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Dear Editor,

As the world is reeling under the crisis caused by corona virus disease (COVID-19), a state of fear and anxiety has swept across the globe and seems to be bringing the world to a standstill. By 14th March 2020, around 145,810 positive cases and 5436 deaths were reported due to the corona virus disease (COVID-19 Corona virus outbreak, 2020). Print, electronic and social media are flooded with numerous advisories issued by governments and other national & international agencies looking after health-related affairs. While all this is being done with best of intentions so as to contain the spread of this viral disease, this is causing a significant negative impact on mental health of people. World Health Organization (WHO) has already taken a note of the same and has issued an advisory in this regard (WHO, 2020). However, what has not been recognized is the impact of this issue on existing patients of obsessive-compulsive disorder (OCD) and other anxiety disorders. Various patients’ and care-givers’ groups have perceived the trouble and are expressing their concerns about the same (Adam, 2020). Fear of contamination and excessive washing of hands is probably the commonest symptom of OCD (Akhtar et al., 1975; Khanna et al., 1990) and now with so much of emphasis on washing hands in health advisories, it is possible that symptoms of OCD might worsen. We report a case of patient of OCD who was in remission with treatment and has now shown relapse of symptoms after advent of corona virus disease and related health advisories.

A 28-years-old man walked into the psychiatry outpatient department wearing a mask over face, looked pale & anxious and had folded his arms around the chest. His father revealed that he is suffering from OCD since the age of 15. His predominant symptoms were idea of being contaminated and washing his hands innumerable times a day. The patient found these thoughts very uncomfortable & annoying and failed to resist them despite several attempts. There was a delay in starting his treatment as they were not aware of this illness and its treatment. He consulted a psychiatrist for the first time around five years ago and has been taking fluoxetine 60 mg and clonazepam 0.5 mg daily. He was keeping well until few weeks back when the media buzzed with corona virus cases all over the world. He started to avoid meeting people and his frequency of washing hands increased to the extent that made him dysfunctional. He was not willing to come to hospital and had to be forced by his father to seek consultation. He acknowledged that he had developed intense fear of getting infected with the virus after watching programs on television, listening to programs over radio and reading/watching messages on social media platforms like WhatsApp & Facebook about the virus. Further, messages/programs on all these media invariably describe repeated hand-washing as an important precautionary measure against the disease. This has prompted him to wash his hands repeatedly. Though he started washing his hands to protect himself from the disease, it is now clearly excessive and disabling for him. The patient was prescribed fluoxetine 80 mg & clonazepam 1 mg daily, psychotherapy sessions were planned and was advised to avoid searching & reading about corona virus disease over internet.

OCD is sixth most disabling psychiatric disorder with lifetime prevalence of 1.9–3.3% (WHO, 2004). Among wide variety of problems faced by patients of OCD, fear of dirt, feeling of being contaminated and excessive washing & cleaning are the most common ones (Akhtar et al., 1975; Khanna et al., 1990). The patients of OCD try to resist these thoughts and urges to wash themselves but often fail to do so. Now that the celebrities, public figures, governments and other authorities/bodies dealing with health-related affairs are prompting people to wash hands repeatedly, patients of OCD may find it difficult to resist. Also, what may start as a genuine protective measure might easily slip out of control in vulnerable individuals and lead to serious trouble. Ongoing lockdown of cities & countries and advice to avoid public/crowded places might further prevent sufferers from reaching to hospitals/psychiatrists/psychotherapists. Delay/difficulty in seeking help shall add to suffering of such patients. Such problems have been reported during outbreak of swine flu in the years 2009 and with HIV-AIDS in past (Penzel, 2020). Psychiatric problems due to COVID-19 have already claimed one life in India, suicide by a 50-years-old man from Chittoor district of Andhra Pradesh (Goyal et al., 2020). This letter describes one patient with worsening of previously stable psychiatric condition after advent of COVID-19, but it is likely that many more such cases shall be seen in immediate future.

As mental health professionals (MHPs), we need to assess as well as educate all patients of anxiety disorders and OCD visiting us about this
issue. Providing alternative channels of care like telephonic helplines and online consultations might also help. However, MHPs need to work for welfare of not only their existing patients but for entire society. By educating people about common adverse psychological consequences of such pandemic situations, encouraging health promoting behaviours, integrating available health-care, facilitating problem solving and supporting patients of COVID-19, their family members & health-care providers, MHPs can play a pivotal role in protecting mental health of society at this hour of crisis (Banerjee, 2020).

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