

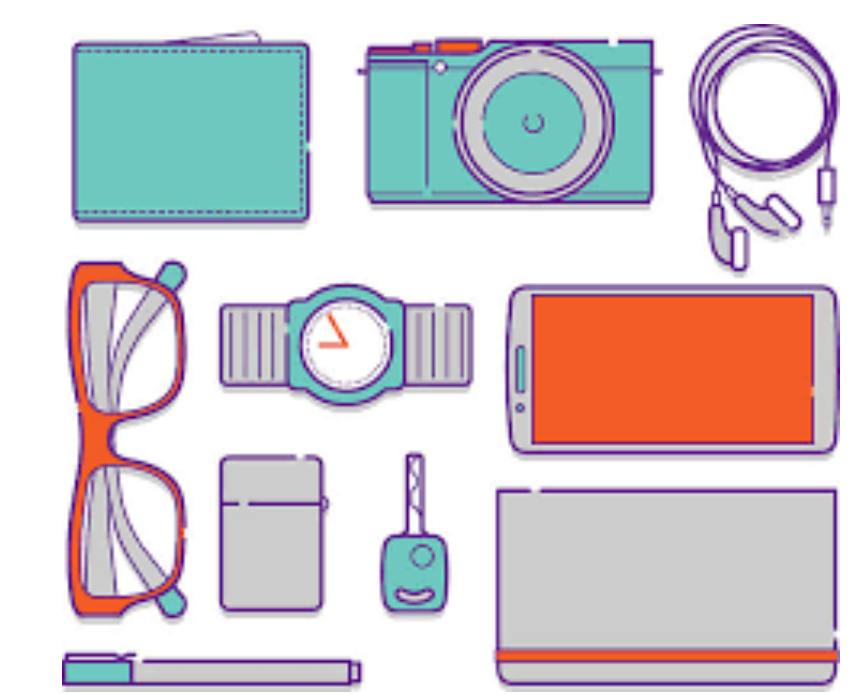
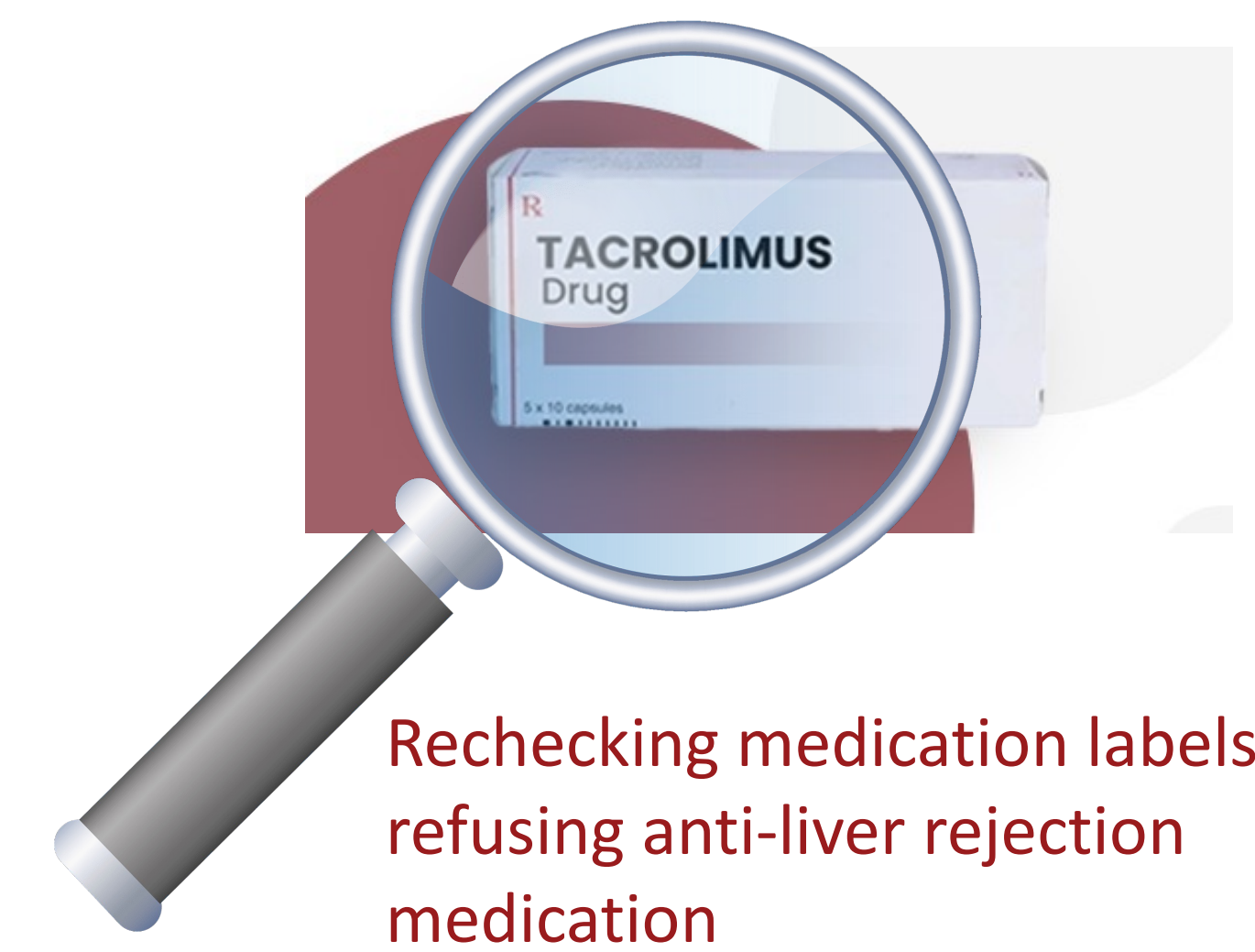
Background

- Obsessive-Compulsive Disorder (OCD) is often considered ego-dystonic with patients maintaining insight into their intrusive thoughts and behaviors. However, ~ 25% of patients actually lack insight.
- In such cases, the intrusive thoughts of OCD may be misinterpreted as delusional or psychotic.
- Many of these patients with OCD are left undiagnosed, often with inappropriate treatment for many years.
- Here, we present a complicated diagnosis of comorbid psychosis and OCD following liver transplant, and demonstrate the importance of screening for OCD in a peri-transplant setting, in which psychiatric stability is a critical component of transplant success.

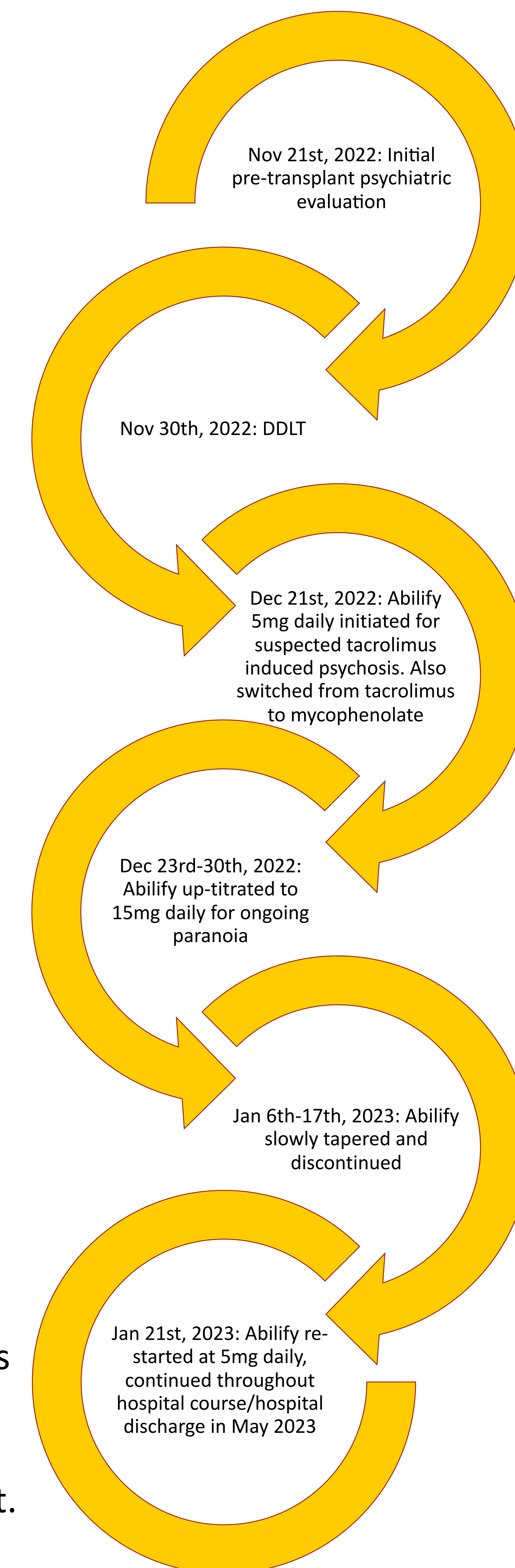


Case

- A 36-year-old male with alcoholic cirrhosis was admitted for liver transplant. Psychiatry was initially consulted for pre-transplant evaluation, at which point alcohol use disorder was the only identified psychopathology.
- Psychiatry was reconsulted following the procedure for perceptual disturbances and paranoia (orientation & attention testing intact).



- Psychotic symptoms improved upon transitioning from tacrolimus to mycophenolate (due to suspected tacrolimus-induced psychosis) and initiation of Abilify.
- Upon slow taper of Abilify, paranoia-like symptoms of checking medications, asking staff to stand in certain places, checking door position, and preoccupation with cleanliness returned. Given obsessional nature of requests, we began suspecting OCD as a unifying diagnosis for his symptoms.
- He ultimately scored 14 on the Y-BOCS, consistent with OCD. He did endorse a chronic need for organization and cleanliness since childhood, though he insisted that it was not bothersome or problematic.
- Low dose Abilify was re-started, again leading to improvement.



Discussion

- There is minimal literature published about OCD in the transplant population, but some evidence suggests higher rates of obsessive-compulsive psychopathologic symptoms in these patients.
- While this patient's initial symptoms were clearly psychotic, his lingering symptoms were less clear, which hid the underlying OCD.
- Aripiprazole has been shown to be effective in treating OCD, likely explaining his symptom resolution and re-emergence as aripiprazole dose was modified.

Key Points

- It can be difficult to distinguish between psychotic and obsessive/compulsive symptoms, especially in those with complex medical issues.
- When working up cases of psychosis in the peri-transplant setting, psychiatrists should consider the potential for OCD, and screen and treat accordingly.

References

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