



Sertraline on Obsessive Compulsive Disorders in Indonesia (A Case Study)

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ABSTRACT

Background: Obsessive-compulsive disorder (OCD) was originally believed to be a rare mental illness. However, recent surveys and research have shown that OCD is one of the most common mental disorders. Research in India showed that the treatment of OCD using SSRIs (selective serotonin reuptake inhibitors) is preferred over the tricyclic group. This paper will discuss sertraline as the alternative to clomipramine for OCD.

Objective: Clomipramine as the treatment of choice for OCD is no longer included in the Indonesian MIMS index. Recent research suggests sertraline is preferred over clomipramine, and this paper discusses the efficacy of sertraline through a case study.

Methods: This study is a retrospective descriptive study on the case of 21-year-old male met the ICD-X criteria of OCD for having unwanted thoughts and repetitive behavior for locking the door and orderly compiling the books. The symptoms developed since he graduated from high school (three years before admission) and got worse since the last year. Sertraline was prescribed in the first place. The patient was routinely monitored during each visit for the next three months.

Results: The symptoms improved significantly after routinely taking sertraline for two months. The adverse effects were well-tolerated, such as nausea, headaches, and tachycardia. Psychotherapy was needed to modify the patient's obsession and to anticipate the risk of personality disorder should be noticed because the disorder appeared at a young age.

Conclusion: Sertraline as well as psychotherapy are worthy of consideration as first-line OCD therapy in Indonesia.

Introduction

Obsessive-compulsive disorder (OCD) was originally believed to be a rare mental illness. However, recent surveys and research have shown that OCD is one of the most common mental disorders (Sassano-Higgins & Pato, 2015). The study's results

by Klenfeldt *et al.* (2014) stated that the prevalence of OCD in the elderly aged 70 years was more experienced by women than men (Klenfeldt *et al.*, 2014). The study of Geller *et al.* (2021) reported an early onset of OCD on average at 9-10 years of age and a second onset often occurring at age 20

years. The comparison of incidence by sex of women and men in productive age is the same (Moulding *et al.*, 2016).

One of the pharmacological treatments for OCD is the tricyclic antidepressant drug, namely clomipramine (Pittenger & Bloch, 2014). Clomipramine exerts an antidepressant effect by inhibiting the reuptake of serotonin in the brain neurotransmitter (Moraczewski & Aedma, 2022). The least common side effects of clomipramine are dry mouth, weight gain, and sedation. In excess doses, it can cause seizures and even cardiotoxicity, so many clinicians limit the use of this drug for these considerations (Pittenger, 2017; Pittenger & Bloch, 2014).

Clomipramine is believed to be more efficacious but this drug is no longer used in Indonesia (Rizal & Fiana, 2021; Vildayanti *et al.*, 2018). Clomipramine is no longer circulating in the Indonesian drug market and is not included in the Indonesian MIMS index (Pascual *et al.*, 2022). Referring to this, other alternatives are needed that have equivalent efficacy, work affinity, and milder side effects. Research by Reddy *et al.* (2017) in India showed that the treatment of OCD using SSRIs (selective serotonin reuptake inhibitors) is preferred over the tricyclic group. This paper will discuss sertraline as the alternative to clomipramine for OCD.

Objective

Clomipramine as the treatment of choice for OCD is no longer included in the Indonesian MIMS index. Recent research suggests sertraline is preferred over clomipramine, and this paper discusses the efficacy of sertraline through a case study.

Method

This study is a retrospective descriptive study on the case of 21-year-old male met the ICD-X criteria of OCD for having unwanted thoughts and repetitive behavior for locking the door and orderly compiling the books. The symptoms developed since he graduated from high school (three years before admission) and got worse since the last year. Sertraline was prescribed in the first place. The patient was routinely monitored during each visit for the next three months.

Case Study

Mr. R is a 21-year-old man with complaints of doing repetitive activities. The patient said he was tired because he often thought about and did repetitive activities for about three months before going to a psychiatrist. For example, whether he had closed and locked the door of the house even though it had just been closed and locked, or whether the engine had been heated in the morning even though he had done it before taking a shower in the

morning. Even when compiling books, he is often unsure whether they are neat and whether the order is aligned according to shape. So he had to do the things he thought he was not sure about earlier to make him sure and relieved. If he did not do it, he would be in so much pain and discomfort to think about it. In this case, an obsession is disturbed by unwanted thoughts. While preoccupation is not visible, the mind is fixated on an idea so that it only tells a story repeatedly.

Two years after graduating from high school, he decided to work. In between breaks, he played online games, often going home. He said he was afraid of losing while playing so he often repeated the game. In addition, if he replies to a text message, he is afraid that the message's content is incorrect. It will be read over and over again ten times, and he is unsure whether it has been sent, so he sends the same message repeatedly. He once tried to ignore it but became more worried and worried. He could not do anything all day, so he was more relieved he had to do it repeatedly. Sometimes he could handle it but later was very disturbed because his time was wasted. He tried to eliminate or divert these thoughts but was unable to, locked himself in his room, had trouble sleeping until he cried, and had thoughts of suicide.

Since this disorder emerged from a young age, we have been aware of the

presence of anankastic personality disorder and the possible risk of mood-psychotic disorders. During the examination, there was no impulsivity and uncontrollable anger as markers of anankastic personality disorder. There were no thought process disturbances such as excessive suspicion and paranoia that might be associated with the psychotic symptoms. OCD comorbidities and mood disorders such as depression are often accompanied by great distress due to the inability to focus due to obsession so the patient's quality of life decreases drastically (Jones *et al.*, 2018). From these findings, we believe that most of the distress and depressive symptoms that patients experience today are more related to his OCD.

This case was managed with sertraline 50 mg as an SSRI antidepressant drug. At first, sertraline was taken in the morning, but the patient felt sleepy when the drug started to work. We suggested taking sertraline in the afternoon or evening of the second week. The patient felt nauseous and tachycardic so his sleeplessness symptoms worsened and caused him to have a headache. These symptoms may be one of the side effects of sertraline. But after four hours, the patient could sleep well until morning. Total night's sleep is about 5-6 hours. In the morning, the patient still felt sleepy but the repetitive thoughts and behaviors were much reduced.

We added a benzodiazepine (clobazam 10 mg) at night to help relieve these side effects and asked him to go to bed earlier (below 10 pm), so he wouldn't be too sleepy in the morning. After one month, the complaints of these side effects improved, as did the OCD symptoms. The patient has regularly visited months later. After undergoing treatment for two months, the patient said his symptoms had improved. The patient regularly takes sertraline to reduce his symptoms, feels a little calmer in his mind, and his daily activities are improving; even though the patient is not completely able to fight his obsession, he can relax more in thinking, and sleep at night has improved. The dose was maintained as well since the first place, and scheduled for tapering off if the symptoms were significantly stable in a year.

Discussion

According to ICD-X the criteria for OCD include obsessive symptoms or/and compulsive actions that must be present almost every day for two weeks or more and interfere with activities (Maslim, 2013). In contrast, obsessive symptoms include conscious thoughts, thoughts or actions that cannot be resisted, feelings of relief from anxiety after acting, and unpleasant repetition. The diagnosis is made if there is no depressive disorder at the time of obsessive-compulsive symptoms. This case

belongs to F42.2 Mixed Obsessive Thoughts and Actions. The patient exhibits obsessive thoughts and compulsive acts that are equally prominent. Following the ICD-X criteria, this case has occurred for approximately three months. The patient realizes the action of closing the door, compiling books, or heating the motor engine cannot be ignored. It is more relieving if the procedure is repeated, but the patient feels disturbed, wasting his time.

Pharmacotherapy in patients with OCD is given antidepressants (Fineberg *et al.*, 2012). In the 1980s, the first antidepressant drug recommended by the FDA was clomipramine from the tricyclic group (Wilson & Tripp, 2022). However, many reports of side effects limit the use of Clomipramine (Brock & Hany, 2022; Casale *et al.*, 2019). To look for other alternatives, clinical trials are continuing. The SSRI class proved useful in patients with OCD in 1989 (Pittenger & Bloch, 2014). More than 20 clinical trials have determined that SSRIs work equivalent to or better with minimal side effects (Goodman *et al.*, 2014).

The SSRI group is fluoxetine, citalopram, escitalopram, paroxetine, sertraline, and fluvoxamine (Edinoff *et al.*, 2021). In this case study, sertraline was given as the first line to relieve symptoms (Nezgovorova *et al.*, 2022). This is in line with Soomro (2012) research which states

that sertraline significantly relieves symptoms compared to clomipramine. Sertraline works by inhibiting the reuptake of neurotransmitters released from presynaptic neurons to the synaptic cleft, which is selective only on serotonin so that it can relieve depressive symptoms associated with OCD (Boland *et al.*, 2022; Elvira & Hadisukanto, 2018; Perez, 2021). Sertraline is widely circulated in Indonesia and is better tolerated than tricyclic antidepressants. Possible side effects include nausea, dizziness, sweating, drowsiness, and sexual disturbances (Syamsuddin *et al.*, 2022).

The appropriate psychotherapy for this patient is supportive psychotherapy and cognitive-behavioral psychotherapy (CBT) (Elvira & Hadisukanto, 2018) (Stein *et al.*, 2019). Supportive psychotherapy is the second therapy after pharmacotherapy which aims to reduce symptoms, reduce anxiety, and increase self-esteem by encouraging positive transference and the use of mature and adaptive defense mechanisms (Grover *et al.*, 2020) (Markowitz, 2014). The psychotherapeutic approach can be made with guidance techniques, tension control, environmental manipulation, externalization of attention, reassurance, suggestion, persuasion, pressure, and coercion, as well as recognition and ventilation (Elvira & Hadisukanto, 2018) (Grover *et al.*, 2020).

CBT is a psychotherapy that focuses on correcting cognitive deviations due to events that harm him both physically and psychologically (Yahya & Megalia, 2017). The initiation of CBT in patients with OCD goes through several stages. First, is psychoeducation, in which patients are educated about coping strategies, letting go and avoiding, exposure therapy, and developing a fear hierarchy. Involve family members, considering the challenges family members face in changing the patient's daily routine. Second, motivation is to help patients reduce anxiety about their treatment to minimize the burden for patients and families (Al-Sharbati *et al.*, 2014). Various studies of CBT conducted on patients with OCD it has shown significant improvement in symptoms in both adults and children (Stein *et al.*, 2019).

Conclusion

This study is limited to one case and can be used as an example of the use of sertraline for OCD, although caution is necessary for making generalizations. Given that clomipramine has high side effects and is not available in the Indonesian drug market, many clinicians switch to the SSRI group, one of which is sertraline, which is widely circulated in Indonesia. SSRIs have long been the first choice in the treatment of OCD. Sertraline has a better drug effect with fewer side effects.

Psychotherapy such as CBT and other supportive psychotherapy are also needed to improve the patients with OCD quality of life. One of the important things to note from this case is the risk of personality disorders because the disorder appeared at a young age. Further research is needed regarding the comorbidity of OCD with other personality disorders.

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