

# Obsessive Compulsive Disorder (OCD) and Anorexia Nervosa Presenting as the Prodrome of Schizophrenia - A Case Report

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## ABSTRACT

Obsessive-Compulsive Disorder (OCD) affects 1% to 3% of global population, characterized by intrusive thoughts, known as obsessions, and repetitive actions, or compulsions [1]. The disorder can consume lot of time in daily activities and cause marked distress and functional impairment. The causes are multifactorial including cognitive, genetic and neural factors. The presentation of OCD in children and adults can be entirely different. Whereas, children usually present with obsessions of violence and magical thinking, adolescents and adults can have obsessions with contamination and sexual component. Past had seen nomenclatures like Schizo-obsession which are obsolete now. Having said that even today we see lot of patients with schizophrenia presenting co-morbidly with OCD. Anorexia nervosa is an eating disorder characterized by excessive restriction on food intake and irrational fear of gaining weight, often accompanied by a distorted body self-perception [2]. Eating disorders and schizophrenia are frequently comorbid and schizophrenia shares genetic susceptibility with anorexia. Genome-wide analysis of anorexia nervosa and major psychiatric disorders including schizophrenia reveals genetic overlap and identifies novel risk loci for anorexia

nervosa [3]. We are reporting an interesting case where both Anorexia nervosa and obsessive-compulsive disorder were subsequently found to be prodrome of Schizophrenia in 16-year-old girl.

**Keywords:** Anorexia nervosa, obsessive compulsive disorder (OCD), Schizophrenia, Prodrome

## CASE REPORT

A 16-year-old girl was brought to Psychiatry OPD by her father with illness duration of two months, which was abrupt in onset characterized by repetitive hand washing, low mood and refusal to eat. On detailed evaluation, the father reported that for past 2 months the daughter stopped interacting with family members unlike before. She started spending more time in cleaning the bedroom and kitchen. Sometimes, she would start cleaning the kitchen in the middle of the night and on asking she would not reply. This was followed by repeated hand washing and due to frequent hand washing with detergent her skin over the palm had totally eroded. The father also reported that his daughter doesn't look as cheerful as before and mostly prefers to live alone and looks sad. He also complained that for past few months she has lost weight and she is reluctant to eat food. Her weight at initial interview was 28kgs.

While interview, the patient reported that she gets intrusive thoughts of her kitchen and hand to be dirty and it produces lot of anxiety in her. She admitted that by repetitively washing her hands and kitchen she gets momentary relief from the anxiety produced by such thoughts. She however denied gaining lot of weight or throwing food at initial interview. She, however accepted at later sessions that she keeps the food in pocket and throws them later. On MSE, she said she is sad and irritated, affect was sad and anxious. Thought- Obsessions with contamination of hands and kitchen. She didn't report having any hallucinations in any sensory modality. Her YBOCS score was 28. With the above history, we arrived at a dual diagnosis of obsessive-compulsive disorder (OCD) and Anorexia nervosa. She was treated with Cap Fluoxetine starting with 20mg OD, which was subsequently increased to 80 mg over 2 months period, Tab Sodium Valproate 250 mg BD to regulate her mood and Sy Cyproheptadine 5 ml HS. In next sessions, her dose of Tab Sodium valproate was increased to 500 mg BD and Tab Aripiprazole 5 mg HS, and Tab Orofer-xt 1 tab HS was added. Over next one month she started reporting improvement in repetitive thoughts and her food intake too had improved. During her 4<sup>th</sup> session over a period of 1 and ½ months, her father reported significant improvement in her repetitive hand washing, food intake and her skin over palm had recovered, her score on YBOCS had improved to 6, but he complained that the patient is seen talking to self and gets angry on asking. When interviewed, the patient reported that she hears some voices in her ears when actually no one is around and also complained of seeing images. She further said that she is scared that others may know what she is thinking. She had stopped going out of her house and even to her school. Based on the current complaints diagnosis was revised to Schizophrenia and Obsessional symptoms, Compulsive behaviours and Anorexic symptoms were considered part of the prodrome of Schizophrenia. We switched

her from Tab Aripiprazole to Tab Risperidone 5 mg HS due to emergence of florid psychotic symptoms. Over next 3 months, her weight had increased by 10 kgs, her OCD symptoms had resolved completely and she had dramatic improvement in her psychotic symptoms.

## **DISCUSSIONS**

It is not rare to see multiple psychopathologies in a patient and newer concepts of dual diagnosis are emerging fast in modern psychiatric practices. Eating disorders (ED) and schizophrenia can be seen as comorbid illnesses. In a study done by Dolores Malaspina et al. premorbid eating disorder was identified in 9.4% of schizophrenia inpatients; premorbid ED was 5-fold more common in female than male cases. Whereas depression and anxiety disorders are the most common comorbid diagnoses in anorectic patients, the dual-diagnosis of anorexia and schizophrenia is a relatively rare condition [4]. The refusal to eat may be negative symptoms of schizophrenia and if present before the onset of psychotic symptoms, a dual-diagnosis of anorexia and schizophrenia may be warranted. Obsessive Compulsive Disorders are known to be highly comorbid with bipolar disorder and schizophrenia. There is some evidence to suggest that a diagnosis of OCD may be associated with elevated risk for later development of psychosis or bipolar disorder [5]

## **CONCLUSION**

In conclusion, Schizophrenia can present in a varied way premorbidly and affect the course and prognosis of the illness. Whenever, premorbid illnesses occur in isolation, a dual-diagnosis must be preferred. Sometimes, however the entire symptoms presenting before the onset of psychosis may be the prodromal symptoms of schizophrenia itself.

### ***Declaration by Authors***

**Consent:** Patient has consented for the publication of this study.

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**Conflict of Interest:** The authors declare that there are no conflicts of interests.

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