Obsessive Compulsive Disorder

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1. **Case Study**

Mrs. X is a 30-year old lady working as a school teacher at a local school. She doesn’t have any previous treatment for OCD. Mrs. X describes her collection of books that she cleans on a daily basis and doesn’t allow anyone else, not even her husband, to clean or come near it.

Every day she insists that her husband should be the first one to go to bed so that she can ensure that everything in the house is in perfect condition prior going to sleep. She is also unable to alter her daily routine even in cases where they are late for an appointment. She has a fixed routine both at home and at work and she doesn’t allow other people to help in completing any of her tasks as she feels she is the only one able to correctly complete the task.

When leaving for work, she drives through the same route regardless of obstacles such as traffic that might be present in her set route. She is very critical about shortcuts that she perceive other teachers in her school take to get their work done. These established attitudes and behaviors have resulted in many conflicts between Mrs. X and her husband as well as her fellow teachers.

1. **Diagnosis -**

A. Symptom 1: compulsions and repetitive behaviors. Mrs. X has a collection of books that she cleans on a daily basis and doesn’t allow anyone including her husband to touch it.

B. Symptom 2: obsessions characterizes by persistent thoughts. Mrs. X insists that she is the last one to go to sleep in order to ensure that the house is in perfect shape.

C. Symptoms 3: the obsessions as well as the compulsions are time-consuming. Mrs. X has to follow the same route even in cases of heavy traffic jam and cannot adjust the route.

1. **Etiology -**

A. Biological: brain abnormalities and genetic vulnerabilities. For example, some people with given genetic makeup are more susceptible to suffering from OCD compared to others.

B. Psychological: vulnerabilities such as stress, early childhood traumatic experiences or given dysfunctional beliefs that might grow over time. For example, sexual assault at a young age can lead to obsessive sexual fantasies.

C. Cultural or Social: these constitute of the things people learn from observing and watching other people. For example, copying a friend’s eating or walking habit. These also include cultural norms regarded appropriate and expected from all members of society. This also includes standards of behavior that influence a person’s character.

1. **Social Factors** – Mrs. X current lives with her husband and doesn’t have any children. She lives with her husband in their home. Mrs. X and her husband have been having problems in her marriage and her husband in numerous occasions brought up the issue of divorce.
2. **Treatment –**
3. Treatment 1: Psychotherapy

Cognitive behavioral therapy (CBT) has proven effective in treatment of OCD.

1. Treatment 2: Medications

Psychiatric drugs such as are effective in managing the obsessions and compulsions attributed with OCD. Antidepressants such as paroxetine can help Mrs. X in managing her compulsions and obsessions.

1. Treatment 3: Deep Brain Simulation (DBS)

In case medications and therapy do not work for Mrs. X DBS is an alternative way for treating OCD in cases where traditional treatment modalities are not responsive.

1. **Conclusion** – without proper treatment, Mrs. X faces the risk of suffering from anxiety disorders. The OCD can also get worse to the point where she sustains physical challenges, becomes incapable of functioning, or in other cases, she might start to experience suicidal thoughts. An estimated 1% of people with OCD commit suicide.
2. **Bibliography**

References

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