Short Communication

Don't judge late-onset OCD by its cover: watch out for Lewy Body Dementia!

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ABSTRACT: Obsessive-compulsive disorder (OCD) usually begins in adolescence or young adulthood. OCD casesappearing 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 "lateonset 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 allowedus 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 symptom of lateonset 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

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. .

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