



CASE REPORT

Cognitive Behavioral Therapy Treatment for Sanitary Napkin Obsessive Compulsive Disorder

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ABSTRACT

The use of cognitive behavioral therapy (CBT) to treat certain mental conditions has been present in the society. It is a form of therapy that is used to treat anxiety and depression. It entails changing the way a patient thinks and behavior. Unlike most forms of therapy such as the Freudian psychoanalysis, which focus on childhood as the root of a mental problem, CBT advocates for solutions, encouraging patients to change their patterns of behavior in the present. Through this letter, a case presentation of a patient suffering from a rare condition of sanitary napkin anxiety caused by obsessive-compulsive disorder (OCD) will be analyzed. The use of CBT to cure and manage this condition will also be discussed providing evidence of the effectiveness of CBT in curing symptoms of obsessive-compulsive disorders.

Keywords: Anxiety, cognitive behavioral therapy, obsessive-compulsive disorder, sanitary napkin

INTRODUCTION

Cognitive behavioral therapy (CBT) (Outcome 2) is a form of therapy, which treats certain mental and mood disorders such as anxiety and depression. It is based on the notions that thoughts, perception, and physical sensation play a significant role in influencing behavior (1). Therefore, this form of therapy aims to identify negative thoughts, determine whether they provide an accurate depiction of reality (2). If these thoughts are not providing a correct view of reality, strategies to get over them are employed (3). This letter will advocate for the use of CBT on the treatment of obsessive-compulsive disorder (OCD). One form of OCD that can be treated with CBT is sanitary napkin anxiety. It affects women

during their menstrual cycle, where they showcase compulsive and obsessive behaviors towards the use of the sanitary napkin. It is, therefore, necessary to create awareness on CBT to ensure that women who are affected by it can gain the help they require.

CASE PRESENTATION

The patient, a 21-year-old woman, with Obsessive Compulsive Disorder, sought help from a psychological counselling center to end her sleep problems. During the first two sessions, she explained to the therapist about her sleep problems. She was having trouble sleeping as she kept having nightmares of spiders coming out of her bed and sometimes she dreamt of giant tarantulas attacking her. During the third session, the client elaborated that her sleep problems tend to elevate when she felt unhappy. During the fourth session, the patient reported that her levels of unhappiness tended to increase during her period. She stated that she had difficulty using a sanitary napkin during her period. The issue began when

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she first received her menstrual period, and she had negative thoughts about using sanitary napkins, especially considering that it would slip during the day.

During the fifth session, the client explained the maladaptive behaviors she engaged in to reduce the negative thoughts of using sanitary napkins. She had to use a corset, tight pants and many sanitary napkins to prevent herself from feeling disgusted by the menstrual period. The client further indicated that at some point she stopped going out or interacting with other individuals when on her periods. She preferred to stay at home, where she could lay down, or spend most of her time in the toilet to prevent bleeding on the bed.

During the sixth week, the client reported that she had formulated certain metacognitive beliefs that had allowed her to stay at home during her periods. Such rituals included lying on her right side of the bed and flexing. This happened both during the day and night. Furthermore, at night, she would wake up after every two hours to go to the toilet to ensure that she had not messed her bed. These rituals were traumatizing, and they did not allow her to gain a sufficient amount of sleep at night.

The therapist used the Yale-Brown Obsessive Compulsive Disorder Scale (YBOCS) to analyze the severity of the symptoms of OCD in the patient (4). The therapist further used the Beck scales, specifically the Becks Anxiety and Beck Depression scale to measure the anxiety of the patient. The results of the YBOCS test was 70, the Becks anxiety test score was 21, and the Beck Depression test score was 19 (5).

DISCUSSION

CBT according to Kaczkurkin & Foa (6), entails changing one's negative thoughts and perceptions to change one's behavior and feelings. It encompasses cognitive therapy (CT) and exposure to response prevention (ERP) forms of therapy (7). ERP is conducted by gradually exposing the client to the triggers of compulsions and obsessions. Over some time, the patient learns to have a different response to these triggers hence guaranteeing the reduction of compulsive and obsessive behaviors (Jonsson, Kristensen

& Arendt (8). The long term result of ERP is to ensure that the patient responds differently to OCD triggers leading to a reduction in compulsive and obsessive behaviors (9). CT, on the other hand, helps the patient identify patterns of behaviors and thoughts that influence the occurrence of anxiety, depression, obsessive behaviors and negative thoughts. The long term result of CT is encouraging the patient to confront his/her obsessions and respond to them in a new manner (6).CT was applied in the treatment of the patient's condition.

In 50 minutes sessions, occurring in of ten weeks from the 3rd of September 2018 to 10th November 2018, the therapist worked on changing the perception and ideas of reality of the client. CBT is offered in two forms; standard and intensive CBT. Intensive CBT entails longer sessions, in some instances lasting for more than an hour which are concentrated on a week, weekend or month. It is considered more effective as the patient and counsellor spend more time together hence finding the solutions to the client's negative thoughts at an advanced rate. Standard CBT, which entails having one session per week with only me as the therapist was employed for this case. Personal therapy was the option chosen for this case as the patient showcased more anxiety when asked if she could participate in group therapy. During the first week of therapy, realistic and accessible goals were set by the therapist and the client. These goals aimed to assess the progress of the client throughout the treatment program (10). The therapist further employed Socratic questioning. This form of questioning allows the client to elaborate on his/her irrational thoughts and to distinguish whether specific thoughts are helpful. The patient's life history and psychological past were understood through Socratic questioning (11). The therapy session also employed the ABC model. This model enabled the therapist to understand the patient's perspectives about using a sanitary napkin (12). The therapist looked at the relationship of the client's thoughts about sanitary napkin usage, and how those thoughts affect her feelings and her behaviors.

CBT can be used with antidepressant medications to provide more useful results for patients suffering from OCD. It is in comparison to offering CBT alone or placebo. Antidepressants help in reducing the symptoms of OCD

thus allowing a patient to find quickly find solutions to his/her compulsive behaviors (10). The use of both medication and CBT is recommended as a future use as it will see the reduction of anxiety levels experienced by individuals with OCD (13).

CONCLUSION

In conclusion, I believe that cognitive behavioral therapy will be beneficial in the treatment of sanitary napkin anxiety. It should be enforced in psychological centers. Women who suffer this condition should also be encouraged to seek professional help as CBT is guaranteed to help them overcome their challenges, just like my patient who currently showcases significant change of attitude in the use of sanitary napkins.

Ethics Committee Approval: Case study has been approved by Future Academy

Patient Informed Consent: Written informed consent was obtained from the patient for the publication of the case report.

Conflict of Interest: No conflict of interest was declared by the authors.

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