



NAVIGATING ATYPICAL OCD PRESENTATIONS: CASE REPORT ON COMPULSIONS WITHOUT OBSESSIONS

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Abstract

This case study delves into a patient's experience characterized by primary compulsions devoid of obsessions, challenging the traditional diagnostic model of obsessive-compulsive disorder (OCD) commonly accepted in clinical practice. By integrating the criteria outlined in the International Classification of Diseases 11th Revision (ICD-11) for OCD, this narrative underscores the importance of identifying compulsive behaviours motivated by a need for precision or a sense of fulfilment, even in the absence of accompanying obsessions. This refined perspective on diagnosis and management underscores the intricacies and clinical relevance of unconventional OCD presentations.

1. Introduction

The conventional approach to obsessive-compulsive disorder (OCD) in clinical and diagnostic contexts has historically focused on the coexistence of obsessions-persistent, intrusive thoughts or urges causing anxiety and compulsions-repetitive behaviors driven by obsessions or rigid rules. This classical view sees OCD as arising from the interaction between obsessions and compulsive acts aimed at alleviating distress (1).

However, according to the ICD-11, OCD can also manifest solely through compulsive behaviors motivated by needs for symmetry, precision, or a feeling of incompleteness (2). This case study delves into the diagnostic and therapeutic journey of a patient presenting with such unconventional OCD symptoms, emphasizing the significance of adopting a comprehensive diagnostic approach.

2. Case Presentation

2.1 Patient Information:

A 21-year-old male without notable medical or psychiatric history presented with distinctive compulsive behaviours that occurred independently of any preceding obsessions.

2.2 Clinical Findings:

The patient exhibited distinctive compulsions during activities involving posture adjustments (such as sitting or standing), which were accompanied by repetitive verbal expressions related to these movements. Importantly, these compulsions did not involve intrusive thoughts or the typical anxiety

relief seen in OCD but appeared to arise from an internal need for strict adherence to a specific action or completion of a task in a particular way.

2.3 Diagnostic Assessment:

In accordance with the ICD-11 criteria for OCD, a thorough assessment was conducted:

- **Neurological Conditions Exclusion:** The patient underwent brain scans and neurological examinations to eliminate conditions that might mimic compulsive behaviors, such as Parkinson's disease and other movement disorders. All test results returned normal.
- **Muscular Dystrophies and Myopathies Exclusion:** Tests for muscle diseases, including blood enzyme levels such as serum CPK and electromyography (EMG), were performed to rule out their contribution to the patient's symptoms (3). The results came back negative.
- **Other Medical Conditions Ruling Out:** Comprehensive evaluations were carried out to rule out metabolic disorders and endocrine dysfunctions that could present with similar behaviors. No abnormalities were detected.

The patient's behavior was distinct from ambitendency, as his repetitive and time-consuming actions were deliberate and directed toward a specific goal. Likewise, the notion of perseveration was dismissed because his actions were not involuntary or contextually inappropriate (4).

Utilizing the ICD-11 criteria for OCD, which does not mandate the presence of obsessions if compulsions arise from an inherent need for precision or a feeling of completeness, aided in reaching the diagnosis. The exclusion of neurological conditions and the lack of traditional OCD obsessions underscored the unusual nature of the patient's case.

2.4 Therapeutic Intervention:

- **Medication:** The patient was started on a daily dose of 100mg of Fluvoxamine (5).
- **Psychotherapy:** A combination of Exposure and Response Prevention (ERP) therapy, customized to target the patient's unique compulsive behaviors, and Cognitive Behavioral Therapy (CBT) was implemented (6). The CBT approach focused on challenging and reshaping the cognitive processes related to the need for precision and symmetry. This therapeutic strategy proved effective by helping the patient identify and modify the thought patterns and beliefs driving the compulsions. Additionally, behavioral experiments were conducted to gradually lessen the rigidity associated with the compulsive rituals.

2.5 Follow-up and Outcomes:

After a month of treatment, the patient showed significant progress, experiencing reduced time spent on and involvement in the sitting and standing rituals. This improvement notably enhanced his daily functioning and overall quality of life.

3. Discussion

This case necessitated a thorough assessment to differentiate these behaviors from non-pathological habits or routines, taking into account the ICD-11 criteria that recognize OCD can manifest solely through compulsive behaviors. The diagnostic process involved ruling out other conditions that could mimic such behaviors, such as neurological disorders and psychiatric conditions with ritualistic behaviors.

The ICD-11 criteria for OCD offer a framework that acknowledges the complexity of compulsive behaviors, acknowledging that compulsions can exist independently of obsessions and be driven by a need for precision or completeness. This case highlights the diagnostic complexities presented by such atypical presentations and underscores the importance of considering a wide array of symptoms and motivations behind compulsive actions.

The patient's compulsions, particularly the repetitive verbal expressions during posture changes, demonstrate a strong need to perform actions in a specific or perceived correct manner, rather than being driven by intrusive obsessive thoughts. This distinction is crucial for an accurate diagnosis and effective treatment of OCD, especially in cases that deviate from conventional presentations.

4. Conclusion

This case report sheds light on the diagnostic and therapeutic hurdles linked with unusual forms of OCD presentations, specifically those marked by compulsions devoid of obsessions, by following the ICD-11 criteria. It underscores the importance of clinical adaptability and a thorough grasp of the disorder's diverse manifestations, which can profoundly influence treatment effectiveness and patient welfare.

5. Patient Perspective

Following diagnosis and treatment, the patient noted significant progress and expressed relief that his symptoms were recognized and managed effectively. This underscores the positive impact of identifying and addressing unconventional OCD presentations.

6. Informed Consent

The patient provided informed consent for publishing this case report, ensuring strict adherence to confidentiality and ethical guidelines.

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