

## SUCCESSFUL TREATMENT OF OBSESSIVE-COMPULSIVE DISORDER WITH ZIMELIDINE, A SEROTONIN RE-UPTAKE INHIBITOR

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### SUMMARY

A 37 year old lady with severe obsessive-compulsive features which figured on Leyton's inventory was successfully treated with Zimelidine, a serotonin re-uptake inhibitor. Her response was rapid and associated with improvement in her mood. Two months later, she had still not relapsed and was maintaining her improvement.

Obsessive-compulsive neurosis is a relatively rare condition (less than 1% of the general population). However it is acutely distressing to the subject and according to one study (Rosenber, 1968) associated with depression in 30% of cases.

Lately there have been a few reports which suggest that this disorder, which had by and large defied pharmacological treatment so far, could be amenable to certain drugs. The first report came from Caps-tick (1971) who claimed success by using Clomipramine. This finding largely went unnoticed until Asberg *et al.* (1980 a, b) conducted a large, controlled trial and reported success.

This led to a chain of pharmacological trials but the only other drug which was found to have a limited effect on the condition was Tranylcypromine, a monoamine oxidase inhibitor, Jenike (1981) and Snyder (1980) used Amitriptyline but the results were not favourable.

Asberg *et al.* (1980b) and Insel and Murphy (1981) have gone so far as to postulate a relative deficit of Serotonin in brain as being central to the causation of obsessive compulsive disorder. If this was true any drug facilitating a rise in neural serotonin levels in the brain would prove beneficial in this condition. Clomipramine happens to be primarily a Serotonin re-uptake inhibitor but one of its metabolite has an effect on nor-adrenergic systems as well. Zimelidine, a relatively

new antidepressant with a more selective action of serotonergic system, was tried to see if it had similar effect.

### REPORT

Mrs W, a 37 year old part-time cleaner first came to psychiatric attention following a referral by her General Practitioner.

She used to be a happy housewife looking after her husband and two children aged 10 and 8 years till about 2 years ago when she began to feel that her husband did not care for her as she was unclean. The feeling, according to herself, was sparked off by a remark by one of her friends at a party that she had a coffee mark on her dress. She heard her husband make a flippant remark about cleaners remaining unclean and since then went to extraordinary lengths to wash all her belongings and taking numerous showers everyday in order to keep clean.

She recognised her thoughts as being irrational but expressed her inability to control them despite efforts. Six months ago, she gave up her job because of her symptoms and since then started feeling miserable remaining inside her house all day and severed all her social contacts. She would become quite irritable with her children and her husband for most trivial matters and weep disconsolately during nights. A month prior to her referral, she started expressing ideas of hope-

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lessness and told her husband that she would be better off dead. This worried him considerably and he consulted his General Practitioner which led to the referral.

Mrs. W. was very resistant to the idea of seeing a Psychiatrist and remained hostile throughout the first interview. She refused point blank to see a Clinical Psychologist and to participate in a double blind trial which was being conducted at the centre. With great reluctance, she agreed to take Zimelidine tablets but only after I had explained the side effects and the possibility of her getting it.

At that time her psychometric ratings were as follows:—

A. For Obsessions (Leyton's Inventory)

(1) <i>Symptoms Score</i>	Thoughts	3
	Checking	4
	Household cleanliness	5
	Dirt and Contamination	4
	Dangerous Objects	1
	Personal Cleanliness	5
	Order and routine	1
	Repetition	2
	Overconscientious	4
	Indecision	3

Total Symptom Score = 32

Total Resistance Score = 54

Total Interference Score = 70

(2) <i>Trait Score</i>	Hoarding	0
	Cleanliness	1
	Meanness	0
	Irritability	2
	Rigidity	3
	Health	0
	Regularity	0
	Punctuality	0

Total Trait Score = 7

Total Resistance Score = 10

Total Interference Score = 10

B. For Depression (Montgomery-Asberg Scale)

(1) Apparent Sadness:	Point 2
(2) Reported Sadness:	Point 4
(3) Inner Tension:	Point 4
(4) Reduced sleep :	Point 0
(5) Reduced Appetite:	Point 1
(6) Concentration Difficulties:	Point 5
(7) Lassitude:	Point 1
(8) Inability to feel:	Point 0
(9) Pessimistic Thoughts :	Point 4
(10) Suicidal Thoughts:	Point 1

She was commenced on Zimelidine, 200 mg daily in two divided doses and her husband assured me that he would supervise the medication. I promised to see her at monthly intervals.

At the first follow-up, she was more cheerful and less hostile claiming that although she was still troubled by her symptoms, she felt much better within herself. A month later she reported to be more or less back to her normal self and requested me to put her off the drug. I however asked her to take it for another month which she did and turned up looking very cheerful and said that she had already applied for a few jobs, was feeling very much better within herself and her family were much happier. Her psychometric rating at the time were as follows:—

A. For Obsessions

(1) <i>Symptom Score</i>	Thoughts	1
	Checking	1
	Household Cleanliness	1
	Dangerous Objects	1
	Personal Cleanliness	2
	Order and Routine	1
	Repetition	1
	Overconscientiousness	2
	Indecision	1

Total Symptom Score = 11

Total Resistance Score = 18

Total Interference Score = 18

(2) <i>Trait Score</i>	Hoarding	0
	Cleanliness	1
	Meanness	0
	Irritability	2
	Rigidity	3
	Health	0
	Regularity	0
	Punctuality	1
	—	—

Total Trait Score = 7  
 Total Resistance Score = 10  
 Total Interference Score = 10

#### B For Depression

(1) Apparent Sadness	Point 0
(2) Reported Sadness	Point 0
(3) Inner tension	Point 1
(4) Reduced Sleep	Point 0
(5) Concentration Difficulties	Point 1
(6) Reduced appetite	Point 0
(7) Lassitude	Point 1
(8) Inability to feel	Point 0
(9) Pessimistic thoughts	Point 0
(10) Suicidal thoughts	Point 0

So far, the improvement has been sustained two months after discontinuation of the drug.

#### DISCUSSION

The results pose two very important questions :—

1. Whether the recovery was spontaneous and the drug had a placebo effect.
2. Whether the obsessive compulsive features were secondary to depressive illness and disappeared after the depression was treated by an antidepressant, Zimelidine.

Regarding the first point, one can only say that the lady had remained incapacitated by her disease for two years with little faith in psychiatric treatment and her improvement was noted only after she was subjected to the drug. However,

it has to be acknowledged that a single uncontrolled trial does not permit any firm conclusion to be drawn.

Regarding the second point, it is quite apparent that her depressive features became obvious only after her obsessive-compulsive illness emerged and disappeared after the former was treated thereby the odds being in favour of obsessive-compulsive neurosis being the primary illness. Again however a single uncontrolled trial would not permit me to draw any firm conclusions. The purpose of the study is to provoke further studies on this drug, potentially safer than Clomipramine, in this incapacitating disorder. To my knowledge this is the first study on this drug in this condition and if it is found useful, it could add significantly to the psychiatrist's pharmacological armamentarium.

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