

## Co-Morbidity of Obsessive-Compulsive Disorder with Motor Tics in an Eight Year-Old Boy

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Article information	Abstract
<p>Article history: Received: 30 May 2011 Accepted: 24 Aug 2011 Available online: 28 Oct 2012 ZJRMS 2013; 15(2): 104-105</p> <p>Keywords: Obsessive-Compulsive disorder Tic Children</p> <p>*Corresponding author at: Department of psychiatry, Dept of Psychiatry, Rafsanjan University of Medical Sciences, Rafsanjan, Iran E-mail: <a href="mailto:reza_bidaki@yahoo.com">reza_bidaki@yahoo.com</a></p>	<p>Obsessive-Compulsive Disease (OCD) incidence rate in children and adolescents is about 1-2 percent; males develop the disease more than females and it clearly is associated with attentiondeficithyperactivity disorder (ADHD), depression and body dysmorphic disorder. Regarding the fact that initial diagnosis and treatment of disorders with OCD in children can protect them from further problems in their life, in this study, the premature OCD with motor tic disorder in an 8-year-old boy is reported.</p>

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### Introduction

Obsessive-Compulsive Disorder (OCD) has several symptoms and includes intrusive thoughts and stereotypic repetition of a certain behavior which will result in disorders in the daily life; its incidence rate in children and adolescents is 1-2 percent [1, 2]. Premature OCD is more common in males and is clearly associated with hyperactivity disorder, depression and body dysmorphic disorder [2, 3]. The disease is rarely associated with tics and repeatedly with cleaning obsession, and genetics play a significant role in this disease [4, 5]. Regarding the effective role of neurotransmitters in causing OCD, selectiveserotonin reuptake inhibitors (SSRIs) has a proper state in treating. Association of OCD with tics and or Tourette syndrome is not effective in patients' response to the treatment [6, 7]. In this paper, we try to report the premature OCD with motor tic disorder in an 8-year-old boy.

### Introducing the patient

Our patient was an 8-year-old boy who was the second child of a 4-member family with weak socio-economic condition. He was a primary school second grade student. His parents have brought him to a psychological clinic because of his obsession in excessive use of moisture cream. When he was 5 years old, he was treated with 10 mg/day fluoxetine for treating migraine headache. The members of his family were had no physical or mental disease history and had a desirable relationship with the kid.

The obsessive thoughts started from when he reached 7-years-old and they were manifested through repeated use of moisture cream on hands and face skin. When he was asked why he used the excessive amount of such cream, he answered that because he did not want to find his skin dried and rough and if he stops that his skin would become rough and deformed. Every day he was covering the entire surface of his hands and face with a thick layer of cream, regardless of its type or smell, and in case of lack of cream, he was using vaseline or edible oil. After entering school, besides the OCD, he developed motor tics, as he shrugged his shoulders which was boosting with any kind of stress, particularly when he couldn't moist his skin with something, his disorder also was associated with blurred vision, anxiety, stress and weak educational performance. Other symptoms of obsessive disorders, hyperactivity, body dysmorphic disorders, social phobia or retardation/developmental delay were not seen.

According to DSM-IV, OCD with motor tics was diagnosed and fluvoxamine 12.5 mg/day and risperidone 0.5 mg each night were prescribed. Also, the other behavior therapy methods including positive reinforcement, revocation and aversion therapy, social support were explained for the boy and his parents. According to his parents' report and Yale-Brown test results, a good improvement was observed for about 45 days after beginning the treatment. Gradually, consuming three tubes of cream per weak decreased to 1 tube any

fortnight and the child achieved the ability to control his intrusive thoughts and no further disorder or tics recurred if he didn't use cream.

## Discussion

Premature OCD has different symptoms unlike that in the delayed type in adults and is treated as one of the expanded types of OCD [2]. Jaisoorya et al. examined 231 patients with OCD and compared symptoms and features of premature and delayed forms of the disease. The incidence rate of the premature type was higher in males and clearly was associated with hyperactivity, major depression and body dysmorphic disorder [2]. Hanna et al. compared OCD with or without tics on 60 patients (15 patients with tics and 45 patients without tics) and they found that for patients without tics the obsessive symptoms such as washing obsession were more obvious, so they can be differentiated from each other in terms of showing the obsessive symptoms by patients [8]. According to the studies, there is no strong relationship between OCD and this disorder in parents [6], as for the mentioned case, there was reported no family history or any type of psychological disorder in parents. Likewise, in the mentioned patient, association of OCD with the motor tic and considerable deterioration of tics in case of

lack of response or any delay in conducting thoughts and obsessive behaviors must be considered. If untreated, the disease may make the child stressful and annoyed and keep him in complete isolation. Non-pharmaceutical method and behavior therapy are preferred to treat OCD with tics and pharmaceutical treatments such as SSRIs play an accessory role [6]. Prescribing fluvoxamin and risperidone for the introduced patient considerably mitigates and treats symptoms of OCD. Further studies with the aim of finding cause and pathogenesis of OCD in young children and adolescents in order to discover newer and more effective treatments are highly suggested. Likewise, early diagnosis and on-time treatment of diseases associated with OCD, including tics in children, can be helpful in preventing future irrecoverable disorders and damages in their life.

## Authors' Contributions

All authors had equal role in design, work, statistical analysis and manuscript writing.

## Conflict of Interest

The authors declare no conflict of interest.

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