



A Rare Case of Obsessive-Compulsive Disorder Presenting with Pica

Gursimar Kaur¹, Kasthuri Pandiyan², Supriya D'Silva³, Nanditha C³, Subhashini S³, Kavya M⁴, Athishai F Rakshith⁴

[1] Post Graduate Student, [2] Professor and HOD, [3] Assistant Professor, [4] Senior Resident

MVJ Medical College and Research Hospital, Bangalore

Submitted: 07-04-2024

Accepted: 17-04-2024

I.

II. INTRODUCTION

Obsessive Compulsive Disorder is defined as recurrent obsessional thoughts or compulsive acts.^[1] Obsessional thoughts are ideas, images, or impulses that enter the patient's mind again and again in a stereotyped form.^[1] They are distressing, recognized as his or her own thoughts, and involuntary.^[1] Compulsive acts or rituals are stereotyped behaviours that are repeated again and again, usually to get rid of the obsessions' not inherently enjoyable, recognized by the patient as pointless or ineffectual and repeated attempts are made to resist.^[1] Anxiety provoking if resisted.^[1]

Pica is defined as persistent eating of non-nutritive substances (such as soil, paint chippings, etc.).^[1] It may occur as one of many symptoms that are part of a more widespread psychiatric disorder or as a relatively isolated psychopathological behaviour; usually seen in children.^[1] Here is a rare case of OCD with pica as a leading manifestation.

III. CASE SUMMARY

A 25-year-old female presented with complaints of persistent, recurrent, irrational thoughts of contamination & doubt which were irresistible & distressing; since 4 years. Patient reports that no matter how hard she tried to distract herself from these thoughts, she was unable to do the same, and that led to extreme nervousness, irritability, tremors of hands and palpitations. It was followed by repetitive excessive behaviours of washing & checking. She reported that engaging in these behaviours relieved her restlessness for a short amount of time. Therefore, she started spending longer time to perform these acts. Patient started eating chalk as a way to distract herself from the intrusive recurrent thoughts 3 years ago. Patient reports that whenever she would think of

something bad happening, she would eat chalk and that would relieve her of the thought. This behaviour increased over time such that she started having gastritis and hence was brought to OPD. Significant past history of multiple deliberate self harm attempts with premonitory cluster B traits. Nil significant family and personal history.

Patient was examined and no abnormality was found on general physical examination & systemic examination. On mental status examination; obsessions of contamination & doubt with compulsions of checking, cleaning and miscellaneous compulsions were noted. Haematological investigations were normal. Endocrine pathology & organicity was ruled out.

Diagnosis of Obsessive Compulsive Disorder: mixed obsessional thoughts & acts was made. Yale Brown Obsessive Compulsive scale was used for assessment on which she scored 21. She was treated pharmacologically with Tab FLUOXETINE 20mg, titrated up to 40mg and non-pharmacologically with Cognitive Behaviour Therapy. Reported 50% improvement in 3 weeks.

IV. DISCUSSION

This case lends support to the literature which suggests that pica is on a spectrum of OCD related disorders.^[2] This case is significant in that she reported that this behavior was an involuntary attempt to not feel anxious or depressed. This gives credit to the idea that all pica may be on a continuum of OCD and anxiety disorders more globally.^[2]

Pica is a condition that is commonly missed in childhood.^[2] This condition occurs worldwide and is considered normal in children from ages 18 to 36 months.^[2] It is also commonly seen in pregnant women due to associated



nutritional deficiencies.^[2] However, it is uncommon in nonpregnant adults.^[2]

A case in 2007 described a 22-year-old man with pica which was attributed to poverty, isolation, neglect, and loneliness.^[3] A case from 2018 involved a young woman with a significant history of schizophrenia presenting with pica.^[4] A case in 2021 reported a 23 year old female presenting with pica as a reaction to her relational stress and interpersonal conflict with her father.^[5] Some studies suggest a link between iron deficiency and the neurobiology of OCD.^[6]

This case expands upon those reported to suggest a possible linkage between pica and OCD.

V. CONCLUSION

Even though pica is frequently linked to nutritional deficits, it can also appear as part of disordered thought and behavior in various psychiatric illnesses.^[7] A historical review indicates that in many cases of pica, a crucial clinical variable is impulse dyscontrol, whether secondary to underlying neuropsychiatric impairment or secondary to an impulsive personality structure.^[6] Appropriate identification and management of underlying psychiatric disorders can greatly help in management of pica.

REFERENCES

- [1]. World Health Organization. International Statistical Classification of Diseases and related health problems: Alphabetical index. World Health Organization; 2004.
- [2]. Butler W, Allen L. Acuphagia on the Obsessive-Compulsive Spectrum in an Adolescent Male. *Case Reports in Psychiatry*. 2020 Oct 28;2020.
- [3]. Halliday D, Iroegbu F. Case Report 'ACUPHAGIA'-An Adult Nigerian Who Ingested 497 Sharp Metallic Objects. *Editorial Advisory Board*. 2007;4(2):54.
- [4]. Kabori O, Salkovskis PM. Patterns of reassurance seeking and reassurance-related behaviours in OCD and anxiety disorders. *Behavioural and Cognitive Psychotherapy*. 2013 Jan;41(1):1-23.
- [5]. Sharma P, Mahapatra A, Narang A. Management of Pica associated with relational stress in an adult woman: A case report. *Indian Journal of Case Reports*. 2021 Jan 28;12-4.
- [6]. Stein DJ, Bouwer C, Van Heerden B. Pica and the obsessive-compulsive spectrum disorders.

- [7]. Biswas D, Brar T, Beniwal A, Jamwal AS, Saran B, Seth AK. Pica in various psychiatric disorders. *Santosh University Journal of Health Sciences*. 2023 Jan 1;9(1):114.