Case Report

Musical Obsessions: A Case Report and Review of Literature

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ABSTRACT

The phenomenon of musical obsessions is scantly researched and poorly established. Here we present a case with musical obsessions in addition to body dysmorphophia and severe depression and review the available literature for musical obsessions.

Key words: *Auditory imagery, musical obsessions, obsessive compulsive disorder*

INTRODUCTION

Musical obsessions are miscellaneous obsessions, explained by patients as repeated, intrusion of musical sounds/tunes or songs in the mind which are anxiety provoking, difficult to suppress or get rid.[1,2] However, this phenomenon has been very infrequently described in the literature.[1-9] Here, we report the case of a young male who presented with severe distressing musical obsessions and review the existing literature about musical obsessions.

CASE REPORT

Mr. X, 20-year-old male patient, with pre-morbid anxious personality traits presented with an insidious onset illness of 1 year duration characterized by hearing music in his head. On exploration patients explained that, whenever he would attempt to concentrate in studies or try to do any activity requiring focused attention and concentration, he would have repeated intrusion of the melodies of recently heard songs. The songs/melodies would be of a particular singer with some sensual content in their lyrics or videos. The songs/lyrics/melodies ran in his mind against his wish, attempts to resist would evoke anxiety. This would occur repeatedly in the day for about 5-10 min at each occasion or shorter if he succeeded to distract; would end-up wasting about 1-2 h daily battling with this symptom. Over the period these symptoms kept on increasing and would occur anytime of the day and led to marked dysfunction and influenced his performance in the examinations. After 2-3 months of onset of these symptoms, he started remaining sad; his interaction with the family members reduced and preferred to sit alone in his room. His sleep was also disturbed with difficulty in initiation of sleep; appetite reduced and developed ideas of worthlessness. Over the period of next 2-3 months, with the onset of depressive symptoms, the intensity, frequency and duration of the hearing music increased. He once tried to end his life by strangulating himself but could not complete the act. He was seen by a psychiatrist after 1 year of onset of symptoms, was prescribed tablet desvenlafaxine 50 mg OD with which patient perceived 20-25% improvement in symptoms over the period of 8 weeks. Due to lack of further improvement, patient came to our hospital.

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On the basis of available information a diagnosis of obsessive compulsive disorder and severe depression without psychotic symptoms was considered. He was managed with tablet escitalopram 10-15 mg/day. Additionally behavior therapy in the form thought stopping was done. Over the period of 6 weeks, patient achieved remission of his depressive symptoms. His musical obsessions also reduced significantly. However, 4 months later, due to pressure of examination his symptoms of musical obsessions worsened and resultantly dose of tablet escitalopram was increased to 30 mg/day and thought stopping was supervised. With the above over the period of 12 weeks he achieved remission.

DISCUSSION

At times it becomes very difficult to interpret the phenomenon of hearing music from the patients descriptions and thus to label them as obsession, hallucination or illusions. In hallucinations, patients usually report hearing the voices or sounds in the ear and often attribute it some external agency. Palinacousis, described as persistent/recurring paroxysmal auditory illusions is understood as a phenomenon in which environmentally produced auditory perceptions persist or recur in form of exact replicas or fragmented sounds after the initial stimulus has ended.[10,11]

A review of literature suggests that there are eight case reports/case series describing 12 cases with musical obsessions, details of which are shown in Table 1. The review of case reports of musical obsessions suggest it to be more frequently described in males who has some inclination toward music or young students undergoing through the stress of examinations. It was the only obsessive phenomenon present in 7 of 12 described cases in the literature.[1,2,4,7,9] Co-morbidity

Table 1: Review of case reports of musical obsessions

Author	Patient profile	Phenomenology	Associated features	Management/response
Matsui *et al*.[1]	Case 1: 20-year-old male	Recurrent, intrusions of musical tunes/songs/jingles/well known melodies prior to university examinations, especially while studying	Dysthymia, YBOCS score 14, EEG and CT scan of brain were normal	Clomipramine up to 150 mg/day; YBOCS score reduced to 6 at 12 weeks of treatment
	Case 2: 28-year-old male	Pre-morbidly tender and obedient; recurrent, persistent intrusion of commercial songs/old popular songs	MDD, YBOCS score=12	Clomipramine up to 150 mg/day; YBOCS score reduced to 5 at 12 weeks of treatment
Zungu-Dirwayi *et al*.[2]	Case 1: 59-year-old female	Obsessions of musical tunes	Comorbid MDD; SPECT findings after stimulation-decreased flow in left anteromedial and medial temporal, right anteromedial lobes with smaller perfusion defect in left and right anterior frontal lobes, parieto-occipital cortex. Cerebellar flow was asymmetric bilaterally	Didn't respond to adequate trials of SRIs (fluoxetine, paroxetine, citalopram), clomipramine and even augmentation with risperidone and gabapentin
	Case 2: 29-year-old female	Presented with obsession of musical tunes 6 months post-head injury and its consequences, couldn't distract from these	SPECT findings at rest-decreased blood flow in left temporal lobe, right anteromedial temporal lobe, both frontal lobes (left > right) particularly in posterolateral frontal cortices bilaterally	Patient declined intervention
Andrade and Rao[3]	30-year-old musician	Repeated intrusion of melodies/ musical passages/own compositions	Obsessive versus checking and correcting, maintenance of symmetry compulsions, obsessive compulsive personality traits	Patient refused treatment/lost to follow-up
Pfizer and Andrade[4]	25-year-old housewife	Sore throat followed by acute onset of symptom of repeated intrusion of a single Tamil song, occurring for 8 h/day, associated with distress and dysfunction	Comorbid depersonalization	Clomipramine 50 mg/day, alprazolam 0.5 mg/day; no improvement, discontinued treatment due to adverse effects, lost to follow-up
Mendhekar and Andrade[5]	22-year-old college student	Symptoms of cell phone ringtone intruding into mind, would keep phone on silent mode, expected others to do the same, would wear ear plugs, thought of other tunes, avoidance was present	Obsessive checking, YBOCS score 27	Fluvoxamine 200 mg/day and clomipramine 75 mg/day; 90% improvement

(*continued*)

Table 1: (Continue)

Author	Patient profile	Phenomenology	Associated features	Management/response
Praharaj *et al*.[6]	21-year-old male	Obsession of hearing songs/tunes/ parts of popular songs in his mind which lasted for up to 45 min/ day, engaged in distracting self by conversing with others/replacing with new songs/tunes	Obsessions of dirt/contamination, repeated washing, checking, distressing images; depressive symptoms for last 2 years; EEG findings-high spectral power in low frequencies over bifrontal regions especially over fronto-basal regions	Fluvoxamine 300 mg/day; augmentation with risperidone 2 mg/day; musical obsessions persisted
Gomibuchi *et al*.,[7]	Case 1: 19-year-old student	Prior to University examinations suffered from musical obsessions in form of hearing sounds of piano being played in neighborhood, musical sounds from cars		Diazepam 5 mg and 5 psychotherapy sessions; symptoms didn't recur after examinations
	Case 2: 18-year-old male student	Presented with checking compulsions, musical obsessions		Anxiolytics for a week; symptoms present after 5 years also
Chauhan *et al*.[8]	35-year-old, female, homemaker	Suffering from OCD of 13 years duration with repeated washing, checking; auditory imagery consisted of hearing certain names considered by patient to be associated with dirty things; would engage in speaking/made family members to speak certain neutralizing words/names and also engaged in certain compulsive behaviors like washing rituals		SRIs (sertraline 200 mg/ day, fluoxetine 80 mg/day, fluvoxamine 300 mg/day, clomipramine 300 mg/day) alone or in combinations; exposure response prevention
Saha[9]	30-year-old musician/singer	Musical obsessions of his own compositions, distract himself by focusing on his other compositions		Fluvoxamine 200 mg/day, fluoxetine 60 mg/day, augmented with lithium carbonate 900 mg/day; significant reduction in YBOCS

EEG – Electroencephalograph; CT – Computerized tomography; MDD – Major depressive disorder; SPECT – Single-photon emission computerized tomography; SSRI- Selective serotonin reuptake inhibitors; OCD – Obsessive compulsive disorder

with depressive disorders is common in patients with musical obsessions.[1,2,6] Literature also suggests many patients with musical obsessions are bothered by a single song/tune/jingle.[3-5] One of the patient developed musical obsessions after suffering from sore throat and another after head trauma.[2,4] With regards to treatment, literature suggests that patients with musical obsessions respond well to clomipramine.

Our case adds to the limited existing literature on musical obsessions which was the presenting symptom in the index patient. The phenomenon of musical obsessions has been shown to be distressing to the patient but it had not received much attention from the clinicians and researchers. Further studies are required to establish this phenomenon and delineate it from other closely related entities.

REFERENCES

1. Matsui T, Matsunaga H, Ohya K, Iwasaki Y, Koshimune K, Miyata A, *et al*. Clinical features in two cases with musical obsessions who successfully responded to clomipramine. Psychiatry Clin Neurosci 2003;57:47-51.
2. Zungu-Dirwayi N, Hugo F, van Heerden BB, Stein DJ. Are musical obsessions a temporal lobe phenomenon? J Neuropsychiatry Clin Neurosci 1999;11:398-400.
3. Andrade C, Rao NS. Musical obsessions: A case report. Indian J Psychiatry 1997;39:178-80.
4. Pfizer N, Andrade C. Isolated musical obsessions. Indian J Psychiatry 1999;41:77-8.
5. Mendhekar DN, Andrade C. Musical obsession: Repeated auditory imagery of a cell phone ring tone. Psychiatry Clin Neurosci 2009;63:591-2.
6. Praharaj SK, Goyal N, Sarkar S, Bagati D, Sinha P, Sinha VK. Musical obsession or pseudohallucination: Electrophysiological standpoint. Psychiatry Clin Neurosci 2009;63:230-4.
7. Gomibuchi T, Gomibuchi K, Akiyama T, Tsuda H, Hayakawa T. Obsession of hearing music: From the viewpoint of Morita theory. Psychiatry Clin Neurosci 2000;54:203-6.
8. Chauhan N, Shah R, Grover S. Obsessive auditory imagery: A case report. Afr J Psychiatry (Johannesbg) 2010;13:313.
9. Saha A. Musical obsessions. Ind Psychiatry J 2012;21:64-5.
10. Malone GL, Leiman HI. Differential diagnosis of palinacousis in a psychiatric patient. Am J Psychiatry 1983;140:1067-8.
11. Patterson MC, Tomlinson FH, Stuart GG. Palinacousis: A case report. Neurosurgery 1988;22:1088-90.

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