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Case Study

Age Is Just a Number: Unveiling the Enigma of Late Onset OCD, Its Treatment and Prognosis: A Case Series

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ABSTRACT

The study is about the occurrence of late-onset Obsessive-Compulsive Disorder (OCD) in elderly individuals. The study focuses on how OCD symptoms can manifest after the age of 50 without any underlying neurological cause. The results show that OCD can develop later in life as a primary psychiatric illness and may be triggered by psychosocial stressors. The study was conducted on three elderly patients from middle socioeconomic status. There is no gender difference observed, and all cases responded positively to pharmacological treatment.

Keywords: *Late onset, OCD, Geriatric psychiatry, Prognosis*

OCD is represented by a diverse group of symptoms that include intrusive thoughts, rituals, preoccupations and compulsions. It's a chronic and disabling disease. The lifetime prevalence of OCD is fairly constant, estimated to be 2 to3 per cent. Overall, the symptoms of about two thirds of affected persons have an onset before age 25, and the symptoms of fewer than 15 per cent have an onset after age 35. New onset OCD in an older individual would raise questions about potential neurological causes to the disorder which is an exception in our cases. In this report we present 3 cases of individuals with obsessive-compulsive disorder (OCD) whose symptoms developed late in life.

Case 1

Mr. A, a 70-year-old widower, literate from MSES, first developed obsessive-compulsive symptoms which included obsessions that "he might harm his grandchildren (e.g., he would hit them or he would kill them) for 3 months. These fears led to withdrawn behaviour, panic attacks, decreased sleep, sadness, loss of interest, death wishes for a period of 3 weeks before seeking help with impairment in activities of daily living and socio occupational functioning. On examination nervous system did not show any deficits. On MSE speech was spontaneous with normal tone and decreased volume thought phenomenon showed repeated intrusive ego dystonic thoughts that he might harm his grandchildren with anxious affect and restricted with good insight. His YBOCS score was 22 and HAMD was 16. Laboratory investigations were within normal limits and CT scan showed age related changes. He was

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started on Escitalopram 10mg increased to 20mg with short course of clonazepam. Currently patient is maintaining well with 10 mg complete remission of symptom with medications.

Case 2

Mrs X 58 years old married woman graduate homemaker from MSES with no prior history of psychiatric illness and no family history of psychiatric illness came with complains of fear of dirt and contamination with cleaning compulsions from 3 years increased in the last 6 months which was preceded by a family conflict. These things had led to fatigability, there was impairment in daily activities and socio occupational functioning. these had led her to sadness, loss of interest, irritability and decreased self-confidence. She had sleep disturbances and loss of appetite. She was also hypertensive for 5 years. On MSE she had obsessions of fear of dirt and contamination and feelings of disgust with depressed affect with good insight. Her Y-BOCS score was 44 and HAM D score was 20. Laboratory investigations showed dyslipidaemia and CT scan showed normal study. She was started on Fluoxetine increased up to 60 mg and 6 weeks of clonazepam was given. Currently she is maintaining well with medications and on regular follow ups.

Case 3

Mrs. L, a 65 years old female, widowed, not formally educated, belonging to MSES started having obsessive thoughts like her children and grandchildren will meet with an accident and also, she might use foul language in front of her children and grandchildren for two months. These fears led to withdrawn behaviour, repeated chanting of 'devara nama', followed by panic symptoms, decreased sleep, sadness, loss of interest, death wishes for a period of 3 weeks before seeking help, with impairment in activities of daily living and social functioning. On examination nervous system did not show any deficits. On MSE, speech was spontaneous with normal tone and volume. Thought phenomenon showed repeated intrusive ego dystonic thoughts that her children and grandchildren might die in an accident, with anxious affect and good insight. Her YBOCS score was 24 and HAMD was 22. Laboratory investigations were within normal limits and CT scan showed age related changes. She was started on Fluoxetine 20mg increased to 60mg with short course of clonazepam. Currently patient is maintaining well with complete remission of symptoms with medications.

DISCUSSION

To our knowledge, the series of 5 cases of late-onset OCD represents the largest such report in the literature in which the cerebral abnormalities may have been incidental findings, their location in the frontal lobes and caudate nuclei is consistent with several prior reports of secondary OCD related to Sydenham's chorea, Huntington's disease and focal cerebral lesions [7] unlike in our cases.

OCD is an illness that usually presents in the second or third decade of life, onset after age 50 should alert the physician to possible "organic" causes of OC symptomatology which was unlike in our cases which shows that primary idiopathic OCD can develop at later age groups.

In our both cases the illness was precipitated by a stressor and good prognosis which is consistent with previous studies.

Most of the literature comprises of case studies and therefore the literature base is limited by relatively few cases and further systematic research in this area is required.

CONCLUSION

Despite no detectable neurological abnormalities, all patients exhibited classic OCD symptoms, identifiable stressors triggered onset. Remarkably, treatment with selective serotonin reuptake inhibitors (SSRIs) led to significant symptom relief. OCD is a heterogeneous disorder. It can present at late life. Late onset probably has a precipitating factor and good prognosis, need further systematic research on this area. Age of onset have an impact on clinical phenotype.

REFERENCES

Berrios, G. E. (1996). *The History of Mental Symptoms*, Cambridge University Press, Cambridge, UK. ISBN: 9780521469137, Pages: All.

Janet, P. (1903). *Les obsessions et la psychasthénie*, Alcan, Paris. (Reprinted 1976, Arno Press, New York). ISBN: Not Available.

Pitman, R. K. (1987). *Pierre Janet on obsessive-compulsive disorder*, Archives of General Psychiatry, Vol. 44(3), Pages: 226–231.

Rasmussen, S. A., & Eisen, J. L. (1992). *The epidemiology and clinical features of obsessive-compulsive disorder*, Psychiatric Clinics of North America, Vol. 15(4), Pages: 743–759.

Reddy, Y. C. J., Rao, N. P., & Khanna, S. (2010). *An overview of Indian research in obsessive compulsive disorder*, Indian Journal of Psychiatry, Vol. 52(Suppl 1), Pages: S200–S209. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3146216/

Sharma, E., Sundar, A., Thennarasu, K., & Reddy, Y. C. J. (2015). *Is late-onset OCD a distinct phenotype? Findings from a comparative analysis of "age at onset" groups*, CNS Spectrums, Vol. 20(5), Pages: 508–514. DOI: 10.1017/S1092852914000777

Swoboda, K. J., & Jenike, M. A. (1995). *Frontal abnormalities in a patient with obsessive-compulsive disorder: The role of structural lesions in obsessive-compulsive disorder*, Neurology, Vol. 45(11), Pages: 2130–2134.

Ward, C. (1988). *Transient feelings of compulsion caused by hemispheric lesions: Three cases*, Journal of Neurology, Neurosurgery & Psychiatry, Vol. 51(2), Pages: 266–268.

Weiss, A. P., & Jenike, M. A. (2000). *Late-Onset Obsessive-Compulsive Disorder: A Case Series*, The Journal of Neuropsychiatry and Clinical Neurosciences, Vol. 12(2), Pages: 265–268. DOI: 10.1176/jnp.12.2.265

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Conflict of Interest

The author(s) declared no conflict of interest.

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