

COMBINED TREATMENT APPROACH IN HEALTH ANXIETY-THEMED OBSESSIVE RUMINATIONS: A CASE REPORT

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OBJECTIVE: Health anxiety-focused obsessive ruminations involve repetitive, functionally impairing mental preoccupations from realistic health risk perceptions. Triggers like medical imaging can intensify these cycles. This report examines combined pharmacological and psychotherapeutic efficacy in a patient with resistant ruminations following her child's computed tomography (CT) scan.

CASE: A 42-year-old woman presented with intense anxiety and ruminations regarding potential radiation-induced cancer in her son after a single CT. SCID-5-CV evaluation confirmed a DSM-5 diagnosis of Obsessive-Compulsive Disorder (OCD), Health Anxiety-Focused, with Good or Fair Insight. No comorbid depressive or anxiety disorders were identified; subclinical generalized anxiety symptoms were noted. Initial scores: Y-BOCS 28, BAI 25, BDI 9. The patient frequently searched scientific articles, providing temporary relief but perpetuating ruminations. Mental status showed ego-dystonic thoughts with partial insight. Following clinical unresponsiveness to sertraline (200 mg/day), fluoxetine (60 mg/day), and aripiprazole (15 mg/day), augmentation therapy was initiated. Per WFSBP guidelines and resistant OCD algorithms, venlafaxine was titrated to 300 mg/day and quetiapine to 600 mg/day. Concurrently, a

structured 12-session Cognitive-Behavioral Therapy (CBT) protocol was implemented, including psychoeducation, cognitive restructuring (addressing catastrophizing and intolerance of uncertainty), managing reassurance-seeking, Exposure and Response Prevention (ERP), metacognitive techniques, and uncertainty exposure. At six months, Y-BOCS decreased to 10 and BAI to 8. However, ruminations flared when her son required a repeat CT for pneumonia; symptoms remitted after intensified supportive sessions and increased quetiapine dosage. Written informed consent was obtained.

DISCUSSION: This case demonstrates the efficacy of combined pharmacological and structured CBT in health anxiety-focused ruminations. CBT addressed cognitive distortions through ERP and metacognitive techniques. SNRI (venlafaxine) and atypical antipsychotic (quetiapine) augmentation for resistant symptoms aligns with current guidelines. Environmental triggers' role in relapse underscores the necessity of treatment continuity and relapse prevention. Combined therapy ensures sustainable clinical well-being in symptom control and relapse management.

Keywords: Combination therapy, health anxiety, obsessive rumination, reassurance-seeking behavior