

# 'Delusional' obsessive compulsive disorder responding to behaviour therapy: a case report

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### Summary

A 35 year old female with severe obsessive thoughts and compulsions of more than 10 years duration was referred for therapy. The obsessions consisted of thoughts that sharp objects embedded in her clothing and other items of use would enter her body and circulation. The compulsions consisted of extreme precautions taken to avoid contact with

sharp objects. These were compounded by the near delusional belief that people around her were conspiring to place sharp objects near her. Though there was some initial pessimism she responded well to exposure and response prevention combined with medication.

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## Introduction

In Shakespeare's *Macbeth*, Lady Macbeth attempts to wash imaginary blood from her hands ("What, will these hands ne'er be clean?") in an excellent description of compulsive hand washing (1). Even today Lady Macbeth Syndrome is an eponym for this condition. There have been other descriptions of obsessive compulsive disorder (OCD) in literature. Several cases of compulsive urges and obsessive ideas are described in the *Jathaka Stories*, a part of Buddhist literature over 2500 years old (2). Initially in Europe OCD was linked with melancholia. Later with the development of psychoanalysis OCD was given a psychodynamic explanation. In the 1960s, the learning theory provided a practical treatment for OCD using behaviour therapy(3). The development of serotonin specific reuptake inhibitors (SSRIs) led to effective medication. Cognitive behaviour therapy, combined at times with SSRIs, is now considered the most effective treatment.

The primary features of OCD are obsessions (recurrent, intrusive, unwanted thoughts, images or impulses) and compulsions (repetitive behaviours, overt or covert). These should be time consuming or cause significant distress or impairment of functioning(4). In the *Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV)* criteria, to diagnose OCD it is necessary for patients to recognise at some stage of the disorder that their obsessions or compulsions are excessive and unreasonable (5). However it is acknowledged in clinical practice that many patients are uncertain whether their obsessive compulsive symptoms are senseless or unreasonable. Such patients may be described as having poor insight into their condition. In some cases the obsessions may amount to delusions. There has been an interest in the co-occurrence of OCD with schizophrenia. A relationship with obsessional thinking and the thought disorder of a psychosis was proposed in the early psychiatric literature. However, only a small proportion of patients with OCD have obsessional thoughts that amount to delusions and the proportion of patients with OCD who progress to schizophrenia is no more than the proportion of those with other anxiety disorders (6).

We report a patient whose obsessional thoughts were so strong that initially it was thought to be delusional but responded well to behaviour therapy.

## Case report

A single unemployed, 35 year old female presented with a fear of being pierced by sharp objects for the past ten years. The feared sharp objects included staples, pins, needles, nails, blades, safety pins, barbed wires and broken glass. At times these thoughts were accompanied by intrusive thoughts of seeing her self cut by these objects and bleeding profusely. She believed that these sharp objects would enter her circulation and cause a painful death.

She took extensive precautions to avoid being pricked by sharp objects. She wore three to four surgical gloves before touching any object. She washed every piece of garment four times and minutely examined them for sharp objects before wearing them.

Later she became convinced that others were deliberately keeping sharp objects to harm her. She did not trust anybody at home and in particular she suspected her mother who was ailing from terminal cancer. She believed that her mother who was hostile towards her would put sharp objects in her clothing to harm her.

She stayed locked in her room throughout the day. She slept inside a folded mattress keeping the open side towards the wall so that no one will be able to insert pins or nails into her. She repeatedly requested her family doctor for x-rays to check whether there were sharp objects in her body. Whenever she left the house she took extra precautions to keep herself away from potentially harmful objects. After over ten years of such symptoms, she herself decided to seek medical attention.

On examination she was anxious and distressed but not clinically depressed and there were no ideas of self harm. She had obsessive phobias, doubts and images around the central theme of being pierced by sharp objects. She had compulsive checking as described above. She strongly believed that others especially her mother might deliberately plant sharp objects in her clothing and