



OBSESSIVE – COMPULSIVE DISORDER A CASE STUDY

Dr. V. Hemavathy¹ and Bency Abraham*²

¹Principal Sree Balaji College of Nursing.

²Lecturer Sree Balaji College of Nursing.

*Corresponding Author: Bency Abraham

Principal Sree Balaji College of Nursing.

Article Received on 15/08/2018

Article Revised on 05/09/2018

Article Accepted on 26/09/2018

ABSTRACT

Obsessive-Compulsive Disorder (OCD) is a common, chronic and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (*obsessions*) and behaviors (*compulsions*) that he or she feels the urge to repeat over and over. Symptoms may come and go, ease over time, or worsen. People with OCD may try to help themselves by avoiding situations that trigger their obsessions, or they may use alcohol or drugs to calm themselves. **Objective:** To define Obsessive-Compulsive Disorder (OCD), incidence, aetiology, symptoms, diagnostic evaluation, treatment, medical management. **Method:** Describing the symptomatology, aetiology of Obsessive-Compulsive Disorder (OCD). **Result:** Fifty five-year-old female, presented with the history of losing her only husband on July 2017. She detached herself from others, closing her mouth, unresponsiveness to the surrounding if asked why she said that she can't control saying bad words and finally diagnosed as Obsessive-Compulsive Disorder (OCD) and was treated for it. **Conclusion:** It is a neurotic disorder, include family members in providing an effective care to the patient and to develop support and explore the emotional experience of client.

KEYWORDS: Obsessive-Compulsive Disorder (OCD), uncontrollable, reoccurring thoughts (*obsessions*) and behaviors (*compulsions*) neurotic disorder, emotional experience.

INTRODUCTION

Obsessive-compulsive disorder is characterised by unreasonable thoughts and fears (obsessions) that lead to compulsive behaviours. OCD often centres on themes such as a fear of germs or the need to arrange objects in a specific manner. Symptoms usually begin gradually and vary throughout life.

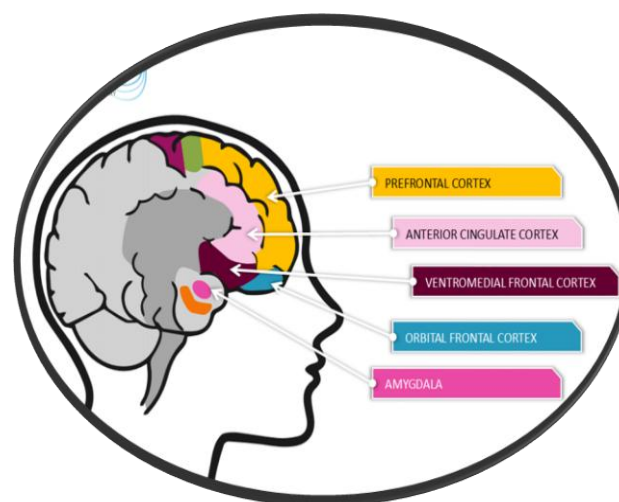
CASE STUDY

Fifty five-year-old female, presented with the history of losing her only husband on July 2017. She detached herself from others, closing her mouth, unresponsiveness to the surrounding if asked why she said that she can't control saying bad words. There was no family history of psychiatric illness. She was diagnosed to have Obsessive-Compulsive Disorder (OCD) by mental status examination and was treated for it.

Incidence

The lifetime prevalence of OCD in general population is 2-3%, that means 2-3 persons in every hundred persons have OCD in their lifetime.

Regions of the Brain Associated With Obsessive Compulsive Disorder



Etiology

Stressor neurobiological, genetic, learned behaviours, pregnancy, environmental factors or specific events that trigger the disorder in a specific individual at a particular point in time.

Pre-Disposing Factors

Family history, Having parents or other family members with the disorder can increase your risk of developing OCD, Stressful life events, mental health disorders.

Symptoms of Obsessive-Compulsive Disorder

Since this disorder deals with both obsessions and compulsions, there are many symptoms connected to OCD and they vary from person to person. Not all people with OCD have every one of the symptoms. While some people do have the majority of them, others may only have a few. "OCD obsessions are repeated, persistent and unwanted ideas, thoughts, images or impulses that you have involuntarily and that seem to make no sense. These obsessions typically intrude when you're trying to think of or do other things." (Mayo Clinic, 2011). As far as the obsession part goes, most obsessions have a theme to them. Some of these themes are:

- Fear of germs or being contaminated
- The need to have items in a certain place or order
- Aggressive impulses
- Out of the ordinary sexual thoughts

Signs of obsessive symptoms may include the following

- ✓ Fear of touching things that others have touched due to germ phobia
- ✓ Doubting whether you did a routine task such as locking the door or turning off a light
- ✓ Images of harming others such as your children
- ✓ Skin problems from picking at scabs or dead skin

The compulsion part of this disorder has its own set of symptoms that combine with the obsessive symptoms to make OCD. "OCD compulsions are repetitive behaviors that you feel driven to perform. These repetitive behaviors are meant to prevent or reduce anxiety related to your obsessions." (Mayo Clinic, 2011).

The compulsion symptoms also usually have themes

- Counting things
- Repeatedly checking things
- Washing hands
- Needing constant reassurances
- Needing to be organized and orderly at all times
- Signs of compulsive symptoms may be:
- Checking doors repeatedly to ensure they are locked
- Checking stove repeatedly to ensure it is turned off
- Leaving the house and turning around to make sure you did not forget to unplug something
- Washing hands to the point of skin rawness
- Arranging various objects, such as food items or pictures frames to make sure that they all point the same way.

Diagnostic Evaluation

- ❖ History collection
- ❖ Mental status exam
- ❖ Neurological exam
- ❖ Process recording

Treatment

- ♣ Individual supportive therapy
- ♣ Group therapy
- ♣ Family therapy
- ♣ Milieu therapy

Medical Management

- ✚ Antidepressants
- ✚ Clomipramine (Anafranil) for adults and children 10 years and older. Fluoxetine (Prozac) for adults and children
- ✚ Anti hypertensives
- ✚ SSRI

Nursing Interventions

- ❖ Establish therapeutic, non judgmental relationship
- ❖ Encourage patient to verbalise feelings of distress
- ❖ Help patient recognise that memory loss is a defense mechanism
- ❖ Help patient deal with anxiety - producing experiences
- ❖ Teach and assist patient in using reality based coping strategies
- ❖ Teach family members techniques for dealing with patients memory loss
- ❖ Use supportive approach to develop trust to reduce fear and emotional pains

CONCLUSION

Obsessive-Compulsive Disorder is a complex and sometimes frightening anxiety disorder. The symptoms can vary widely with some people having just a few symptoms and others having all the symptoms. The causes can vary as well and even then medical professionals cannot say with certainty what causes a person to suffer from OCD. It is important for people who think they may suffer from OCD to see a medical professional in order to get a correct diagnosis. This is not disorder one has to deal with on their own; there are treatment options available.

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