

## **OBSESSIVE COMPULSIVE DISORDER WITH PSYCHOTIC FEATURES – A CASE REPORT**

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The relationship between obsessive compulsive disorder and psychotic state is intriguing. Early German authorities such as Bleuler shared the view put forward by Westphal that the entire obsessive compulsive syndrome is a variant or prodrome of Schizophrenia (Bleuler 1951). Many follow-up studies of patients who received an initial diagnosis of obsessive compulsive disorder have found variable incidence of psychosis ranging from 0-12% (Akhtar et al. 1975, Bratfos 1970, Ingram 1961, Kringlen 1965, Pollit 1957, Rosenberg 1968). But whether these psychotic states are essentially schizophrenic in nature is doubtful on applying the current diagnostic concepts. Roth (1978) has distinguished the psychotic state developing in patients with long standing obsessive compulsive disorder from nuclear Schizophrenia. Recently, Insel and Akiskal (1986) have proposed that although psychotic manifestations in obsessive compulsive disorder could represent a pre-existing Schizophrenic process, Schizophrenic deterioration in well-established obsessive compulsive disorder is rare and superimposed psychosis in obsessive compulsive disorder is either a paranoid state or a mood disorder. Based on their clinical evidence, they proposed that such psychotic states should be designated as "Obsessive compulsive disorder with Psychotic features".

The following case report illustrates the occurrence of transient psychotic state developing in a long standing case of Obsessive compulsive disorder.

### **Case Report**

Mr. I, 26 years old single male, educated upto B.Com, from an upper middle class joint family was admitted to the hospital following a suicidal attempt. His first contact with the hospital was at the age of 17 years, 2 years after the onset of symptoms. He complained of intrusive thoughts like "God is a fool". "I should kick at holy objects like Holy Koran". Similarly he had recurrent impulses to shout obscenities while doing "Namaz"(Prayer) and he started ruminating about "Why should men eat only food; why can't they eat garbage" etc. These ideas had obsessive qualities. The obsessional thoughts and hand washing rituals prevented him from pursuing graduate studies in commerce. No specific precipitants could be elicited and his previous psychiatric history was unremarkable. Family history of Hebephenic Schizophrenia in one elder brother, Paranoid Schizophrenia in another and suicide in a third was present. Premorbidly he had anankastic personality traits. A diagnosis of obsessive compulsive neurosis was made according

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to ICD-9 and he was treated with Amitryptiline in a dose of 150 - 250 mg per day. He had shown partial improvement with the medication and in subsequent follow ups over a period of nine years he had shown a fluctuating clinical course despite maintaining a good compliance. The recent admission was necessitated by the severity of obsessions and compulsions and risk of suicide. At the time of admission he had obsessive thoughts, doubts, ruminations, imagery, hand washing rituals and depression. The patient had obsessive doubts of being harassed and presecuted by his brother-in-law. His relationship with his brother-in-law, however, remained cordial before and after hospitalization. His brother-in-law had no role in the patients hospitalisation. Patient was treated with Tab. Amitryptiline (150-250 mg/day) with which his depressive symptoms abated, but a month later he developed persecutory delusions and third person auditory hallucinations. He was convinced that his brother-in-law was presecuting him. Though these thoughts were repetitive, the patient did not try to resist them and did not think that the thoughts were irrational. Schneiderian first rank symptoms and formal thought disorder were absent. Tablet Trifluoperazine (15 mg/day) was added to amitryptiline and 3 weeks later the psychotic symptoms partially remitted. The patient lost conviction in the persecutory belief, considered it as irrational and tried to resist the belief. He was discharged from the hospital on achieving moderate improvement and asked to continue antipsychotics and antidepressants as above. On a follow-up 2 months later, no delusions or hallucinations were evident and the severity of obsessions and compulsions reduced. Trifluoperazine was stopped and the patient continued to take antidepressants as advised. Another follow-up 4

months after discharge showed that the patient maintained improvement.

### Discussion

Psychotic symptoms developed in this case were not related to any stress factor, physical illness or tricyclics. Psychotic features appeared a month after admission hence hospitalisation itself as a stressor is unlikely. Tricyclics were continued during the psychotic phase (in lower dose) and even after the psychosis subsided. Insel and Akiskal (1986) have described the following phenomenological characteristics of the psychotic states occurring in patients diagnosed to have obsessive compulsive disorder.

- i. Transient reversible psychotic states usually following stressful life events. These tended to be circumscribed. Affective paranoid symptoms were predominant. Transition from obsession to delusion occurred when resistance was abandoned and insight was lost. There was no subsequent evidence of Schizophrenia in these cases.
- ii. Chronic Psychotic state co-existing with a typical obsessive compulsive disorder. These had more disabling symptoms, lacked emotional insight; resistance was doubtful and had less anxiety.

The patient described in this report bears more resemblance to the first description given above. Though no obvious stress factor could be elicited, transition from obsessions to delusions was evident. For instance, at the time of admission the patient described his obsessional thoughts about being harassed and persecuted by his brother-in-law. He did not hold these ideas with conviction, tried to resist these intrusive thoughts and had full insight into the irrationality of the thought. During the

Psychotic state he firmly believed that he was being harassed and persecuted by his brother-in-law.

The present case satisfied all other phenomenological characteristics of the category proposed by Insel and Akiskal (1986). Our patient had a strong family history of schizophrenic illness (in two sibs). Another characteristic which was not observed in Insel and Akiskal's (1986) report was perceptual disturbance. Our patient reported auditory hallucinations, which appeared like the transformation from obsessive imagery. Pseudohallucinations in obsessive patients were reported by Insel & Akiskal (1986). However, in our case it was possible to delineate the course of development of auditory hallucinations. The obsessive imagery was replaced by Pseudohallucination to begin with, which later became clear cut auditory true hallucination. Insel and Akiskal (1986) had impressed upon the contradiction of classifying obsessive compulsive disorder under the rubric of anxiety disorders and recommended that just like the DSM III convention for mood disorder, the qualifying term "with psychotic features" should be used for psychotic states developing in obsessive compulsive disorder. The present case also emphasises the need for awareness on the part of the psychiatrists

to look for the phenomenological characteristic of psychotic states developing in the course of obsessive compulsive disorder.

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