

Schizophrenia and Obsessive Compulsive Disorder: a case series

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Introduction

- ✓ **Schizophrenia causes psychosis** characterised by significant impairment in the way reality is perceived with changes in behaviour which is associated with considerable disability and may affect all areas of life including personal, family, social, educational, and occupational functioning.
 - ✓ **Obsessive compulsive disorder** is a chronic mental health condition in which a person has uncontrollable, reoccurring thoughts (*obsessions*) and/or behaviours (*compulsions*) severe enough to cause marked distress and significant deterioration in general functioning.
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- While the rate of OCD in the general population is less than 1%, the rate of OCD in people with schizophrenia ranges from **3.8% to 29%**.

	Age/Gender	Onset	Obsessions/Compulsions	Delusions	Stable since
1	25/M	Early	Contamination/hand washing	Persecution, Reference	3 years
2	43/M		Doubt/Checking		2 years
3	18/F		Intrusive thoughts/mental rituals		Follow-up awaited
4	29/F		Contamination/hand washing		8 months
5	40/M		Intrusive blasphemous thoughts		1 year
6	35/M		Intrusive sexual thoughts		3 years
7	35/M	Late	Doubt/Checking	Persecution, Reference	1 year
8	25/F		Intrusive blasphemous thoughts		1 year
9	38/M		Intrusive sexual thoughts	Auditory hallucination	Lost to follow up
10	41/F		Intrusive thoughts/mental rituals		6 months

Case 1

- A 29 years old engaged working female, was brought to psychiatry with her father 15 days before her planned wedding with history of belief that her cousins have sexually abused her during childhood but was unsure of it with belief that her coworkers know about this through her facebook posts and are talking ill about her with worrying thoughts of inability to break this news to fiance with frequent anger ourbursts.
- During her ward course, She claimed that her family might have planned the sexual abuse and has been lying to her all along. Soon after she started having suspiciousness towards fiance that he has lied to her about his job, lives in another country and wants to marry her falsely.

- With the diagnosis of paranoid schizophrenia, She was treated with antipsychotics and once the psychotic symptoms reduced, Excessive hand washing behaviour was being noticed by ward staff and on further evaluation, history of repetitive intrusive thoughts of contamination with compulsive behaviour of hand washing and cleanliness was found.
- Thereafter, a diagnosis of co-morbid OCD was arrived at, and anti-OCD medications were added to the antipsychotics, to which she responded well and is maintaining well since 1 year.

Case 2

- A 35 years old unmarried working male was brought to psychiatry by his father with history of psychiatric illness since 15 years on regular treatment with antipsychotics but never reached his premorbid level.
- With subsequent IPD admission he presented with suspiciousness that people at his workplace have been spying on him, taking his photos, tracking him and trying to get sensitive information from him. He also has suspiciousness that his friends and family are talking about him behind his back. Along with this, he had extreme worrying thoughts about why was this happening to just him.

- He also reported that he has been having doubts (*obsession*) constantly that he might have made a mistake in work and feels the urge to keep checking (*compulsion*) his work again and again. He also had repetitive intrusive thoughts that he has to have a good thought before leaving for work otherwise his day wont go well because of which he has to wait for long hours before leaving home just to get good thoughts.
- Thereafter, a diagnosis of comorbid OCD was made, and anti-OCD medications, was added to the antipsychotics to which he showed significant improvement and is maintaining well for the past 1 year.

Case 3

- A 25 years old married, working female came to psychiatry with complaints of repeated intrusive sexual thoughts about God (*obsession*) and belief that people may be thinking that she has a bad character by judging her gaze with suspiciousness that her neighbouring female has done black magic on her which has made her to have an extramarital affair with a man from workplace with hearing of voices of the same female abusing her and cursing her when no-one was around. She also has suspiciousness that people talk about her character and men at workplace make gestures because they think she has a bad character.
- For these complaints, she was started on antipsychotics and anti-OCD medications to which she responded well and is stable for the past 1 year.

Discussion

- Prevalent literature suggests that Schizophrenia and OCD are characterised by similar gender distribution and age of onset. Our study revealed a *male preponderance*: as 6 out of 10 cases were males and 4 were females. 6 had an early onset and 4 had late onset, making *early onset* as a more common presentation. Our findings are in agreement with earlier studies.
- An early onset of OCD in schizophrenia, male preponderance, aggressive obsessions has been associated with a *poorer prognosis*.
- Current neurobiological research in both schizophrenia and OCD suggest evidence of multi-system pathogenic mechanisms in both disorders, Schizophrenia has a dopamine pathway whereas OCD has a serotonergic pathway which makes the management in such cases quite challenging.

Conclusion

- In this case series of schizophrenia with OCD, It was seen that after **addition of antidepressants to the treatment modality** along with antipsychotics, significant improvement was seen in the overall symptoms, course and prognosis.

Thank you.