

Severe childhood obsessive-compulsive disorder precipitated in COVID pandemic

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Introduction

Throughout the world, an essential step of prevention from COVID-19 infection has been isolation, sanitization, and social distancing strategies⁽¹⁾. Keeping this in mind, since January 2020, various countries have started implementing regional and national containment measures or lockdowns. One of the principal measures taken during lockdown has also been closing schools, educational institutes, and activity areas. These prolonged restrictive circumstances have led to stress, anxiety, and a feeling of helplessness⁽²⁾.

Hand washing is one of the safest precautions against COVID-19 infection. Every media source stresses the importance of hygienic measures and the prevention of contamination by hand washing. While it seems the easiest to follow, patients with pre-existing Obsessive-Compulsive Disorder (OCD) have experienced worsening with the emergence of new cases. COVID-19 pandemic brought panic, health anxiety, mass hysteria, and loneliness because of isolation. The prominence of obsessive-compulsive symptoms has largely been neglected, leading to distress among those affected⁽³⁾.

The following is a case report of one such patient with having acute onset and rapid progression of symptoms during the lockdown.

Case history

A 13-year-old, Marathi speaking, Hindu boy, resident of Pune, currently studying in the eighth standard, came along with his parents to OPD in December 2021. He presented with the chief complaints of – easy irritability, repetitive intrusive thoughts that his surroundings and body are getting contaminated, fear that the contaminants might spread and make him ill, repetitive hand washing and counting, along with decreased appetite.

The total duration of illness was -one and a half years; its onset was rapid with a continuously deteriorating course.

On further history- the patient was in good health one and half years ago when nationwide lockdown was declared due to COVID19 Pandemic. The boy would observe that his parents would often sanitize their hands, change their clothes and take a bath whenever they would venture outside the family

home. The parents would take precautions as per national guidelines and wash everything they encountered. Also, the boy would closely observe and listen to news regarding COVID-19, about the steps for hand washing and began to follow them. However, even after the lockdown was eased from June 2020, the boy's mother noticed that he would repeatedly wash his hands and mouth 10-15 times after food. When his mother would try to stop him, he would become extremely irritable. When his mother would give him a beating as a form of punishment, he would hit her back with the same intensity but continued to complete his hand washing task. Soon his hand washing increased to specific counts, and he had made a ritualized routine out of it, spending a minimum of 2-3 hours at least thrice a day, which consisted of hand washing, mouth washing, and gargling for sixty times. Only after finishing these steps he would brush his teeth. He would also force his mother to clean the washbasin before closing the tap whenever anyone used it.

He would avoid touching anything after he was "clean" and would sit in an area he had created for himself in the living room, which had a little boundary with pillows where no one was allowed to enter into this zone. When his parents asked him about these odd behaviors, he would say that there were certain thoughts regarding the contamination of his belongings. The time he would require to complete his compulsions by cleaning them was troubling him throughout the day for a maximum of 12 hours with compulsion-free periods of 2 hours. He believed that anything which was not washed or cleaned as per his "rules" was contaminated and that these contaminants would spread, eventually making specifically himself ill. He could not resist the thoughts or the urges even if he tried his best to ignore them.

If his routine of ritualized hand washing, mouth washing, and gargling were ever interrupted, it would make him extremely restless and irritable. He would feel relieved after completing his routine, which would take more than one to two hours. He would make sure that his mother had washed her in front of him before serving him food, and only when assured of this would he accept his food. He would use a clean wooden stick to switch on appliances for fear of getting contaminated.

This went on for the next four months, August to November,

until he realized that it consumed a large amount of time (around 10 hours), and his entire day would go waste. So, he decided to eat only once a day to avoid contact with any food contaminants and need not have to pass stools more than once a day after getting cleaned. His appetite decreased, and he lost 5 kg in 1 month. His academic performance also deteriorated significantly as he could not concentrate on his studies which often resulted in him not completing the assignments and tests given in the school.

In April 2021, he witnessed the death of his grandmother due to COVID 19, which led to an increase in the intensity of his symptoms. He was often criticized by family members and relatives for wasting water, which made him feel helpless and embarrassed. However, there were no signs of depressive features or ideas of self harm. Since it was getting difficult for his parents to manage him at home, they decided of in-patient care, and the patient willingly got admitted under IPD care for further management.

He was treated with pharmacotherapy and psychotherapy, and psychosocial workup for the ICD diagnosis of Obsessive Compulsive Disorder, Mixed Obsessional thoughts, and acts F 42.2. Routine investigations including Electrocardiogram, Complete Blood Count, Liver Function Test, Renal Function Test, Blood sugar levels, Urine routine, and Electroencephalogram were done and were within normal limits.

Treatment course in hospital

During his stay in the ward, he would initially find it difficult to comply with the surrounding, often becoming irritable because of repetitive thoughts regarding contamination of hospital surroundings. However, later he would readily engage in cognitive behavioral therapy sessions and maintained a thought record diary.

Pharmacotherapy included Tablet Fluvoxamine 100mg BD (twice a day) and Tablet Risperidone 1mg HS (at night) to manage behavioral disturbances as an adjunct.

Psychotherapy included psychoeducation about the illness, followed by exposure and response prevention therapy, maintaining a thought record diary, deep breathing, and relaxation exercises.

The patient showed 75-80% improvement in two weeks of treatment. The scores on the Children Yale-Brown Obsessive Compulsive scale (CY-BOCS)⁽⁴⁾ changed as follows in Table 1 :

Table 1: Children Yale-Brown Obsessive Compulsive scale (CY-BOCS) Scores

Day	Obsession score	Compulsion score
Day 1	18	17
Day 14	12	10

He had predisposing factors like both parents having similar Obsessive Compulsive traits, mother being over-organized and distressed if the house was not clean, and father having the need for perfectionism with an overwhelming need to be punctual.

Discussion

The importance of 'proper' hand washing steps as per WHO recommendations can add to any underlying ritualistic pattern. The need to keep hands clean every time a person comes from outside, or there is a suspected exposure, may lead to cognitive 'justification' of the same rather than considering it a problem. This boy had vulnerabilities for OCD in the form of obsessive-compulsive traits in parents leading to strict parenting. However, he did not have any symptoms until the lockdown started. The isolation and emotional deprivation caused during the lockdown and spending more time with parents and their critical comments towards his behavior during this period may be factors increasing his anxiety. Due to lockdown, he had less social interaction, which made him lonely and distressed. Hence, he would always be eager to interact with doctors and ward staff during his stay in the hospital. Early recognition of the symptoms as a psychiatric disorder was delayed due to a lack of knowledge about the disorder leading to hindrance in help-seeking. The constant information from various media sources about the possibility of the virus staying active on various surfaces adds to the thoughts of contamination. Increased ruminations and repeated washing (or even bathing) can be 'normalized' as an exaggerated precautionary measure during a pandemic⁽³⁾.

Moreover, in children and adolescents presence of poor insight and obsessions with aggressive content predict a worsening outcome⁽⁵⁾. In a recent study by Benatti B et al., more than 35% of OCD patients faced difficulties in their jobs due to clinical worsening during the pandemic⁽⁶⁾. Future studies should also address the educational impact of OCD in children because of the pandemic.

Conclusion

The COVID-19 pandemic will be eventually controlled, but it may leave its aftermath, especially in children developing various mental health problems which needs to be monitored. In many ways, the lockdown has played a role in being a precipitating and a perpetuating factor in already predisposed individuals. Although academic stress is reduced, there has also been more of alienation, emotional, and social deprivation in children. Therefore, diagnosing and treating childhood-onset psychiatric disorders like OCD is important. A thorough psychological assessment along with a combination of pharmacotherapy and psychotherapy should be an important step in their clinical management.

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References

1. Shen K, Yang Y, Wang T, Zhao D, Jiang Y, Jin R et al. Diagnosis, Treatment, And Prevention Of 2019 Novel Coronavirus Infection In Children: Experts' Consensus Statement. *World Journal of Paediatrics: WJP*; 2020. Global Pediatric Pulmonology Alliance; pp. 1–9. PubMed.
2. Singh S, Roy D, Sinha K, Parveen S, Sharma G, Joshi G. Impact of COVID-19 and lockdown on mental health of children and adolescents: A narrative review with recommendations. *Psychiatry Res.* 2020;293:113429. doi:10.1016/j.psychres.2020.113429
3. Banerjee DD. The other side of COVID-19: Impact on obsessive compulsive disorder (OCD) and hoarding. *Psychiatry Res.* 2020 Jun;288:112966. doi: 10.1016/j.psychres.2020.112966. Epub 2020 Apr 11. PMID: 32334276; PMCID: PMC7151248.
4. Scahill L, Riddle MA, McSwiggin-Hardin M, Ort SI, King RA, Goodman WK et al. Children's Yale-Brown Obsessive Compulsive Scale: reliability and validity. *J Am Acad Child Adolesc Psychiatry*, 1997; 36(6):844-852.
5. Nissen JB, Højgaard DRMA, Thomsen PH. The immediate effect of COVID19 pandemic on children and adolescents with obsessive compulsive disorder. *BMC Psychiatry.* 2020;20:511. doi: 10.1186/s12888-020-02905-5.
6. Benatti B, Albert U, Maina G, Fiorillo A, Celebre L, Girone N. What happened to patients with obsessive compulsive disorder during the COVID-19 pandemic? A multicentre report from tertiary clinics in northern Italy. *Frontiers in Psychiatry.* 2020;11(July):1–5. doi: 10.3389/fpsy.2020.00720.