

# Impact of COVID-19 on Patients with Obsessive Compulsive Disorder: A Review

Sakshi Bhardwaj<sup>1</sup>, Abhinav Bhardwaj<sup>2</sup>, Ravi Parkash<sup>3</sup>

<sup>1</sup>Senior Resident, Dept. of Psychiatry, Maharishi Markandeshwar Institute of Medical Sciences and Research

<sup>2</sup>Senior Resident, Dept. of Medicine, Maharishi Markandeshwar Institute of Medical Sciences and Research

<sup>3</sup>Senior Resident, Dept. of Psychiatry, Pt. B.D. Sharma PGIMS Rohtak

Corresponding Author: Ravi Parkash

## ABSTRACT

The unpredictability and uncertainty of the COVID-19 pandemic, lockdowns, social distancing, quarantine, isolation and the forthcoming economic breakdown can increase the risk of mental health problems. This review assesses the effect of corona pandemic on OCD patients. Various studies suggest that OCD affect up to 3.1% of the population and is associated with substantial disability and decreased quality of life. One of the main symptoms of OCD involves fear of contamination and washing compulsions. Recent pandemic declared by WHO has put certain recommendations to tackle this viral illness such as hand hygiene, sanitization, avoiding contact with people and surfaces which overlaps with OCD symptoms. People with pre-existing OCD are prone to relapses, the fear of transmitting COVID-19, distress and suicidal ideas. Despite the nature of their conditions, these people must adhere to routine processes, such as washing hands, wearing masks and gloves, and sanitizing hands. So, it is important for mental health professionals to identify the high risk individuals who are at risk of getting OCD or to identify triggering factors in already diagnosed OCD.

**Keywords:** Obsessive compulsive disorder, pandemic, COVID 19

## INTRODUCTION

The first case of corona virus disease 2019 (COVID-19) emerged in Wuhan, China in December 2019. It spread throughout the world within less than three months. India recorded its first COVID-19

case on 30th January 2020. [1] Countries have taken extreme steps to reduce the transmission of corona virus such as total or partial lock down with social distancing, quarantine, and isolation. [2] The pandemic has increased the burden of psychiatric illnesses among the population either due to emergence of de novo symptoms or due to loss to follow up of patients and inability to take medications. Among the individuals with mental illnesses of various types, OCD is the one which is directly affected by the worsening outbreak of COVID-19. The peak in anxiety about the virus has exacerbated the existing obsessive fears of contamination and harmful compulsive actions in some people with OCD. [3] Print, electronic and social media are flooded with advisories issued by governments and other national & international agencies. The celebrities, public figures, governments bodies dealing with health-related affairs are advising people to wash hands repeatedly, patients of OCD may find it difficult to resist. [4] The role of media in exacerbating the symptoms of OCD is supported by few studies. [5] Prestia et al. carried out a study to evaluate the changes in OCD symptoms before and after quarantine in a group of patients who were on psychiatry treatment of OCD (DSM 5 criteria) during the last 6 months. A significant increase was seen in severity of obsession and compulsion symptoms on Yales Brown Obsessive Compulsive Scale (YBOCS). [6] In an another study by Ismail et al. in 598 Turkish

adolescents, the relationship between fear of COVID-19 and OCD was analyzed and found the role of emotional reactivity, experiential avoidance and depression-anxiety in this relationship. Experiential avoidance strategies such as distraction, inhibition, denial or suppression were used to control negative experiences. [7] Hisato et al. investigated the acute impact of the COVID-19 pandemic on the changes of severity or symptomatology of OCD symptoms in 60 full or partial remitted OCD patients who were treated for more than 3 years in OCD clinic who directly visited the clinic from April 7 to May 2, 2020 in emergency in Japan. Their OCD symptoms were reassessed at the time when they came to clinic in the emergency. The results showed that those subjects with OCD symptoms badly affected by COVID-19 were significantly more likely to have higher trait anxiety, depressive status, higher prevalence of generalized anxiety disorder and contamination/washing symptoms specifically associated with virus respiratory infection such as Influenza infections at the assessment before the spread of COVID-19. [8]

#### **METHOD OF CONDUCTING REVIEW**

Articles that assessed the impact of COVID 19 pandemic on OCD patients were identified through searches of the PubMed, EMBASE, and Google Scholar databases for articles published in English between January 2020 and August 2020. The search combined the terms obsessions, compulsions, challenges faced due to COVID 19 pandemic etc. Additional articles were identified by a manual search of the reference lists of the identified articles and recent review articles.

#### **Prevalence of OCD in general population**

According to the World Health Organization, OCD is the sixth most disabling psychiatric disorder. The lifetime prevalence of OCD is 2.3% according to National Comorbidity Survey Replication reports. [9] A few studies reported

prevalence rate of sub threshold OCD up to 12.6%. Community studies of OCD have reported a slight female predominance. OCD is highly comorbid with other psychiatric illnesses, most commonly depression and anxiety disorders, high risk for suicidal behavior and high rates of substance and alcohol use disorders. [10]

#### **Effect of COVID 19 pandemic on OCD patients**

Obsessive-compulsive disorder (OCD) is characterized by obsessions (recurrent and persistent thoughts that are experienced as intrusive and inappropriate, causing marked anxiety) and repetitive compulsions (repetitive behaviors or mental acts carried out in response to an obsession and are aimed at preventing or reducing anxiety). These symptoms of OCD often interfere with a person's normal routine, occupation, or social activities and relationships. Individuals those who are already suffering with OCD specifically contamination or hypochondriacal type of worries or having perfectionistic type of personality might be more vulnerable to this pandemic

World Health Organization (WHO) and Centers for Disease Control and Prevention (CDC) recommended the social distancing and hand hygiene as the major strategies recommended for control of spread of COVID 19 infection. This has led to an increase in the demand for sanitizers, soaps and gloves. Every media source is stressing on the importance of hygienic measures, washing hands and prevention of contamination. It has led to the increased stress in the patients of preexisting OCD due to doubts with hygiene and the compulsive need to stay clean. OCD individuals with fear of contamination may spend hours worrying about the possibility of contacting an infections illness, avoiding potential contaminants such as not touching certain surfaces or decreasing social contacts, or engaging in compulsive washing behaviors of different sorts such as taking excessively long showers or spending

hours washing or disinfecting hands. [8] Need for certainty can lead to excessive, intense, and repeated reassurance seeking. Inconsistencies between the sources of information can lead to further information-seeking from a range of resources, some of which are likely to be more accurate than others. [11] High levels of fear of COVID-19 may cause irrational and unclear thoughts. Apart from the panic, health anxiety, mass hysteria and loneliness of isolation created due to COVID pandemic, the prominence of obsessive-compulsive symptoms has largely been neglected. Worldwide there have been reports of increased symptoms, distress and concern about this illness. [12] The pandemic can act as a triggering factor for underlying OC spectrum disorders in a genetically prone person, shift the balance from 'normal' obsessions to a pathological OC pattern, or can worsen an already existing OC disorder.

### **The presentations of symptoms in OCD in the pandemic**

The various presentations of symptoms can be as follow-

1. New onset of symptoms of OCD related to fears of COVID-19
2. Current worsening in the severity of OCD in patients who have been on follow-up for OCD
3. Relapse in those who previously responded/remitted with treatment
4. Factors affecting the worsening of OCD following the COVID-19 pandemic

### **Reasons why OCD patients are at most risk**

The reasons why OCD patients are more prone due to COVID pandemic are as follow-

- The increased demand for hand washing
- The importance for 'proper' hand-washing steps as per recommendations can add to a ritualistic pattern.
- The need to keep the hands clean every time a person comes from outside or there is a suspected exposure can add to the distress cognitively.

- The prompting of family to ensure strict hygienic measures and vice versa.
- The constant loading of information from various media sources about possibility of the virus to stay active on various inanimate surfaces, hence adding to the thoughts of contamination.
- Increased ruminations and repeated washing (or even bathing), can be 'normalized' at the face of a pandemic response as an exaggerated precautionary measure.
- Stocking of masks, soaps, sanitizers, disinfectants that can lead to hoarding and panic shopping.

Hoarding disorder is considered as a part of Obsessive Compulsive (OC) Spectrum in DSM 5. Apart from hoarding items of little use, need-based hoarding can increase both in OCD and hoarding disorder. This also includes medications used for symptomatic treatment of flu like analgesics, anti-inflammatory and anti-viral drugs. This can lead to shortage of supplies, agitation in the public and patients with genuine needs being deprived of them. Subsequent anxiety might lead to obsessive use of medications like hydroxychloroquine (HCQ), which is recently mentioned in the guidelines for COVID-19. It can be cardiotoxic and even life-threatening for certain individuals who are taking medications without adequate supervision.

Due to these reasons mentioned above, early identification and proper treatment by a qualified psychiatrist and team is the key in management.

### **Pharmacological management of OCD during COVID Pandemic**

- **Confirm Diagnosis** - Identify whether the current symptoms are an aggravated response to recent stressful events or the worsening of obsessive-compulsive symptoms.
- **Comorbid conditions** - Identify the presence of comorbid conditions such as anxiety disorder, depression, bipolar disorder, or posttraumatic stress disorder (PTSD), or any other medical condition

which may influence or interfere in the treatment of OCD.

- **Pharmacological treatment**
  - SSRI (Drug of Choice)
  - Another SSRI if no response to first SSRI
  - Clomipramine as third choice
- **Adequate dosing** - Gradually increase the suboptimal dose, pay attention to contraindications and adverse effects.
- **Adjuncts** - Low-dose antipsychotics can be used as adjuncts (eg, risperidone, olanzapine, aripiprazole, quetiapine,) if the response is inadequate or if tics are present.
- **Adherence** - Ensure patient is taking medications in adequate dose and regularly. Involve family/caregivers if adherence is in question.
- **Assess suicidal risk**- Some patients, including those with severe obsessions, comorbid depression, bipolar disorder, impulse control disorders, substance use disorders, personality disorders and eating disorders may be at increased risk. Additional COVID-related factors may potentially increase the suicide risk such as recent increase in OCD severity, family member found positive for COVID-19 or finding the effects of quarantine or isolation distressing.
- **Telemedicine** - include telephone, WhatsApp, text messages, email or video calls. Use teleconsultation services as per telepsychiatry guidelines.

#### **Non - pharmacological management of OCD during COVID Pandemic**

- **Psychoeducation** - Give information about the risks and impact of COVID-19 on physical and mental health. This includes the difficulties in managing the uncertainty associated with the virus but it might be challenging for some people with OCD, hypochondriasis or anxiety. Highlight the need for physical distancing (staying at home except for essential tasks like grocery shopping), with special precautions for the elderly. Patients need to understand that this

health crisis can persist for some time, and they need to manage their stress levels over time (e.g., long-term routines of mindfulness techniques, and exercise).

- **Cognitive behavioral therapy (CBT)** is considered as a first-line intervention for OCD. In ERP, people are being exposed to things that trigger their OCD, so those with contamination fears may be asked to touch things in public places, then resist washing their hands which would counter public health recommendations in COVID pandemic and can be dangerous to the patient. In vivo exposure should be paused and ERP interventions should be modified according to individual case. For patients whose exposure is unrelated to contamination, ERP treatment plans can be continued. Balancing the risk of a patient contracting COVID-19 during ERP with the potential benefit of ERP on reducing obsessive-compulsive symptoms should be central to treatment planning, considering both the latest information and guidelines about the pandemic with the degree of impairment and distress caused by OCD. <sup>[13]</sup>
- **Activity scheduling** and structuring the day to include physical activity, enjoyable activities, practices that enhance sleep, and mindfulness. Patients under quarantine or staying at home under restrictions are at great risk of circadian rhythm disruption which can increase anxiety and worsen OCD symptoms while regular circadian rhythms and regular physical activity will help in reducing anxiety.
- **Support to caregiver:** family members and caregivers of patients with OCD are at increased risk of developing stress related disorders due to the worsening of patients' symptoms and may need additional support. Parents are encouraged to engage in joyful activities with their child.



### Other measures to deal with OCD during pandemic

- **Balanced information**-Tell the patients about the known risks and impact of COVID-19 on their symptoms and clear their myths and doubts if any. For example, patients who have washed their hands for hours and bleached or even boiled their hands.
- **Clear myths**-Some patients with OCD thinks whether it is safe to touch a newspaper or if they can catch the virus if they go outside, even if no one is around. Some wonder if they should 'quarantine' a package or wear gloves to bed. It will be helpful to show them the public health guidance of the WHO or CDC advising that 20 seconds of hand washing is adequate.
- **Check source of information**-Some of the sources of information about COVID-19 are not factually correct and that people get incorrect information from watching these news all day and being bombarded with information which makes their symptoms a thousand time worse. Therefore, patients should be advised to limit news to half an hour twice daily.
- **Empathetic attitude towards patients**-Clinicians should listen to patients' symptoms and complaints empathetically and should follow a compassionate, calming and culturally sensitive approach to inform all interventions. Empathy from close friends and family is helpful.
- **Psychoeducation of the patients and families**, debunking misinformation about the pandemic, using the psychiatric social work support to follow-up on severe and treatment resistant patients, ensuring drug compliance are necessary steps to help people who are in need. It is vital to explain to them the context and circumstances of washing and make them realize what is 'out of proportion'. Similarly, any unnecessary hoarding needs to be minimized. Uncontrolled

obsessions and compulsions can lead to dermatological conditions, chronic stress, insomnia and high risk for suicide.

- **Training of Primary health-care workers** at various sites need to be done to identify OC complaints and the necessary referrals.
- **Limit media use**- Patients are asked to check news once a day for a maximum of five minutes, or watch the evening news once a week, or decide not to check news at all.
- **Practice self-compassion** - Tell the patient that it is normal to be anxious about the coronavirus. COVID-19 worries many people, including those who don't have OCD. Encourage patients to be vigilant if they experience an increase in OCD symptoms. Remind them that it's not their fault and to do what they can to keep their compulsions in check without trying to be perfect.
- **Follow advice** from health care professionals and follow guidelines for social distancing.
- **Take time** to do things you enjoy such as contact with family and friends, listen to music, read good books, get some fresh air, sing or dance, watch TV and movies that make you happy, and take every opportunity to relax.

### CONCLUSION

Providing accurate and personalised information on relevant risks can prevent the development or exacerbation of mental health problems. It is important that clinicians and policymakers should be aware of the potential increased risk of relapse among those with an underlying OCD diagnosis during infectious disease pandemics and proactive efforts are needed to support this vulnerable population. As mental health professionals (MHPs), we need to assess and educate all patients of anxiety disorders and OCD visiting us in outpatient services. Providing alternative channels of care like telephonic helplines and online consultations might also help.

Educating people about the adverse psychological effects of such pandemic scenarios, promoting behavioural health promotion, integrating with primary health care, solving issues and helping COVID-19 patients can play a key role in preventing mental health crisis.

## REFERENCES

1. Gandhi PA, Kathirvel S. Epidemiological studies on coronavirus disease 2019 pandemic in India: Too little and too late? *Med J Armed Forces India* [Internet]. 2020; 76(3):364-365. Available from: <https://doi.org/10.1016/j.mjafi.2020.05.003>
2. Malavika B, Marimuthu S, Joy M, Nadaraj A, Asirvatham ES, Jeyaseelan L. Forecasting COVID-19 epidemic in India and high incidence states using SIR and logistic growth models. *Clin Epidemiol Glob Heal* [Internet]. 2020; 1-8. Available from: <https://doi.org/10.1016/j.cegh.2020.06.006>
3. Fineberg NA, Ameringen M Van, Drummond L, Hollander E, Stein DJ, Geller D, et al. How to manage obsessive-compulsive disorder (OCD) under COVID-19: A clinician's guide from the International College of Obsessive Compulsive Spectrum Disorders (ICOCS) and the Obsessive-Compulsive and Related Disorders Research Network (OCRN) of the Europe. *Compr Psychiatry*. 2020; 100:152174.
4. Kumar A, Somani A. Dealing with Corona virus anxiety and OCD. *Asian J Psychiatry*. 2020; 51:102053.
5. French I, Lyne J. Acute exacerbation of OCD symptoms precipitated by media reports of COVID-19. *Irish J Psychol Med* [Internet]. 2020; 1-4. Available from: doi: 10.1017/ipm.2020.61.
6. Davide P, Andrea P, Martina O, Andrea E, Davide D, Mario A. The impact of the COVID-19 pandemic on patients with OCD: Effects of contamination symptoms and remission state before the quarantine in a preliminary naturalistic study. *Psychiatry Res*. 2020; 291:113213.
7. Secer I, Ulas S. An Investigation of the Effect of COVID-19 on OCD in Youth in the Context of Emotional Reactivity, Experiential Avoidance, Depression and Anxiety. *Int J Ment Heal Addict*. 2020; 1-14.
8. Matsunaga H, Mukai K, Yamanishi K. Acute impact of COVID-19 pandemic on phenomenological features in fully or partially remitted patients with obsessive-compulsive disorder (OCD). *Psychiatry Clin Neurosci* [Internet]. 2020; 1-4. Available from: 10.1111/pcn.13119
9. Ruscio A., Stein D., Chiu W., Kessler R. The epidemiology of Obsessive-Compulsive Disorder in the National Comorbidity Survey Replication. *Mol Psychiatry*. 2010; 15(1):53-63.
10. Jaisoorya TS, Janardhan Reddy YC, Nair BS, Rani A, Menon PG, Revamma M, et al. Prevalence and correlates of obsessive-compulsive disorder and subthreshold obsessive-compulsive disorder among college students in Kerala, India. Vol. 59, *Indian Journal of Psychiatry*. 2017. p. 56-62.
11. Hewson T, Shepherd A, Hard J, Shaw J. Recognising and addressing the impact of COVID-19 on obsessive-compulsive disorder. *Lancet Psychiatry*. 2020; 7(7):570-72.
12. Banerjee D. The other side of COVID-19: Impact on obsessive compulsive disorder (OCD) and hoarding. *Psychiatry Res*. 2020; 288:112966.
13. Storch EA, Schneider SC, Guzick A, McKay D, Goodman WK. Impact of COVID-19 on exposure and response prevention for obsessive-compulsive disorder: Present and post-pandemic considerations. *Psychiatry Res*. 2020; 292:113310.

How to cite this article: Bhardwaj S, Bhardwaj A, Parkash R. Impact of COVID-19 on patients with obsessive compulsive disorder: a review. *International Journal of Science & Healthcare Research*. 2020; 5(3): 581-586.

\*\*\*\*\*