A CASE REPORT ON SCHIZO OBSESSIVE DISORDER

ABSTRACT :

Schizo obsessive disorder has been proposed to categorize those who show schizophrenia and OCD. This subgroup has recently shown to be much more prevalent, as well as presenting distinct clinical, phenomenological and neurobiological features from the parenteral illness.

OCD is still considered primarily an anxiety disorder. The frequency of Obsessive compulsive disorder and obsessive compulsive symptoms occurrence among patients suffering from schizophrenia is considerably higher in comparison to general people. It is characterized by higher intensity of negative and depressive symptoms. It shows greater level of social dysfunction and they exhibit suicidal behaviors more than patients diagnosed with schizophrenia.

We present a 23 year old male with schizo obsessive symptoms with onset in his early 19 years.

Keywords : Schizophrenia, Obsessive compulsive disorder, Anxiety, Depression, Schizo obsessive disorder.

INTRODUCTION :

The word schizo obsessive disorder used for the first time in 1994 by HWANG & OPLER, refers to the diagnosis of schizophrenia with obsessive compulsive disorder. The proportion of schizophrenic patients who developed symptoms of OCD is around 12 - 15%(2). OCD is still considered primarily an anxiety disorder(4). Obsessive-compulsive disorder is a common comorbidity in Schizophrenia. Schizo obsessives has been reported to develop earlier and worsen in patients with schizophrenia. In terms of symptom profile, both higher positive and negative symptoms and lower negative and positive symptoms have been reported in schizo obsessive patients(6).

The identification of OCD in schizophrenia patients may have neurobiological, prognostic and therapeutic implications(1).

The prevalence of OCD in general population is certainly much lower (0.08 - 2.5%) than the prevalence of OCD in schizophrenia which has measures ranging from 0.5 - 59.2%. Schizo obsessive patients show more neurobiological signs, motor symptoms including catatonia, loss of motor ability or hyperactive motor activity and extrapyramidal symptoms when compared with schizophrenia. Symptoms such as agitation and psychosis have been observed in schizo obsessives(3).

Some researchers have suggested that OC symptoms may be related to delusions or hallucinations, in other words, that OC and psychotic features might co - exist in a unique psychopathologic complex(5).

CASE PRESENTATION :

A male patient of age 23 years was admitted in psychiatry ward due to the deterioration in his mental state for about 3 months. During the attacks the subject was disoriented, the episodes of murmuring to self, aggressiveness, crying aloud, not sleeping at nights and standing at the cot for many hours, not talking to anyone and staying alone, always looking at the clock and comparing the time in wall clocks and cell phone. He removed all clocks in the house. Doing bath for 3 - 4 times a day for 2 - 3 hours and emptying all the tanks. He will get frustrated at silly things and shout at his mother. He said he named himself because he was unclean.

On admission to the hospital, the patient was in calm, presented adaptive behavior and in a balanced mood. The patient is unmarried. He lives with his mother and older brother. His father is expired at his childhood. He is unemployed. He finished his SSC and intermediate. He had love failure in the intermediate. He did his degree in open university.

According to the mother and brother, the patient is good at studies and does not have an active role in sports as well. He could not make friends quickly, always sitting alone and moody.

The past medical history includes no head injury, trauma, loss of consciousness episodes, allergies to medications, no operations.

The patient's mental health issue falls on the period of his intermediate. He started his primary school on time and achieved good learning results, received school

certificates. He had difficulty in making friends. The subject had difficulty in maintaining social contacts.

The first contact with the psychiatrist took place in 2017, at the end of the intermediate. The patient had the following symptoms that include murmuring to self, aggressiveness, crying aloud, not sleeping at nights and standing at the cot for many hours. not talking to anyone and staying alone, always looking at the clock and comparing the time in wall clocks and cell phone. He removed all clocks in the house. Doing bath for 3 - 4 times a day for 2 - 3 hours and emptying all the tanks. He will get frustrated at silly things and shout at his mother. He said he named himself because he was unclean. The patient was referred to psychiatrist, who diagnosed the schizo obsessive disorder and prescribed some drugs. By using the drugs, there is an improvement in his mental state was obtained. The patient had came back to his normal life. The patient stopped the medications during the covid first wave the symptoms were reoccurred, the patient was again hospitalized. During the hospital stay, the patient was treated with the following drugs.

1) Olanzapine – 20 mg/day
2) Clomipramine – 100 mg/day
3) Gabapentin – 800 mg/day
4) Buspirone – 30 mg/day
5) Hydroxyzine – 40 mg/day

Followed by electro convulsive therapy and cognitive behavior therapy.
The informed consent taken from the patient and he is subjected for ECT. After the repeated ECT sessions and the pharmacological therapy, the patient's mental health was gradually improved.

DISCUSSION :

Schizo obsessive disorder is associated with the suffering and a deterioration in general, social, professional functioning and worse overall prognosis. Patients with schizophrenia and comorbid OCD show a greater severity of negative symptoms, depressive disorders, cognitive deficits and exhibit suicidal behaviors as compared with the patients diagnosed with schizophrenia without OCD. Pharmacotherapy in case of these patients is less effective. In effect, the patients may get resistant to the treatment in case of polypharmacotherapy. In the case discussed above, the subject had good

intellect, cooperation to the treatment, adaptive to the hospital environment etc but the patient's functioning in everyday life is not satisfactory.

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