



written by Professor Gordon Parker

# mind over matter

## A patchwork of problems

What is driving a middle-aged mother's frustration and irritability?

### HISTORY

PATRICIA, in her early 40s, presented with her exhausted-looking partner and three of her five children (including twins in a pram), trailing sweets, toys and soggy tissues.

She described years of depression, but was more concerned about her constant frustration and irritability, which generated endless friction and arguments with her husband and children.

She had been trialled on numerous psychotropic drugs (antidepressants, anxiolytics and sedatives) over the years, without benefit.

Over the 20-year period of her mood disorder, she admitted (on specific questioning) to hypomanic episodes lasting a couple of days, becoming extremely energetic and sexually disinhibited, changing husbands and partners, and often becoming pregnant at such times.

Were her 'highs' or her depressive periods driving her irritability and frustration? Or other factors?

She certainly had personality problems, with difficulty (apart from when 'high') in maintaining cooperative relationships, and she also judged herself as generally ineffective, never having held down a job for any considerable period.

She had a number of medical problems, was considerably overweight, had a marijuana habit, was in debt, and had recently (along with her partner and children) been evicted from their rented accommodation.

A detailed assessment identified that she also met criteria for most anxiety disorders – generalised anxiety, panic attacks and agoraphobia, and obsessive-compulsive disorder (OCD).

She certainly had bipolar disorder and a range of co-morbid conditions.

The task for management was to find a higher-order or 'primary condition' that might allow a successful intervention to be implemented, and which ideally would lead to a number of the 'downstream' problems settling.

At first pass, the bipolar disorder seemed to be the primary condition, as her melancholic depressive episodes were debilitating, while her 'highs' were associated with considerable social collateral damage, straining relationships and finances.

However, on close questioning of the candidate issues fuelling her frustration and irritability, 'cleanliness' emerged as the key factor.

Her OCD was impairing and time-consuming in and of itself – but in conjunction with the demands of her family was debilitating.

### OBSESSIVE COMPULSIVE DISORDER

Most individuals with OCD experience considerable shame in describing its manifestations or even acknowledging any symptoms.

Patricia admitted to a need for "order and symmetry" – but under-reported its invasiveness.

Her partner provided an example that he had dubbed her "12 step program". Every morning Patricia could only use the car if it was not further than 12 steps away from the

house.

Shopping was complex, as she needed to count certain floor tiles in the supermarket.

She was reluctant to talk about her cleaning compulsions, but these were extensive and clearly enervating. Clothes and linen had to be washed daily, and any clothes that touched the ground had to be washed immediately.

The 'industrial size' washing machine was in operation across the day.

### Patricia also judged herself as generally ineffective

Any mess made by the children had to be immediately cleaned up, with Patricia being concerned about germ contamination.

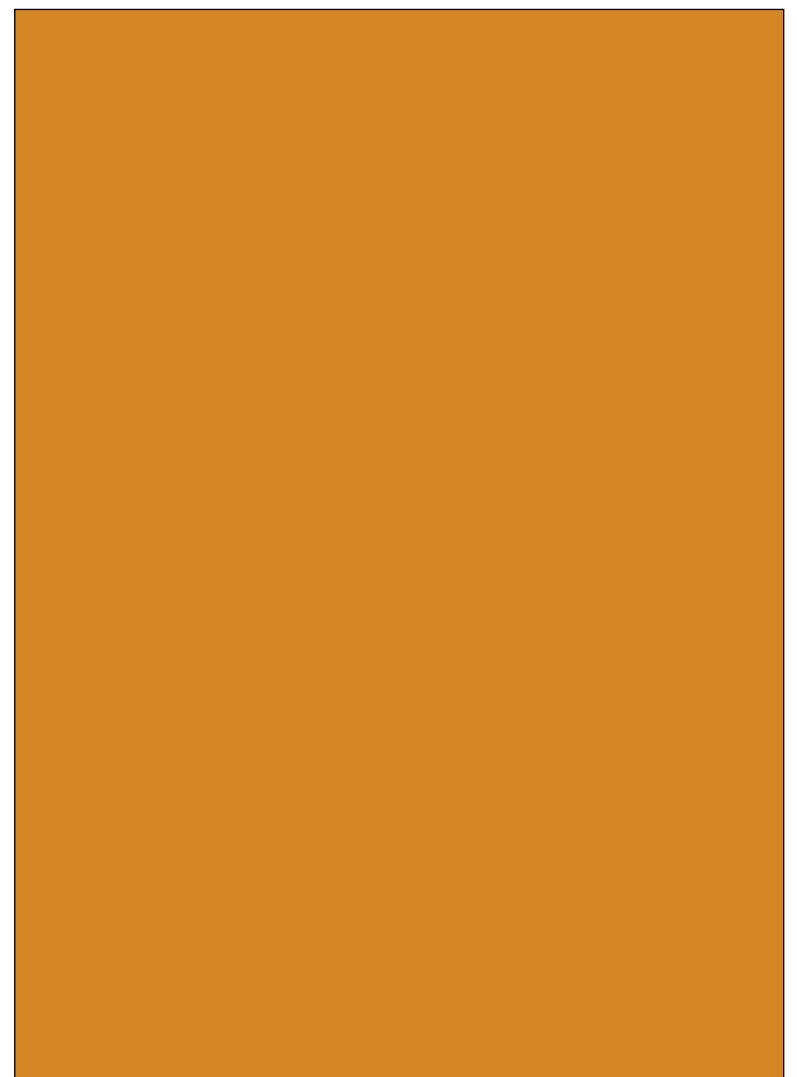
In essence, she was constantly beset by the need for order and cleanliness, with her family environment providing little respite from her unsettled anxieties.

While bipolar disorder is commonly the higher-order diagnosis most usefully addressed, this was not the 'tipping point' for Patricia. In fact, her mood swings were one of very few benefits for her OCD.

During her 'highs', her anxiety settled and she could resist most of her obsessions. During the severe depression, she was too tired to get out of bed to attend to her rituals.

### MANAGEMENT

While Patricia was already receiving a mood stabiliser (which she had judged as ineffective), it was maintained to prevent any 'switching' of



her condition into a 'high' as the tricyclic antidepressant clomipramine was introduced and progressively increased to 200 mg a day.

Though an antidepressant, this drug will often significantly attenuate OCD obsessions and compulsions and thus enable a second stage – of implementing a behavioural program – to proceed with a greater chance of success.

Education about OCD is fundamentally important, and the booklet prepared by Kathryn l'Anson, *Nine, Ten, Do It Again* is very useful for consumers.

Unfortunately, the ritualistic nature of OCD and its entrenched pattern frequently make treatment difficult, and motivation for change is often low.

In Patricia's case, once her OCD settled, the next sequencing intervention strategy would need to be determined and addressed – with that decision factoring in issues of severity, impairment and personal distress.

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