CASE REPORT OF A MAN SUFFERING FROM BIPOLAR AFFECTIVE DISORDER WITH CO-MORBID OBSESSIVE COMPULSIVE DISORDER

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ABSTRACT

Bipolar affective disorder (BAD) is chronic disease characterized by repeated episodes of depression and mania throughout the course of illness. We herein present a case report of two mental health disorders rarely seen together in a patient. A thirty two year old man presented with increased activity, over talkativeness, irritability and decrease need for sleep. Six weeks ago he presented with severe obsessions related to cleanliness and compulsive repeated hand washing. He is a known case of BAD for past sixteen years and during remission periods suffers from symptoms of Obsessive Compulsive Disorder (OCD) for the past 10 years. His Young Mania Rating Scale (YMRS) score was 21, Brief Psychiatric Rating Scale (BPRS) score was 53 and Yale Brown Obsessive compulsive scale (Y-BOCS) score was 24. He was diagnosed as a case of bipolar affective disorder current episode mania with psychotic features with co-morbid OCD. Marked improvement in the symptoms and quality of life was noted after two weeks of the treatment with lithium and aripiprazole. This case report highlights the importance of accurately diagnosing and managing two different mental health disorders occurring simultaneously in a patient with routine treatment of one disorder related with the precipitation of other.

KEY WORDS

BAD, OCD, Psychiatric co-morbidity

INTRODUCTION

Obsessional symptoms or full blown OCD have been found as a co-morbidity in many mental health disorders including depression, anxiety, BAD and schizophrenia.1This complex co-morbidity remain an area of interest for the researchers and mental health professionals due to the diagnostic and therapeutic challenges.[1-2] Routine treatment of OCD includes the use of SSRIs or TCAs, specially in our part of the world where psychological and non pharmacological treatments are not widely practiced. Use of these agents put a patient of BAD at a risk for developing a manic episode.[3]

Co-morbidity of OCD with BAD has been well established in the west and middle east[1,4] but rarely reported in our part of the world, except a case report from our neighboring country few years back.[3] We present a case of a young male who has been previously treated for BAD and OCD and this time presented with a manic episode which has been treated effectively with the medication regime which covered both OCD and mania.

CASE REPORT

An unmarried 32 years old unemployed male, resident of Rawalakot was brought to the emergency with complaint of over activity, irritability, over talkativeness and decrease in need for sleep. Six weeks ago he presented with severe obsessions related to cleanliness and compulsive repeated hand washing. He had been constantly talking, shifting from one topic to other. He also claims that he has been gifted with special powers and he is controlling this part of the earth. He is known case of BAD for past 16 years and suffering from OCD during the remission periods of BAD for past 10 years. His functionality has markedly declined due to these problems and he is unable to marry or seek employment due to these illnesses. There was no history of any head injury or illicit drug use.

He had first episode of mania at the age of 16. After that he had average 1-2 manic episodes per year for the past 16 years .Most of the episodes were manic and only 2 reported episodes of depression before the age of 20 . At the age of 22 during remission of BAD he had first episode of OCD with obsessional thoughts related to cleanliness, ruminations about religion and compulsions of repeated hand washing. There was no associated depression with this episode of OCD. During manic and hypomanic episodes, OCD symptomatology becomes less prominent. He was admitted twice in past 16 years for acute manic episodes. He had been taking medications off and on due to OCD & manic episodes but he was usually non-compliant after few weeks of treatment. There was no history of manic or hypomanic episode induced by any drug. Whenever he had remission from the manic episode, the OCD symptoms became severe but not associated with any depression. He tried to commit suicide twice in the last year by hanging himself reportedly due to severity of obsessions and ruminations about religion, but was saved by the father on both occasions. Two months back he had an episode of OCD in which he scored 24 on YBOCS which was administered on his OPD visit.

Patient is the only son of his parents and youngest among the six siblings. He started education at the age of 6 and achieved all other milestones normally without any significant medical, surgical or psychiatric history. He left education after matriculation. No history of any childhood illness, abuse, anxiety traits, tics, Tourette's syndrome or head injury was found. Patient had a bisexual orientation and used to fantasize both males and females during his masturbatory practices. Premorbidly, he had anancastic personality traits. His paternal uncle is suffering from OCD. No positive family history for BAD or another psychiatric disorder.

On mental state examination, a young man dressed in bright colors sitting on the sofa and singing a song. His vital signs and physical examination were unremarkable. He was expressing over familiarity. His mood was happy and the tone was high. He was over talkative and difficult to interrupt. He had flight of ideas with the delusion of grandiosity. There were occasional obsessional thoughts but no compulsions at present. There were persecutory ideas but no delusions of such content. No hallucinations and thought insertion, withdrawal or broadcasting were noted. He had no suicidal ideation at present. His attention and concentration were reduced. He was not attributing any of these symptoms to a psychiatric cause.

Investigations were performed according to the bio-psycho-social model. All the base line biological investigations (Blood CP, LFTs, RFTs, Fasting Glucose level, and TSH) were normal. Serum prolactin was within the reference range. CT-scan brain was also unremarkable. In the light of these findings no organic cause could be related to his current mental state.
Psychological investigations included the administration of the psychometric scales. He completed the self-administered questionnaires with the help of his mother. His YMRS score was 21 and BPRS score was 53. Beck suicide inventory score was 09. Social investigations included interview from the parents and feedback from the siblings.
After the detailed history, mental state examination and the results of psychometric tests, he was put on aripiprazole 15 mg twice daily and lithium carbonate 400 mg once daily. He and his parents were briefed in detail about the risks and benefits of all the treatment options available and fluctuation in the course of BAD due to treatment of OCD. After two weeks he showed marked improvement in the symptoms. His obsessional thoughts and sleep were improved markedly and flight of ideas and over talkativeness settled to the extent that his quality of life started improving.
The final diagnosis was bipolar affective disorder currently acute mania with psychotic features with co-morbid Obsessive Compulsive Disorder. After the appropriate treatment there was marked improvement in his condition. Lithium and mood stabilizing antipsychotic have role in both treatment and prophylaxis of BAD as well as they have a role in regulation of serotonin which improve the OCD symptomatology.

DISCUSSION

Treatment of routine patients suffering from OCD is not very difficult and usually associated with good response.[5] Our patient was unique in a sense that he was a known case of BAD and his OCD was not part of mania. First line pharmacological treatment of OCD could not be administered to him. This limitation made this case a therapeutic challenge for the psychiatric team.

OCD have been studied as a co-morbid illness with BAD in the other parts of the world. Case reports have been published from Asian countries like India and Turkey.[3,6] Another unique feature of our patient is that he reported the obsessions of cleanliness and compulsions of repeated hand washing, which is different from the obsessions of OCD-BAD patients reported in the past in the western world. Sexual and religious obsessions and counting rituals were more common in their patients suffering from OCD-BAD.[7,8]

This case presented a therapeutic challenge given the precipitation of manic episode with the use of antidepressants for OCD. SSRI can't be given due to risk of inducing manic episode. To overcome this, combination of second generation antipsychotic Aripiprazole and Lithium were utilized. It has an established role for treatment and prophylaxis of mania but it also has serotonergic properties. This serotonergic property was utilized to reduce the burden of symptoms of OCD. It has been documented in the past literature.[9] Role of lithium in reducing both manic and OCD symptoms by acting on different pathways was a real beneficial step in the management of this case.

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