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Research Paper

Childhood Sexual Abuse and OCD with Chronic Motor TIC Disorder

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ABSTRACT

This scientific article aims to describe the childhood sexual abuse and OCD and Chronic motor TIC disorder. Childhood sexual abuse modifies how a child perceives their responses to environment and react to them and their maladaptive belief is one of the causes of OCD. Childhood trauma might play a role in the development of OCD via the development of specific personality traits. Case report of the article throws light that though a stressful life event in the form of childhood sexual abuse is one of the causes of OCD with co morbid tic disorder, genetic vulnerability is also an important risk factor. This will not only help in finding out the etiology but also in the management of such cases.

Keywords: *Childhood Sexual Abuse, OCD, Chronic Motor, TIC Disorder.*

From the time of Sigmund Freud study of childhood sexual abuse and mental illness is going on. Sigmund Freud during his study on hysteria explained about the relationship between repressed memories of childhood sexual abuse and occurrence of neurosis. Short-term and long-term effects of childhood sexual abuse are guilt, anger, hostility, personality disorder, eating disorder, depression, OCD respectively.

Childhood sexual abuse modifies how a child perceives their responses to environment and react to them and their maladaptive belief is one of the causes of OCD. Childhood trauma might play a role in the development of OCD via the development of specific personality traits. An Obsessive-compulsive disorder (OCD) is characterized by a group of symptoms that include intrusive thoughts, rituals, preoccupations, and compulsion.

Though there are many kind of literature which can explain the coexistence of childhood sexual abuse and OCD, very few literature which can explain about comorbid motor tic disorder. Obsessive-compulsive symptoms or disorder (OCD) has been found to coexist in

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one third to two-thirds of children and adolescents with Tourette's disorder. A tic is an involuntary, rapid, recurrent, non-rhythmic motor movement (usually involving circumscribed muscle groups), or vocal production, that is of sudden onset and serves no apparent purpose. When motor tic disorder is present more than a year then it is called chronic motor tic disorder. Tic disorders are often associated with OCD.

Here, we are presenting a case of OCD with chronic motor tic disorder with the history of childhood sexual abuse.

THE CASE

A 23 yrs old female admitted in our department with 10 yrs history of repetitive involuntary blinking, shoulder shrugging, facial grimacing; repetitive unwanted thought of someone touching her private parts, repetitive unwanted images that someone hurting her, screaming and shouting behavior, decrease sleep, decrease interaction with other, suicidal gesture. Her symptoms were started when she was in class VII and initial symptoms were repetitive unwanted thought of someone touching her private parts, repetitive unwanted images that someone hurting her; these repetitive thought present most of the time of the day and when these thoughts and images became uncontrollable to her she started to shout and scream, she became restless. These thought and images were present most of the time of the day. Two years after that she also developed repetitive involuntary blinking, shoulder shrugging, facial grimacing; initially, it was not noticed by other but, day by day it was increasing and she started to feel embracement in front of others. These movements were present most of the time of the day and it was absent during sleep time but these movements were increased with stress. Her sleep was also decreased and her interaction with other was also decreasing day by day. She felt increasingly embarrassed in public, her school grades had been deteriorating, and she was irritable throughout the day. There were frequent quarrels with her parents and there was also the history of suicidal gesture during that time. Many times she tried alcohol, opium, and nicotine to get rid of these symptoms. On further inquiry, she said that when she was in class III and class VI there was two incident of sexual abuse and it was childhood sexual abuse with physical contact and she also expressed that before starting of illness her those memories always used to disturb her. Her past history did not reveal any physical illness. There was also the family history of OCD in her elder brother and history of the obsessive trait in her mother. On mental status examination, She was conscious, co-operative, increased psychomotor activity, anxious, restless, repetitive involuntary movement of eye blinking, shoulder shrugging, facial grimacing, unwanted repetitive thought that someone was touching her private parts, poor attention, and concentration, intact judgment. Her general and systemic examination findings did not reveal anything and her laboratory reports were also within normal limits. She was diagnosed as a case of obsessive-compulsive disorder with chronic motor tic disorder and started with tab fluoxetine 20 mg, tab haloperidol 5mg and tab clonazepam 1 gm. Subsequently, tab fluoxetine is increased upto 40mg and non pharmacotherapy in the form of CBT was also started. With this treatment, she improved and well maintained.

DISCUSSION

This paper reported a case of OCD with chronic motor tic disorder with the history of childhood sexual abuse. In our case patient presented to us with symptoms of chronic motor tic disorder and OCD and on further inquiry we are able to know about the sexual abuse during her childhood. With treatment now, she is better. There are many kind of literatures which can explain that childhood sexual abuse is one of the causes of sexual obsession in OCD and tic disorder. In a study of Caspi A et al found that a significantly higher frequency of Childhood sexual abuse involving physical contact was found among the OCD. Kristy L. Dykshoorn had done a study where he found that stressful life events are one of the causes of OCD. M. Briguglioa,et al. reported two cases where they have found tic disorder with comorbid OCD.

Snider LA, et al; Allen AJ, et al; had reported cases of OCD and Tic disorder with the history of recent viral infection but in our case, we had not found any history viral infection but, there was the history of childhood sexual abuse and family history of OCD.

Our case report throws light that though a stressful life event in the form of childhood sexual abuse is one of the causes of OCD with co morbid tic disorder, genetic vulnerability is also an important risk factor. This will not only help in finding out the etiology but also in the management of such cases.

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Conflict of Interest

The authors colorfully declare this paper to bear not conflict of interests

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