

Patient: An 18-year-old male.

At the time of the study, he was living with his parents and younger brother.

His birth was normal, and there were no abnormalities in his mental and physical development.

An increased frequency of blinking was noted from infancy, but such a condition did not interfere with his daily life, and it improved by the time of school enrolment.

He did not have major problems at school. His relationships with his friends were favorable. His level of academic achievements was intermediate.

Around the age of 11 (elementary school period), without any inducing factors, he began to feel uncomfortable when he did not write characters correctly during classes, and needed to rewrite them many times. He also needed to repeat reading sentences until he was convinced that he had completely understood them. He himself noted these behaviors as unhealthy, but he did not consult with anyone about this problem at that time.

At the age of 17 (senior high school period), without any inducing factors, he began to feel uneasy with his own sweat, being afraid that it might contaminate all objects around him. He began to wash his hands during each rest break between classes. At first, it did not take more than a minute, but the time he needed for hand washing gradually extended. In the end, it became difficult for him to return to his classroom even when the chime rang to end the rest break, and he was told off by teachers on some occasions.

Meanwhile, he also began to feel the entire school was contaminated. When he came home, he wiped his textbooks and notebooks with wet wipes before doing his homework. Whenever he touched an object not belonging to him at school, he needed to wash his hands; thus, his symptoms worsened. Feeling unsure whether contamination had been completely removed from his hands even after hand washing, he began to follow a fixed procedure when washing his hands. The time he needed for bathing also extended. He frequently asked his mother: “Aren’t my hands contaminated? Are you sure?”, looking for her confirmation and guarantee. The mother, answering: “I am sure. Your hands are not contaminated” to remove his anxiety at all times, finally became exhausted from being asked the same question again and again. The patient began to spend even his sleeping time washing his hands and bathing. He stopped doing his homework, and his frequency of being absent from school increased. He involved his mother in his rules and routines more intensely. As he felt the toilet doorknob and toilet seat were contaminated, and could not touch them, he needed his mother to open the door and wipe the toilet seat whenever he used the toilet.

The school counselor advised him to see a psychiatrist. He visited a nearby psychiatric clinic for consultation, and was treated with Fluvoxamine 150 mg, but pharmacotherapy did not markedly improve his condition as a result of his irregular clinic visits and poor medication adherence. He was absent from school for more than 1 year. Having been referred by the psychiatric clinic providing outpatient treatment for him, he received consultation at our facility.

“I felt the things I had used at school and the clothes I had put on to go to school were contaminated... So, I put them in a plastic bag, and left the bag in the closet. Now I feel that the closet is getting contaminated, too... I also fear contamination by urine and feces. I can stand only hand washing after urination, but I need to take a shower, and change clothes after defecation... As my hands are contaminated after wiping my bottom with toilet paper using them, contamination might spread over the house by touching other places with them. So, I ask my mother to open the toilet door for me. I also ask her to open the bathroom door when I bathe. I wash my body in a fixed order, but in the middle of washing, I feel unsure whether I have washed it correctly in that order. Then, I go back to the beginning. I repeat washing many times, and, all of a sudden, I notice that 2 or 3 hours have passed... This is too much, I know, but... To avoid such a heavy burden of bathing, I try to defecate as little as possible. Nowadays, I only defecate and bathe about once a week. I absolutely don't want to bring sources of contamination to my bedroom. I must be completely clean to use my bed. On days when I don't bathe, I sleep on the sofa in the living room”.

Applicants are kindly asked to submit their abstracts meeting the following requirements:

1. Describe assessment and clinical information (psychiatric diagnosis based on ICD-10, DSM-5, and if any, using your own country's diagnostic system). If any, describe additional examination or assessment tool to confirm diagnosis in your country.

2. Are there any epidemiological studies for similar cases above? If not, describe frequency of seeing similar cases in your own country.

3. Describe the methods of interventions (e.g., pharmacotherapy, psychotherapy, psycho-social intervention, brain stimulation therapy, and/or a unique therapy in your country).

4. How are you going to address this issue to his/her family and/or school?

5. Is any early intervention available for similar cases above in your country?