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Letter to Editor

Raynaud's Phenomenon in a Patient with Schizophrenia and Obsessive-Compulsive Disorder: A Case Report

Dear Editor,

Raynaud's phenomenon is a local arterial circulation disorder characterized by cyanosis, and reddening and blanching of the hands and the feet due to a decrease in blood flow in the arterioles caused by such factors as stress and cold (Herrick 2003). Raynaud's phenomenon may occur as a secondary condition in structural vascular diseases, such as lupus and scleroderma, and collagen tissue disorders. Thus, patients without such diseases are diagnosed as primary Raynaud's syndrome (Cassidy and Zulian 2005). The pathogenesis of the syndrome is unclear.

It is thought that Raynaud's syndrome starts with blanching and vasoconstriction due to an increase in sympathic tone. It is also thought that reflex vasodilatation and erythema occur in this syndrome due to cyanosis related to venous stasis and mediators secreted in the ischemic phase. This vascular reaction is usually reversible, but can sometimes progress to serious ischemia and necrosis, resulting in loss of organs (Cassidy and Zulian 2005). Herein we present a case of Raynaud's phenomenon in a chronic schizophrenic patient with contamination obsession and washing compulsion.

H.A. was a 46-year-old unemployed married male with an elementary level education and 1 child. The patient showed signs of Raynaud's phenomenon, especially during winter due to excessive contact with cold water. His relatives consulted our clinic with complaints about H.A.'s behavior, including anger, absurd conversations and behavior, self-harm, harming others, susceptibility and skepticism, extended bathroom visits, and excessive hand washing. His family reported that H.A. has been exhibiting such behaviors for 20 years, and that he was diagnosed as schizophrenia and treated as an inpatient at our hospital on 3 occasions, but currently refuses to take medications or seek medical care.

At intake it was learned that H.A. received consultation for primary Raynaud's syndrome and schizophrenia for 5 years. Due to his contamination obsession he washes his hands excessively with cold water, which causes then to become red and swollen, especially during winter. During his neurological assessment he was lucid and cooperative, and his space, time, and interpersonal orientation was intact. During psychological assessment he periodically exhibited agitation, paranoid thoughts, delirium of persecution, contamination and dirt obsession, and washing and control compulsion.

His general health status was good; his temperature was 37 °C and arterial pressure was 110/70 mmHg. The fingers on his left hand were swollen, and his distal phalanx and nail pulps were cold and pallid. Examination of other systems showed normal results. Laboratory tests, including complete blood count, biochemistry, thyroid function tests, and other coagulation showed normal results. The patient was referred to the emergency cardiovascular and internal diseases departments to check for a possible arterial circulation disorder. Examinations in these departments showed no signs, symptoms, or serological markers of collagen tissue disorders.

The patient was diagnosed as Raynaud's phenomenon and began amlodipine treatment. The patient was given behavioral suggestions, such as avoiding cold and stress, and wearing gloves during cold weather; he was admitted to our clinic for the treatment of his psychiatric symptoms. He received olanzapine 20 mg d¾1, fluoxetine 40 mg d¾1, and clonazepam 2.5 mg d¾1. During his stay at our clinic we attempted to prevent his excessive use of water and his long hours in the bath. At the time of his discharge and at follow-up 20 d later he exhibited a considerable decrease in psychotic and obsessive-compulsive symptoms. The fingers on his left hand were no longer red and swollen, and he did report any of his previous complaints.

The occurrence of OCD and schizophrenia¾comorbidly or consecutively¾has been known for a long time (Kayahan et al. 2005). OCD patients occasionally show symptoms of

schizophrenia and chronic schizophrenia patients often have comorbid obsessive-compulsive symptoms (Cavallaro et al. 2003; Özdemir et al. 2003). The presented case is important because it highlights that vascular pathology can cause serious organ loss as a result of common compulsions in schizophrenic patients if precautions are not taken. Treatment of comorbid anxiety disorders and psychotic symptoms in chronic psychosis patients can greatly improve their quality of life.

Kind Regards,

Sevda Korkmaz[1], MD, Umut Işık[1], MD, Hasan Korkmaz[2], MD
[1]*Elazığ Psychiatry Hospital*
[2]*Elazığ Education and Research Hospital, Clinic of Cardiology*
***Corresponding author:** Sevda Korkmaz, MD
Elazığ Psychiatry Hospital
E-mail: *skorkmaz23@hotmail.com*

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