COVID-19 as a Hurdle in OCD Diagnosis

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Abstract

Unwanted thoughts along with repetitive actions characterize obsessive-compulsive disorder (OCD). There are many symptoms of OCD like washing compulsion, fear of contamination. On 11 March 2020, WHO declared COVID 19 a pandemic, and many other countries published guidelines for managing COVID 19 with other seasonal infections. The guidelines have several steps that overlap with the OCD symptoms, like hand washing or maintaining social distancing, which can become a hurdle in the psychiatric assessment of OCD patients. This article will discuss the need for new regulations and challenges that may arise in differentiating key indicating factors in diagnosing OCD.

Keywords

OCD; Guidelines; Treatment; Diagnosis; Assessment; COVID 19
Introduction

Obsessive-compulsive disorder or OCD is a type of psychiatric disorder in which patients have unwanted or distressing ideas or thoughts along with repetitive acts through which they aim to reduce mental distress [1]. There are many symptoms of OCD, one of them is dread of contamination and washing compulsion [2]. Patients with OCD, along with the fear of contamination, might spend hours worrying about contamination through touching some objects or through social contacts. They might engage in compulsive hand washing, take showers multiple times, or continuously use disinfectant products. OCD symptoms are hard to diagnose as a routine activity in patients [s].

On 11 March 2020, WHO declared COVID-19 as a pandemic? Followed by WHO, many other international authorities like MOHFW (Ministry of Health & Family Welfare), India, published several rules and regulations for managing COVID-19 with other seasonal infections. Many recommendations may overlap with the OCD symptoms like handwashing or maintaining social or physical distancing. In this regard, we believe that specific new rules and regulations should remove the hurdle in psychiatric assessment related to OCD.

What Are The Challenges That May Arise?

We believe that we may encounter three different kinds of cases during clinical practice.

1. Due to the fear of pandemics and changes in lifestyle, people may start developing symptoms of OCD.
2. There might be an increase in the number of patients claiming to have developed an OCD who may actually only has a fear of COVID-19 contaminations instead of disorder.
3. The heightened sensitivity in patients already suffering from OCD which may worsen their QOL (Quality of Life)

Why Do We Need New Regulations?

1. OCD Experts may need to update or increase the key indicators for OCD diagnosis
2. Individuals with OCD might develop a false belief or have an apprehension that they have been contracted with the coronavirus infection even due to the slightest of unrelated symptoms they observe within them or around. Experts may need to develop new techniques to manage the cases where people have psychological COVID.
3. Recommendations for psychiatrists on how to treat dread of contamination (it may cause discordance with health agencies as many health agencies advise to use hand sanitizer, clean or disinfect touched surface frequently, this will be very challenging for OCD experts to deal or differentiate the symptoms in the patients during clinical practice.

Considering the above data, we can raise the relevant question of how OCD experts should expatiate their patients with the fear of contamination in the COVID-19 pandemic. Recently, Fineberg N, A et al, 2020 suggested pharmacotherapy as the standard treatment for OCD patients. They further indicate that exposure and response prevention behavioral therapy may need to be changed with imaginary exposure [3]. University of Liverpool drug interaction group suggested that atazanavir, lopinavir or?

ritonavir, chloroquine or hydroxychloroquine all seems to have drug interaction with antipsychotic like quetiapine and pimozide (most commonly used drug in OCD) [4].

**Definition**

**Psychological COVID**

Patients who strongly think that they are suffering from COVID-19 but they are not.

**Conclusion**

With the above information, we can conclude that this pandemic has brought a challenge to the treatment and identification of OCD symptoms in people.

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**References**