuccessful. Whenever the patient tried to control his thoughts he use to get palpitations ,nausea, abdominal fullness , sweating and shivering of both hands Before coming to the psychiatry department, patient had acted upon his obsessive thought several times by compulsive exhibiting his private parts to females. It started in the mid of 2019 when the patient first had these thought, no particular stressor was preceded before it, but the thoughts were not intrusive and repetitive. In 2020, with the onset of COVID-19 pandemic patient was at home as the classes were online, his thoughts frequency increased and he was unable to concentrate to studies. During the lockdown phase of covid-19, patient was unable to control his thoughts, became intrusive and acted on them several times. Patient developed excessive fear and guilty following his acts. Gradually within a span of one year patient developed low mood which is pervasive and persistent in nature, suicidal thoughts , decrease interaction with family members and friends, loss of pleasure , guilt, poor scholastic performance , fearfulness , reduced appetite, easy fatigability , sleep disturbance. Patient stopped going out in public in fear of acting on his obsessions. Increased social isolation and poor scholastic performance contributed to both his symptoms of depression and his continued belief that intrusive thoughts were highly problematic.

Initial Assessment:

Comprehensive clinical interviews were carried out with the patient and his parents. General physical examination with detailed Central Nervous System examination were done and were found to be within normal limits.

Psychometric assessments were done-

1. Yale-Brown Obsessive-compulsive Scale (Y-BOCS) – obsessions total – 13

Compulsion total- 14

TOTAL – 27

2. Yale-Brown Obsessive-compulsive Scale (Y-BOCS) Symptom Checklist- Positive for violent/horrific images, act on

unwanted impulses, excessive concern about right and wrong, somatic obsessions.

3. Hamilton Depression scale (HAM-D)- 28
4. Hamilton Anxiety scale (HAM-A)- 35
5. IQ assessment – Raven's standard progressive matrices – 50th percentile, Grade 3 with Average Intelligence.
6. Personality Assessment- Paranoid, Anxious Avoidant traits.

INTERVENTION:

A diagnosis of -

6B20- Obsessive-compulsive disorder with fair to good insight

6A70.1- Single episode depressive disorder without psychotic symptoms

was made based on ICD-11. Patient and parents were psycho-educated about OCD, its likely course , prognosis , available treatment options and side effects. Treatment on his index visit was started with Capsule Fluoxetine 20mg, Tablet clonazepam 0.5mg. The dose of fluoxetine was titrated gradually to 40mg over a period of 4 weeks and Tablet clonazepam was tapered and stopped in a span of 2 weeks. Patient presented with mild reduction but persistence of obsessions and compulsions. He was started on Tablet Risperidone 0.5 mg which was built up to 1 mg for augmentation over 2 weeks Once the symptom severity had come down with reduction in YBOCS scale of about 25% with reduction of HAM-D and HAM-A score , patient was started on Exposure and response prevention a weekly basis . A total of 10 sessions were given to him. YBOC-S, HAM-D and HAM-A were done on every visit. After 12 weeks patient was reassessed on scales and score of 14 on YBOCS and HAM-D -13.

By the end of the treatment, patient was offered the opportunity to call the psychiatrist and psychologist if he experiences any problem during the termination phase of his treatment.

1. Discussion

OCDs are associated with significant burden on quality of life, interpersonal relationships, and work and academic activities. Effective management of OCD requires a methodical approach by both clinicians and sufferers .The limited research into this topic has shown that approximately 10.5% of treatment-seeking OCD patients report sexual obsessions as their primary symptom. In this case the addition of Tablet risperidone for augmentation helped the patient to achieve remission along with psychoeducation. His decrease in the depressive symptoms could have due to decrease in the OCD symptoms, a result of pharmacology intervention along with

early behavioural activation execution. The other differential of paraphilic disorder was kept in mind, but the egodystonic, intrusive nature of the thoughts which were highly unwanted and associated with extreme anxiety helped us to differentiate it from OCD. Other psychiatric comorbidities were ruled out.

The success of EX/RP therapy in this case suggests that sexual obsessions in OCD are not different from other types of OCD except in the specific content. The primary reason for bringing special attention to this particular form of obsessions is the common misdiagnosis or lack of diagnosis in those patients with sexual obsessions. Individuals presenting for treatment with OCD should be asked about sexual content in the same way they are asked about other types of obsessions. Exposures can be designed to target the sexual obsessions just as effectively as with any other form of OCD, so clinicians should aggressively treat this symptom presentation without hesitation.

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