

Episodic Bout of Shouting: A Rare Variant of Childhood Obsessive Compulsive Disorder (OCD)

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ABSTRACT

Childhood obsessive-compulsive disorder (OCD) is characterized by recurrent intrusive thoughts associated with anxiety or fear and/or repetitive purposeful mental or behavioral actions aimed at reducing fears and tensions caused by obsessions. Among the commonly reported obsessions in children are fears of contamination, exposure to germs or disease followed by worries related to harm befalling on them, their family members or fear of harming others due to losing control over aggressive impulses. We are reporting a rare presentation of childhood OCD in which the child has repetitive intrusive urge to shout, producing lot of anxiety when being suppressed, followed by compulsive shouting to relieve the anxiety.

Keywords: obsessive-compulsive disorder, shouting, anxiety, sense of relief

CASE REPORT

A 13-year-old child was brought to tertiary care Psychiatry OPD by his elder brother with complaints of episodic bouts of shouting for past 6 months. The child was average in his scholastic performance. The parents were greatly disturbed with this behavior of the child which was embracing and shame

particularly in social contexts. The child often seen restless and disturbed in his usual functioning although he maintained good interactions with peers. On detail exploration, he had suffered common cold and cough in the month of September 2023 which subsided few days later antibiotic and cough syrup prescribed by local physician. After few weeks later he started harboring repetitive of urge of shouting. As per patient the thoughts of shouting were intrusive and beyond his control. His resistance or suppression of such thoughts make him fear, anxious and restless which become difficult to control unless he shout loudly multiple time (4-5 minutes in a chain) to relief himself which was gradually increasing with due course of time. Such irresistible chain of thoughts would come to his mind out the day and compel him to shout even at odd place like class room, temple, and social gathering etc. which appears quite embracing to the patient as well as the family members. This was frequently noticed by his class teacher (disturbing the rhythm of teaching to whole class) which led to temporary dismissal of academic session unless he got treated. He tries to distract himself by repetitive counting the steps or engage in some ritualistic activities but he could not control the irresistible thought of shouting. There was

history of diagnosable OCD in his mother (obsessional thought of dirt and contamination and compulsive washing). With all these symptoms the child was brought to tertiary care Psychiatry service. He was thoroughly examined and Otolaryngological consultation was taken to rule out local pathology which turns out to be normal study. We got his ASO titre done in view of likelihood of PANDAS, which, however turned out to be negative. Accordingly, the following investigations were done (Table 1).

Investigations	Results	Units	Ref. Range
Vitamin B12	414	Pg/ml	211-911
Vitamin D(25 OH)	40.18	Pg/ml	30-100
T3	6.65	pmol/L	3.5-8.5
T4	14.74	Pmol/L	11.5-22.7
TSH	2.41	Micro IU/ml	0.35-5.5
ALT	26.52	U/L	13-40
AST	34.29	U/L	<37
ALP	290.66	U/L	30-90
ASO	150	IU/ml	<200
Haemoglobin	12.0	g/dl	13-17
WBC	9.21	Thousand/MicroL	4-10

The routine investigations and ASO titre were done, which were within normal limits.

DISCUSSION

Childhood OCD has a lifetime prevalence of 2 to 4 percent with male predominance (Sadock et al., 2015). Genetic factors are supposed to play a significant role in early onset OCD (ten times greater than for the general population) as in our case his mother has diagnosed OCD Genetic heritability estimates range between 26% -33%(Gardner et al 2000). Some of the rare presentations have been described in children are body hyperawareness, emotional contamination, perfectionism, contamination with specific times, places, and persons (Rachel Porth et al 2018). Upto 80% of children diagnosed with OCD meet the criteria for another comorbid mental disorders including anxiety disorder, depressive disorder, attention deficit disorder, oppositional defiant disorder

The investigation were within normal limit and we started on tab Sertraline 75 mg OD with psychosocial intervention such as distraction technique, thought blocking, engaging in relaxation exercise. At 3 weeks follow-up the child reported significant improvements in his symptoms. He didn't have a single episode of repetitive thoughts or compulsive shouting, his sleep had improved and he didn't complain of any restlessness, fear and anxiety.

(ODD), conduct disorder (CD) or tic disorder (Md. Hafizur Rahman Chowdhury et al 2016). The child in our case had abrupt onset of obsessional urge and compulsive bout of shouting to relieve the anxiety associated with the urge. We hypothesize that, the child in our case had suffered from continuous debilitating cough and had to cough out rigorously to clear his throat. He slowly linked shouting with the act of coughing, and subsequently he started negatively reinforcing the shouting act which probably explain the features of current symptom, he has. At best of our knowledge we have not found any literature based on "EPISODIC SHOUTING", as a phenomenology of OCDs intrusive thoughts till date.

Declaration by Authors

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