

A Case of Childhood Onset Obsessive Compulsive Disorder Presented as School Refusal for a Year

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ABSTRACT

School refusal is a common problem seen among children as well as adolescents. It is very commonly present with other psychiatric co-morbidities like anxiety disorders, mood disorders, neuro-developmental disorders, child abuse and many more. OCD is also a common psychiatric condition in children and adolescents. Childhood presentation of OCD becomes difficult to diagnose due to its presentation as well as child's inability to describe symptoms. If untreated, it will significantly hamper child's academic, social and family functioning. We present a case of 12 years old boy with one year symptoms of school refusal, sadness and anxiety. He had been evaluated and found to have obsessions and compulsions underlying above mentioned symptoms. He was improved with Fluoxetine, Clomipramine and supportive psychotherapy.

Keywords: *Childhood, Obsessive Compulsive Disorder, School*

School refusal is a very common condition in adolescent who is making transition into a new grade or school. School refusal occurs in about 1-5% school aged children.¹ It is commonly associated with other psychiatric co-morbidities like separation anxiety disorder, depression, learning disability, social anxiety disorder, child abuse, and many more. There are many factors which contribute to school refusal. In any case, it requires immediate intervention, because the longer the absence from school, the more difficult it to interrupt.² OCD is characterized by the presence of recurrent obsessions or compulsions that are distressing, time consuming, or debilitating. Obsessive compulsive disorder is common among children and adolescents with life time prevalence of 2-4% with slight male preponderance in young children.³

Diagnosis of obsessive compulsive disorder may sometime difficult due to its various presentations. Here we are presenting a case of child with complain of school refusal for a year who had underlying OCD.

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Case presentation

A 12 years of boy referred to tertiary care psychiatric department with complain of school refusal for a year. All symptoms started developing when this boy was shifted to new school for 7th grade. After few days of new school, he started complaining about peers, teachers and school. He reported that at school other boys used to bully him and he had difficulty adjusting this new place. His academic performance started worsening and gradually he started refusing to go school. His parents found him weak, irritable, sad and isolated. For all these complain, his parents brought him to primary health care centre where he was given 10 mg of Escitalopram and 0.25mg of Clonazepam. His mood was improved with these medications but he was reluctant to go to school. So after a long absence from school, his parents decided to shift him to old school during new term. Even after joining an old school, his behavior didn't change. He again started refusing to go to school and if he attended school, he used to just sit there and not write or read anything. Because of all these reason, they were advised to consult psychiatrist.

First consultation was nearly one year after his all these problem started. He was sad and anxious while evaluation. He was reluctant to talk much in first sitting. On detailed and subsequent evaluation, we found that he had frequent and repetitive thoughts of becoming a bad guy, images of unwanted and bad people from new school and all these symptoms started one year back when he had joined new school. He reported of being distress of such thoughts and images and so he used to perform counting, washing, arranging rituals to get rid of those thoughts. Even many times he used to imagine good people to get rid of images of bad people. He reported these are the reasons why he used to refuse to go school as he thought it would help him in getting rid of these images. When he was shifted to old school, till that he developed compulsions of re-writing and re-reading, so he was frequently scolded for his slowness and that was why he refused to go old school. There was no any history of academic problem till 6th grade. There was no history of birth or developmental problem. His physical and neurological examination was normal. Routine investigation including blood counts, thyroid profile, electrocardiogram and electroencephalograph were normal.

After making diagnosis of OCD with fair insight and school refusal, he was started on Fluoxetine with supportive psychotherapy. Initially dosage was started at 10mg which gradually increase up to 40mg over a month. With this dosage, his mood started improving, his time spending over rituals got decrease and so dosage was increase up to 60mg and same maintained for 2-3 months. But school related problems were still not resolved. After adding Clomipramine 25mg with fluoxetine 60mg, after 1 month his symptoms reduced considerably. He started attending school. He is maintained on the same medication over further period till he became regular in school.

DISCUSSION

The child discussed here is a case who presented with school refusal as a primary complaint. On further evaluating recurrent and intrusive thoughts, images with many compulsions found.

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School refusal is a common problem seen among children as well as adolescents.⁴ Thoughts and behaviors associated with OCD are often perplexing to child, parents, teachers and peers. Recognizing symptoms of OCD may be difficult as symptoms can easily be misinterpreted as oppositional behavior or meaningless worries. Also children or adolescents may try to hide their symptoms. Symptoms may fluctuate and vary over time to time, which further create complications. It can considerably affect many aspects of child's life like academic, peer and social relationships and family functioning. So attempt should be made to diagnose symptoms earlier and treat with medications or psychotherapy or both. There are many studies showing that selective serotonin reuptake inhibitors alone or along with cognitive behavior therapy is effective in childhood OCD.⁵

CONCLUSION

Many a time, childhood presentation of OCD becomes difficult to diagnose due to its presentation as well as child's inability to describe symptoms. School refusal is most commonly associated with other psychiatric conditions, so by early evaluation we can help child getting back to school as well as treat underlying condition.

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Conflict of Interests

The author declared no conflict of interests.

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