

Case Report

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Nosographic considerations on obsessive-compulsive disorder occurring exclusively during the menstrual phase

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Abstract

The relationship between the menstrual cycle and mood disturbances has been described in the literature and is linked to changes in the secretion of sex hormones. Rare studies have reported the exacerbation of obsessions during menstruation, while no case reports the onset of premenstrual Obsessive-Compulsive Disorder (OCD). Nosographically, obsessive symptoms are not part of premenstrual syndrome, and no specification of the menstrual cycle for obsessive disorders was mentioned in DSM 5 (Diagnostic and Statistical Manual of Mental Disorders).

We report a 39-year-old patient followed for panic disorder since adolescence, and who currently presents for obsessive symptoms that meet the diagnostic criteria for an obsessive-compulsive disorder, and which have the particularity of occurring exclusively during menstruation.

Our case emphasizes the importance of establishing a new nosographic framework that takes into account the development of obsessive-compulsive symptoms related to the menstrual cycle.

Keywords: Obsessive-compulsive disorder; menstruation cycle; nosography.

Introduction

Obsessive Compulsive Disorder (OCD) is a common pathology in the general population and often diagnosed late. It usually starts in childhood or early adulthood (before age 30). OCD rarely improves spontaneously. It evolves towards chronicity with fluctuations often related to life events. There are forms of more or less variable severity. In mild OCD, socio-professional and family functioning remains fairly preserved, but in very severe forms, the subject remains a prisoner of his obsessions, suffering from very pronounced social and family isolation.

We report a 39-year-old patient followed for Obsessive-Compulsive Disorder (OCD) which systematically occurred during menstruation. Our case emphasizes the importance of establishing a new nosographic framework that takes into account the development of obsessive-compulsive symptoms related to the menstrual cycle.

Case report

The patient was 39 years-old, she was married and multipart with two children. The clinical history of the patient revealed anxious stuttering that occurred in infant age, which lasted until late adolescence stage. In her 22 years-old, she showed panic attacks that lasted eight years. These attacks regressed on Paroxetine medical treatment and without any psychotherapy.

The patient was presented to a psychiatric consultation for a phobia of impulsive acts which were mostly due to the fear of harming her children or her husband. This obsessive ideation occurred two years earlier the consultation; have worsened in the last six months and initiated-significant discomfort and anxiety. When obsessions symptoms were accentuated, the patient withdrawn into herself and started to avoid her children. The patient underlined that these obsessions were occurring almost exclusively during the menstruation; they become minimal or

almost absent and without any family or professional repercussions after the end of menstruation.

The psychiatric examination found an anxious patient with a good insight and without associated psychotic symptoms. Her mood was found to be moderately depressed. The patient reported with great lucidity the transient occurrence of phobia of her impulsive acts and complained that she cannot cope with her suffering for a week.

A treatment based on Sertraline with a dose of 100 mg per day was started. The following two-month course of treatment was marked by a very noticeable improvement and she remained stable at 6 months of follow-up.

Discussion

The originality of this clinical case is based on the fact that these obsessions are occurring exclusively during the period of menstruation and disappear almost completely outside this period.

We did not find in the literature a similar case. However, studies reported the increase of incidence of OCD or the exacerbation of symptoms already existing in women during reproductive cycle events [1]. Karpinski's study showed that gonadal hormones have an impact on neurotransmitters including serotonergic, dopaminergic and glutaminergic system, these could explain the deterioration of OCD during the premenstrual phase [2].

The obsessive symptoms are not part of the premenstrual syndrome. The latter only consists of mood disorders including: Anxiety, irritability, depressed or labile mood. Women who experience an exacerbation of their OCD during menstruation are also prone to mood disorders, especially major obsessive disorder and postpartum depression. In addition, Guglielmi et al. stated that OCD exacerbation during the pregnancy constitutes a risk factor for subsequent pregnancies, hence the need to adjust appropriately the treatment [3].

Another argument in favor of the impact of gonadal hormones on obsessive symptoms is a 14-year-old who developed OCD following hormone therapy for ovulatory disorder [4].

In addition, Yaryura Tobias et al. reported a series of women who suffered from OCD with two stages of symptoms: premenstrual and postmenstrual [5]. This development of OCD suggests a specific syndrome representing a subgroup of OCD.

A study published by Vishne et al. reported a series of ultra-Orthodox Jewish women who have had obsessive-compulsive symptoms with exaggerated religious characteristics during menstruation [6]. They developed rituals in response to their obsessions to alleviate their anxiety. Indeed, the period of menstruation is linked to great stress in these women who consider themselves unclean.

These studies concluded that the development of OCD is not only related to the menstrual cycle linked to changes in gonadal hormones, but also to the socio-cultural perspectives related to the religious significance of menstruation and the purification processes.

Conclusion

Our observation emphasizes the importance of establishing a new nosographic framework that takes into account the occurrence of obsessive-compulsive symptoms in relation with the menstrual cycle.

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