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Obsessive: Compulsive disorder

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Abstract

Obsessive-compulsive disorder is a common and often chronic psychiatric illness that significantly interferes with the patient's functioning and quality of life. The disorder is characterized by excessive intrusive and inappropriate anxiety evoking thoughts as well as time consuming compulsions that cause significant impairment and distress. The symptoms are often accompanied by shame and guilt and the knowledge of the general public and professional community about the disorder is limited. Hence it is frequently misdiagnosed or diagnosed late. There are indications that the disorder is hereditary and that neurobiological processes are involved in its pathophysiology. Several psychological theories about the causes of obsessive-compulsive disorder are supported by empirical evidence. Evidence based treatment is either with serotonergic medications or cognitive behavioural therapy, particularly a form of behavioural therapy called exposure response prevention.

Keywords: obsessive, compulsive disorder, psychological theories

Introduction

Obsessive-Compulsive Disorder (or more routinely referred to as OCD) is a serious anxiety-related condition where a person experiences frequent intrusive and unwelcome obsessional thoughts, commonly referred to as obsession

Obsessions are very distressing and result in a person carrying out repetitive behaviours or rituals in order to prevent a perceived harm and/or worry that preceding obsessions have focused their attention on. Such behaviours include avoidance of people, places or objects and constant reassurance seeking, sometimes the rituals will be internal mental counting, checking of body parts, or blinking, all of these are compulsions

Compulsions do bring some relief to the distress caused by the obsessions, but that relief is temporary and reoccurs each time a person's obsessive thought/fear is triggered. Sometimes over time the compulsions can become more of a habit where the original obsessive fear and worry has been forgotten, in this instance compulsions are often completed to enable the individual to feel 'just right', the key word being 'feel'.

Case Report

28 years female client admitted to Psychiatric ward with complaints of compulsion of cleaning the house and that dirt are always in her house. She must clean it. She is a known case of OCD, onset is acute her thought and compulsion of cleaning everything is from that past 3 months. She is irritated easily, she doesn't like guest coming to her house thinking that they make the house dirty. Her husband thinking that they make the house dirty. Her husband brought her to the hospital.

Investigations

HB=8.7
RBC=4.5 MEQ/L
TLC=4200
PLATELET COUNT=300000
PVC= 25.3

Systemic Examination

CNS- conscious
RS- within normal limits

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P/A- within normal limits

Diagnosis

Steps to help diagnose obsessive-compulsive disorder may include:

- **Psychological evaluation:** This includes discussing your thoughts, feelings, symptoms, and behaviour patterns to determine if you have obsessions or compulsive behaviours that interfere with your quality of life. With your permission, this may include talking to your family or friends.
- **Diagnostic criteria for OCD:** Your doctor may use criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association.
- **Physical exam:** This may be done to help rule out other problems that could be causing your symptoms and to check for any related complications.

Discussion

- Obsessive compulsive disorder (OCD) is characterised by obsessions and compulsions.
- OCD can have a profound effect on a person's life.
- Psychological therapy, self-help techniques and medication can help people to recover from OCD.

Conclusion

Client was treated for obsessive compulsive disorder, psychological treatments such as cognitive behaviour therapy, anxiety management techniques, medications. Cognitive behaviour therapy aims to change patterns of thinking, beliefs and behaviours that may trigger anxiety and obsessive-compulsive symptoms. Part of the therapy involves gradually exposing the person to situations that trigger their obsessions and, at the same time, helping them to reduce their compulsions and avoidance behaviours. Anxiety management techniques can help a person to manage their own symptoms. Such techniques can include relaxation training, slow breathing techniques, mindfulness meditation and hyperventilation control. These techniques require regular practice and are most effective if used together with a cognitive behaviour therapy treatment program. Medication for OCD, Some medications, especially antidepressants that affect the serotonin system, have been found to reduce the symptoms of OCD. Tab. fluvoxamine 100mg per day, tab sisdane 2 mg OD, Tab pacitane 2mg OD, tab lonazep 5 mg OD.

References

1. AACP. Practice parameters for the assessment and treatment of children and adolescents with obsessive-compulsive disorder. AACAP. Journal of the American Academy of Child and Adolescent Psychiatry 1998, 37:27S-45S.
2. Abram KM, Teplin LA, McClelland GM *et al.* Comorbid psychiatric disorders in youth in juvenile detention. Arch Gen Psychiatry 2003;60:1097-1108.
3. Abramowitz JS. Effectiveness of psychological and pharmacological treatments for obsessive-compulsive disorder: a quantitative review. Journal of Consulting and Clinical Psychology 1997;65:44-52.
4. Baer L, Greist JH. An interactive computer administered self-assessment and self-help program for

behavior therapy. J Clin Psychiatry 1997;58(Suppl 12):23-28.

5. Baer L, Rauch SL, Ballantine HT Jr, *et al.* Cingulotomy for intractable obsessive-compulsive disorder: Prospective long-term follow-up of 18 patients. Archives of General Psychiatry 1995;52:384-392.
6. Chioocca EA, Matuza RL. Neurosurgical therapy of obsessive compulsive disorder, Obsessive-Compulsive Disorders: Theory and Management. Jenike MA, Baer L, Minichiello WE, editors. Chicago: Year Book Medical 1990, 283-294.
7. Chouinard G. Sertraline in the treatment of obsessive compulsive disorder: two double-blind, placebo-controlled studies. Int Clin Psychopharmacol 1992;7(Suppl 2):37-41.
8. Dalton P. Family treatment of an obsessive-compulsive child: a case report. Family Process 1983;22:99-108.
9. D'Amico G, Cedro C, Muscatello MR *et al.* Olanzapine augmentation of paroxetine-refractory obsessive-compulsive disorder. Progress in Neuro-Psychopharmacology and Biological Psychiatry 2003;27:619-623.