



**Impact of COVID-19 on a patient with obsessive
compulsive disorder**

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Abstract

Since COVID-19 was announced as a pandemic by WHO with a strict emphasis on hand washing and disinfection, various media have focused on the suffering of patients with Obsessive-Compulsive Disorder (OCD). In the eyes of the general population, those with (OCD) are viewed as germophobic patients and extreme cleaners who compulsively wash their hands. The same behaviors are now encouraged to decrease one's risk of infection and the transmitting of COVID-19. A recent clinical guide on how to manage OCD under COVID-19 echoes similar anxieties, proposing that those with OCD might be more affected than any other group of patients with a psychiatric disorder. Irrational fear of contamination is only one specific manifestation of OCD. Other common forms of OCD have a little direct relationship to viruses and germs. In other words, the high level of heterogeneity and selectivity both across and within symptom subtypes is incongruent with the notion that COVID-19 is always directly relevant to OCD.

Keywords: Impact, COVID-19, OCD

1- Introduction

In December 2019, an epidemic of novel coronavirus occurred in Wuhan City, China, and extent throughout the whole of a kingdom in a short period. ^(1,2) both nationally and internationally, it has gained intense interest. ⁽³⁾ On January 31, 2020, the WHO confirmed that the epidemic constituted a Public Health Emergency of International Concern (PHEIC), PHEIC was described as "Unusual events that pose public health risks to other countries through the international spread of disease and may require a coordinated international response." ⁽⁴⁾

After that, international borders were closed, economies collapsed, and billions of people isolated in their own homes. Social distancing, hand and respiratory hygiene are the key methods advocated by the World Health Organization (WHO) and the Center for Disease Control and Prevention (CDC) as global health organizations strive to find a solution. The market

for sanitizers, soaps and gloves have sky-rocketed as hand washing is considered to be one of the best measures against

infection. While it appears to be the simplest to follow, what about patients with obsessive compulsive disorder (OCD) who

already have their own doubts about hygiene and the compulsive urge to remain clean.

Obsessive compulsive disorder (OCD) is characterized by recurrent and intrusive thoughts or images (i.e., obsessions) associated with behavioral efforts aimed at neutralizing the anxiety caused by obsessions (i.e., compulsions) ⁽⁵⁾. Given the high impact of OCD on patients' quality of life and the high rates of psychiatric comorbidities ^(6, 7), the current outbreak of COVID-19 is a unique challenge both for OCD patients, given the greater disability due to a potential rise in incidence of obsessions and compulsions, and for psychiatrists, because the assessment of

reasonable conducts may be compared to extreme anxiety. Moreover, obsessions with hygiene and contamination and washing compulsions are perhaps the most common among the various symptom domains of OCD⁽⁸⁾.

The containment measures implemented globally to minimize the risk of infection, i.e. social distancing and self-isolation, can be a traumatic life event that can trigger drastic mental health outcomes due to separation from loved ones, loss of independence and feelings of uncertainty⁽⁹⁾. In fact, such interventions can increase depression and decrease social connections, which are risk factors for many mental illnesses, mostly in people with pre-existing mental health conditions⁽¹⁰⁾.

During the current pandemic, various prevalent factors may play a role in worsening the symptoms of those who are already affected^(11,12)

1. The increased demand for hand washing and the minimum time duration recommended for it.
2. The importance for 'proper' hand-washing measures will add to a ritualistic pattern.
3. The need to keep the hands clean every time a person comes from outside or there is a suspected exposure: cognitive 'justification' of same rather than considering it to be a problem.
4. The motivation of the family to ensure strict measures of hygiene and vice versa.
5. The continuous loading of information on the capacity of the virus to remain active on different inanimate surfaces from different media outlets, thus contributing to the thoughts of contamination
6. Increased rumination and frequent washing (or even bathing) may be 'normalized' as an exaggerated precautionary measure in the face of a pandemic response.
7. Have a stock of masks, soaps, sanitizers, disinfectants that can contribute to panic shopping and hoarding

In fact, the most common among the wide range of types of obsessions and compulsions are fear of dirt, feeling dirty and constant washing, affecting about 50% of patients⁽¹³⁾. OCD patients attempt to avoid these feelings and remind themselves to wash, but they sometimes struggle to do so⁽¹⁴⁾. OCD symptoms can worsen due to the general fear of being contaminated and the focus on washing hands in health advice, as shown by the long-term excessive hand washing developed in the post-quarantine process reported by some researchers.

In addition, more regular cleaning behaviors begun as a natural defensive behavior could lead to obsessions and compulsive actions related to contamination, often in vulnerable individuals who have other forms of obsessions and compulsions⁽¹⁵⁾.

The protective factors against worsening symptoms may be the use of online social networking sites to establish social connections and the opportunity to work/study remotely. Also, staying with a parent in the same house can be either a protective factor (i.e., through the emotional support offered by a relative during the quarantine period)⁽⁹⁾ or a factor of vulnerability to deteriorating symptoms (i.e. an increased risk of family accommodation or expressed emotion)⁽¹⁶⁾.

Indeed, it is important to provide appropriate attention to specific psychiatric conditions that may be initiated or exacerbated by disaster. Perhaps no group of individuals with mental illness is as directly affected by the worsening outbreak of COVID-19 as people living with obsessive-compulsive disorder (OCD). For these people, coronavirus can become all they think about. Indeed, some patients with contamination-related OCD are expressing doubts about the rationality of the therapies they have been pursuing. Several patients have told their clinicians they were "right all along", as now everybody looks like them.⁽¹⁷⁻¹⁹⁾

Clinical management

Recent clinical guidelines on how to manage OCD under COVID-19 advise to pause or adapt ongoing cognitive-behavioral therapy during the current pandemic, at least for those with fears of contamination. These guidelines note how the difference between normal and abnormal fears of contamination can be difficult to tell, and given potential risks to clients with engaging in exposure and response prevention (ERP). Pharmacotherapy is proposed as a first line of treatment for patients with concerns about contamination. However, the unique features of OCD make a different set of recommendations possible. In particular, there are cognitive evidence-based methods that closely agree with the cognitive formulation of contamination fears as illustrated in the current paper^(20, 21). First and foremost, it would advise that therapists engage in psychoeducational efforts that highlight the difference between normal and obsessional fears of contamination. Learning how to tell the difference between normal and obsessional doubts is already an intrinsic part of inference-based cognitive therapy for OCD. It teaches those with OCD that obsessions typically occur out-of-context and without any direct evidence justifying the doubt⁽²²⁾.

Referen

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