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TREATMENT EMERGENT MANIA IN OBSESSIVE COMPULSIVE DISORDER PATIENT

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ABSTRACT

Obsessive compulsive disorder is characterized by obsessive thoughts which may be related to dirt and contamination or ruminations about illness, religious thoughts or need for orderliness etc. It falls under the ambit of anxiety disorder as per ICD -10. SSRI's (Selective serotonin reuptake inhibitors) are drugs which are one of the mainstay in the treatment of these cases. Emerging manic symptoms in patients suffering from OCD is very rare and hence this case is being reported. The treatment does take altogether a different direction in the management of such cases as the need for antidepressants is put into question.

KEYWORDS: OCD, SSRI's Mania, Mood stabilizers, antipsychotics, treatment emergent mania.

INTRODUCTION

Among the anxiety disorders, Obsessive Compulsive disorder is one of the commonest and most disabling illness to be seen which runs at times a protracted course.It is indeed a mental disorder where people feel the need to check things repeatedly, perform certain routines repeatedly, or have certain thoughts repeatedly. People are unable to control either the thoughts or the activities. Common activities include hand washing, counting of things, and checking to see if a door is locked. Some may have difficulty throwing things out. These activities occur to such a degree that the person's daily life is negatively affected.[1] Often they take up more than an hour a day.[2] Most adults realize that the behaviors do not make sense.[1] The condition is associated with tics, anxiety disorder, and an increased risk of suicide.[2, 3]

Treatment for OCD involves the use of cognitive behavioral therapy which will usually also involve exposure response prevention. SSRI's (selective serotonin reuptake inhibitors).[5, 6] Tricyclics like clomipramine appears to work as well as SSRIs but has greater side effects.[5] Atypical antipsychotics may be useful when used in addition to an SSRI in treatment-resistant cases but are also associated with an increased risk of side effects.[7,6] Without treatment, the condition often may continue for. Obsessive–compulsive disorder affects about 2.3% of people at some point in their life.[8] Rates during a given year are about 1.2% and it occurs worldwide.

Obsessive thought may have content of dirt and contamination, sexual themes, religious beliefs, symmetry etc. It may be followed by compulsive hand washing ritual or keeping things in symmetry or having a need for orderliness etc. Patient has intense anxiety if he resists these thoughts and finds relief and gratification on resuming and completing the tasks. Patient knows that his thoughts are irrational and accepts them to be of his own making.

Treatment emergent manic symptomatology in the course of treating OCD patients is very limited in the literature and few cases are only reported.

CASE REPORT

This 34 year old lady was on treatment for harboring obsessive thoughts that her hands had become dirty on touching things and felt the urge to wash them repeatedly,. She also had the intense need to check and recheck whether the door was bolted or not or the gas was switched off for which she would get up from her sleep repeatedly to check. Her spouse seeing her deteriorating condition consulted a psychiatrist after the lady had been symptomatic for 3 years with these problems. She was diagnosed and managed as a case of OCD and prescribed Tab Clomipramine initially in the dose of 50 mg/day which was slowly graduated up to 175 mg/day after 2 months of therapy, following which she started showing reduction in her symptoms. After maintain some symptom reduction the medicines were maintained later at a dose of 125 mg/day for next 6 years.

Spouse noticed an improvement in her condition and on his own reduced the dose to 75mg/day as the lady had gained weight (8 kg increase) and would constantly complain about it. Symptoms rearose again and when brought to the psychiatrist, she was reassessed and the dose schedule was again maintained on 175 mg/day of Clomipramine.

In the next 3 weeks the spouse noted his wife to be talkative, energetic more than usual, would talk about gifting all her things to the needy. She wanted to invest money in building a church next to her house for which she planned to take a bank loan despite being denied by husband as being beyond their means and not being practical. However the condition worsened as she would not sleep at night, would continuously wash her hands believing that by doing so, she would develop magical powers in her hands to cure all the diseases in the world. The libidinal urge was markedly raised and she would feel fresh even after few hours sleep. As she became violent with the kids aged 8 and 10 years, the spouse brought he back to the psychiatrist for assessment.

She was evaluated and diagnosed, after completing thorough hematological, biochemical investigations including neuroimaging, all which was normal, with having Mania with Psychotic features. The Tab Clomipramine was gradually stopped and she was managed with Tab Divalproex 1 gm /day and Tabb Olanzapine 15 mg/day with which she had symptom remission, however her obsessive thoughts remained but to a far lesser degree in severity.

DISCUSSION

Treatment emergent manic symptoms in psychiatric cases have been seen with use of tricyclic anti depressants more than SSRI's, however with use of after being more predominant, we do get cases of mania even on SSRI monotherapy.[9, 10]

However in a case of Obsessive Compulsive Disorder (OCD), use of Tab Clomipramine to higher dose is very frequent, but the development of emergent Manic symptoms are not very commonly reported. Studies have revealed that patients with OCD who later develop depressive symptoms switch to hypomania or mania when on TCA's.[9] This case highlights the probable emergence of bipolar mood disorder in case of OCD and the need for regular reassessment by the psychiatrist to diagnose and titrate the medications accordingly.

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