Global Science Research Journals

Global Journal of Neurology and Neurosurgery

Open Access

Don’t judge late-onset OCD by its cover: watch out for lewy body dementia!

Solène Frileux, Pr. Bruno Millet, Pr. Philippe Fossati

Brain Institute of Paris, Sorbonne Universities, University Hospital La Pitié Salpêtrière

Abstract

Obsessive-compulsive disorder (OCD) usually begins in adolescence or young adulthood. OCD cases appearing after the age of 50 are rare, most often associated with inflammatory, brain lesions or neurodegenerative comorbidities. Thus, some authors suggest that early- and late-onset OCD are different diseases. In view of fueling this discussion, we present 2 cases of late-onset OCD followed by the development of Lewy body dementia (LBD), which treatment resulted in OCD improvement. Those two disorders have never been described as associated before. We then raised this question: would late-onset OCD belong to DLB prodromes?

To discuss this hypothesis, we investigated both OCD cases following brain conditions and common pathophysiology to DLB and OCD. We conducted a PubMed search using the search terms “late-onset OCD”; “acquired OCD”; “obsessive-compulsive disorder” AND “dementia”; “obsessive-compulsive disorder” AND “Lewy body dementia”. Our search initially yielded 99 results. The ones related to our review topic were considered to further understand the pathophysiological mechanisms underlying late-onset OCD.

Our review reinforces the role of temporal lobe and putamen in OCD pathophysiology. It also allowed us to explore several hypotheses to explain the sequential appearance of OCD and DLB symptoms in our patients. Firstly, we proposed to interpret OCD symptoms as motor stereotypies. Secondly, we hypothesized that late-onset OCD in our patients may be a symptom of late-onset depression. Thirdly, we hypothesized that through early deterioration of basal ganglia, DLB caused the onset of OCD. Finally, we considered the track according to which OCD would be at the origin of the DLB, due to APP genes mutations.

The necessity of suspecting an organic aetiology in the presence of late-onset OCD resisting to treatment is our conclusive recommendation. Such a clinical picture should systematically lead the clinician to seek a dementia, and more specifically a DLB. We also raise the question of a new entity inside OCD: OCD beginning after age 50, which would be underpinned by specific neural bases. This hypothesis now needs to be supported by extensive clinical and neuroimaging studies.

Biography

Dr Solène FRILEUX has completed her medical studies from Sorbonne University as psychiatrist at the age of 29 years, and is currently PhD candidate from Brain Institute of Paris. Her current research field is the underlying mechanisms of placebo effect but she has been working on neuropsychiatric disorders during her residency. With a background in neurophysiology and neurology, she has a strong interest for psychiatric pictures that are due to organic causes.

5th International Conference on Brain and Spine | July 27, 2020

Citation: Solène Frileux, Don’t judge late-onset OCD by its cover: watch out for lewy body dementia!, Brain and Spine 2020, 5th International Conference on Brain and Spine, July 27, 2020, Page 08