

Obsessive-Compulsive Disorder in UK Coroners' Reports

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INTRODUCTION AND AIMS

Suicidality in obsessive-compulsive has historically been under-reported, despite research pointing to a significant association between OCD and suicidality. Likewise, OCD is frequently undiagnosed or misdiagnosed. Individuals with OCD are thought to be up to ten times more likely to die by suicide, with this risk increasing in the presence of psychiatric comorbidities

This study looked at coroners' reports into suicides in England and Scotland in order to:

- Explore characteristics of suspected or confirmed cases of OCD in coroners' reports
- Identify instances of possible undiagnosed or misdiagnosed OCD
- Identify recurring themes
- Compare findings with reports from Canada and Australia

METHOD

328 publicly available coroners reports were accessed from England (n=200) and Scotland (n=128). Reports were screened in order to identify individuals who had either a diagnosis of OCD (n=3), a diagnosis of a related condition (n=0), or indications of possible undiagnosed OCD (n=2). Demographic and psychiatric characteristics were extracted. Qualitative thematic analysis was carried out on all five reports. Findings were compared to reports from Canada (n=3) and Australia (n=23) identified from an earlier phase of the study.

CLINICAL CHARACTERISTICS

Year	Country	Age	Sex	OCD status	Obsessions/Compulsions/OCD Indicators	Psychiatric diagnoses
2015	England	45	F	Diagnosed	Hoarding, harm	Psychotic disorder, anxiety disorder
2007	Scotland	31	M	Indicated	Contamination, harm	Depressive disorder, personality disorder
2016	England	28	F	Indicated	Harm	Anxiety disorder, psychotic disorder
2017	England	20	F	Diagnosed	Contamination, harm	ASD, anxiety disorder, personality disorder
2011	Scotland	36	M	Diagnosed	Harm	Addiction, anxiety disorder

RESULTS

Psychiatric comorbidities in this small sample (n=5) were examined, with diagnoses of anxiety disorders (n=4), psychotic disorders (n=2) and 'personality disorders' (n=2) the most prevalent. All 5 had attempted suicide in the year prior to their death, and all had expressed thoughts of suicide in the week before they died.

Themes from this sample included: a tendency for mental health services to rely on family and friends to provide care; misdiagnosis; mental health service failings; and stigma/discrimination associated with a 'personality disorder' diagnosis.

Of the cases where OCD had been diagnosed (n=3), OCD seems to have been a contributing factor to suicide in only one instance. In contrast, in each of the 3 cases where OCD appears likely but was never diagnosed, the coroners' reports clearly document severe distress associated with fear of causing contamination and harm.

THEMES AND ILLUSTRATIVE QUOTES

Intolerable Distress	Mental Health Service Failings	Misdiagnosis and Misunderstandings
<p>Death as preferable to causing harm</p> <p>"This is not a selfish act. I have been having thoughts of harming others...I never want to do that." (Excerpt from suicide note)</p> <p>"She had been clear that she wished to die in order to keep other people safe"</p>	<p>Poor treatment associated with 'Personality Disorder' diagnosis</p> <p>"Mr L has a personality disorder...the whole flavour of his presentation is very much designed to be admitted and is manipulative around that"</p> <p>"She did not ask him if he planned to kill himself. Because of his personality difficulties, she knew he would say 'yes'"</p>	<p>OCD fears misinterpreted as risk to others</p> <p>"He asked Dr B what would happen if he hurt someone. Dr B said that if he did, she'd have to call the police...he needed to take responsibility for his actions"</p> <p>"The crisis team immediately called police"</p>
<p>Repeated requests for help</p> <p>"Mr O attended the Emergency Department four times in the week preceding his death...he had repeatedly stated that he feared he would take his life".</p>	<p>Reluctance to assess, refusal to see</p> <p>"There is a culture of junior psychiatrists refusing to assess referrals from GPs"</p>	<p>Indicators of OCD going unrecognised</p> <p>"...she believed her infection was causing people to die...she presented as hysterical, delusional...obsessed with her health...repetitive mannerisms..."</p>

CONCLUSIONS

The distress felt prior to suicide was documented most extensively in reports where OCD was strongly indicated but never diagnosed, highlighting the impact of potentially missed, or incorrect diagnosis.

All of the reports reveal repeated attempts to seek help. Despite this, many appear to have experienced stigma, mental health service failings and missed opportunities for help in the months preceding their deaths. Stigma and associated discrimination and poor treatment was most commonly associated with a 'personality disorder' label or diagnosis.

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