Obsesif-Kompulsif Bozukluk ve Nomofobi Birlikte Görülebilir mi? Olgu Sunumu ile Bir İnceleme

Can obsessive-compulsive disorder and nomophobia occur together? A review with a case report

[1*] Mustafa KURT, [1] Osman Özgün TOKAT

[1] Karadeniz Technical University, Faculty of Medicine, Department of Mental Health and Diseases, Trabzon, Turkey

***Sorumlu Yazar/Corresponding Author**
E-mail: drmustafakurt61@gmail.com

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ÖZET

Nomofobi, uyumsuz akıllı telefon ve sosyal medya kullanımıyla karakterize edilen bir olgudur ve çeşitli psikiyatrik durumlarla, özellikle obsesif-kompulsif bozukluk (OKB) ile örtüşen belirtiler gösterebilir. Her iki bozuklukta da kompulsif davranışlar bulunmakla birlikte, bu davranışların altında yatan motivasyonlar—nomofobide haz alma, OKB'de ise kaygı azaltma—farklılık gösterdiğinden dikkatli bir ayırıcı tanı gerektirir. Bu çalışmada, üniversite sınavına hazırlanan 18 yaşındaki bir kadın hastada OKB ve nomofobi belirtilerinin birlikte görüldüğü bir olgu sunulmaktadır. Belirtilerin gelişimi benzer özellikler taşımakta ve birbirini karşılıklı olarak pekiştirmektedir. Psikometrik değerlendirmeler, tıbbi geçmiş ve klinik görüşmeler yoluyla ayırıcı tanı yapılmıştır. Bilişsel davranışçı müdahaleler sonucunda klinik belirtilerde azalma gözlenmiştir. Bu olgu, OKB ve davranışsal bağımlılıklardaki kompulsif davranışların benzerliğini ve bu iki durumu ayırmada boyutsal ve motivasyonel bir bakış açısının önemini vurgulamaktadır. Nomofobi ile OKB arasındaki ortak mekanizmaların tartışılması, her iki durumun daha iyi anlaşılmasına ve klinik uygulamaların geliştirilmesine katkı sağlayabilir.

Anahtar Kelimeler: Nomofobi, Obsesif-kompulsif bozukluk, Akıllı telefon bağımlılığı

ABSTRACT

Nomophobia, characterized by maladaptive smartphone and social media use, shares overlapping features with various psychiatric conditions, particularly obsessive-compulsive disorder (OCD). Both disorders involve compulsive behaviors, yet the underlying motivations—hedonic in nomophobia versus anxiety-reducing in OCD—necessitate careful differential diagnosis. We present the case of an 18-year-old female preparing for university exams who exhibited symptoms consistent with both OCD and nomophobia. The onset and progression of these symptoms appeared to be intertwined and mutually reinforcing. Clinical interviews, psychometric assessments, and medical history were utilized to establish a clear diagnosis. Cognitive behavioral therapy led to symptom improvement. This case underscores the symptomatic and mechanistic overlap between behavioral addictions and OCD, emphasizing the importance of a dimensional and hedonic-anxious framework in differential diagnosis and treatment planning.

Keywords: Nomophobia, Obsessive-compulsive disorder, Smartphone addiction

Introduction

Nomophobia is defined as the fear of being without one's smartphone (1). Nomophobia encompasses excessive and impulsive use of technological devices, anxiety about battery depletion, avoidance of situations where smartphones are prohibited, and frequent phone checking (2). Nomophobia is associated with various psychosocial and clinical variables (3). It has been observed to induce high anxiety in many individuals and exhibits a positive correlation with smartphone addiction (4). When diagnosing nomophobia as a component of smartphone addiction, careful differential diagnosis with OCD is essential (5). The tendency for individuals with dysfunctional beliefs to link specific events with detrimental outcomes has been associated with psychopathological disorders (6). Personality traits and dysfunctional obsessive beliefs contribute to the development of nomophobia, similarly to their role in OCD (7). Obsessive-compulsive symptoms are associated with internet use, and OCD has demonstrated a correlation with nomophobia, particularly regarding concerns about restricted access to information and communication (8). This case report aims to discuss the co-occurrence of OCD and nomophobia, two distinct clinical manifestations believed to be interrelated. The preparation of this article adhered to the case report statement, checklist, and guidelines (9).

Case Presentation

An 18-year-old female patient presented to the psychiatry clinic with a 6-month history of persistent intrusive thoughts, including fears of harm to her family, war, or earthquakes, which disrupted her sleep. When these thoughts arose, she felt compelled to check news updates on television, radio, or social media for reassurance. Each time she checked, she worried that the events she saw could befall her. She engaged in compulsive behaviors, such as counting her steps while walking and washing her hands 2-3 times upon returning home. Despite her concerns about global political events, she had been watching videos or using social media on her phone for 2 years to cope with anxiety related to academic failure. She found enjoyment in watching videos but believed she would fail academically and remain unemployed. Her daily functioning was impaired due to her inability to detach from her screen. Over the past 6 months, her average daily screen time was 16 hours. Consequently, her academic performance and social interactions significantly declined. She barely completed her final year of high school. She experienced restlessness when separated from her phone, avoided situations requiring her to turn it off, and carried a charger at all times. Mental status examination revealed a depressed mood, obsessions about harm to relatives and contamination, and compulsive behaviors including checking social media and news, and handwashing.

Her medical history included treatment for anxiety and depression. Her mother had anxiety, her father had depression, and her brother had OCD. The patient was diagnosed with OCD and generalized anxiety disorder using the Structured Clinical Interview for DSM-5 Clinician Version (SCID-5/CV). Although not included in the DSM-5, she met the diagnostic criteria for nomophobia and smartphone addiction based on literature (1,2,4). At the initial interview, her scores were 45 on the Yale-Brown Obsessive-Compulsive Scale (YBOCS), 20 on the Hamilton Anxiety Rating Scale (HAM-A), and 91 on the Turkish Nomophobia Scale (NMP-Q). Her medication was changed from sertraline 150 mg/day to fluoxetine 20 mg/day and olanzapine 2.5 mg/day. During follow-up, the fluoxetine dosage was increased to 60 mg/day. The patient received psychoeducation and cognitive behavioral interventions. In addition to medical treatment, interventions such as self-monitoring, activity planning, reinforcement-focused management, exposure, and response prevention were applied to the patient during the follow-up period. After 8 weeks of follow-up, her

scores decreased to 10 on the YBOCS, 5 on the HAM-A, and 18 on the NMP-Q, with significant symptom reduction and improved functionality (See figure 1).

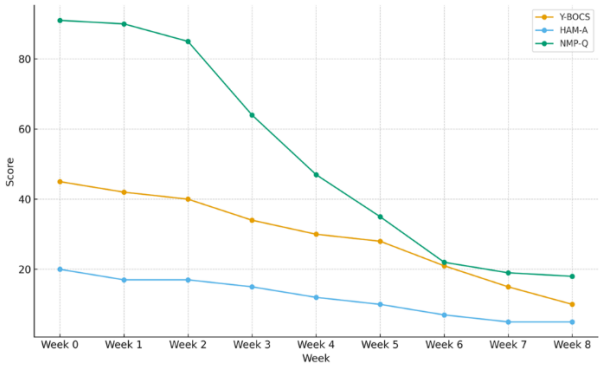


Figure 1. Clinical monitoring of Y-BOCS, Ham-A and NMP-Q scores

Discussion and Results

Smartphone use, while essential for many, has introduced negative consequences such as nomophobia (7). Nomophobia is considered a precursor to disorders like depression, anxiety, or substance abuse (10). Excessive smartphone use impairs adolescents' academic performance and exacerbates anxiety symptoms (11). Individuals with low academic achievement may develop nomophobia to avoid negative emotions and responsibilities (12). The compulsive behavior associated with smartphone use to alleviate anxious thoughts mirrors the development of compulsions to reduce anxiety caused by obsessions in OCD (13). In this case, the patient turned to social media due to academic anxiety. This led to a significant decline in her academic performance as nomophobia developed. Increased use of social media for pleasure intensified her nomophobia. The symptoms of nomophobic behaviors, such as immediate rewards and a sense of relief, are akin to behavioral addictions (14). Hedonic differences exist between behavioral addictions and the compulsive symptoms of OCD (15). While social networking provides pleasure, the control of social networks induces unease and avoidance due to fears of harm to loved ones. Despite the compulsive nature of smartphone use, the pleasure it provides suggests that nomophobia could be considered a distinct diagnosis from OCD.

Behavioral addictions are prevalent in OCD (16). OCD symptoms have been found to correlate with the severity of problematic smartphone use (17). In nomophobic individuals, persistent and irresistible obsessive thoughts trigger the fear of separation from their mobile phone (8). Checking behaviors have been shown to increase overall phone usage among mobile phone users (18). In this case, smartphone addiction was observed to exacerbate nomophobia and OCD symptoms. There are perspectives that OCD can be better explained by high impulsivity and risky decision-making, as seen in addiction, rather than the traditional model of harm avoidance and excessive self-control (18). In individuals with behavioral addictions, impulsive traits initiate the behavior, while compulsive traits maintain it (19). In this case, the patient's shift to pleasurable social media use instead of stressful activities like studying, which offer delayed rewards, indicates an impulsive dimension. The increase in screen time suggests a compulsive dimension. This is coupled with continued social network engagement despite diminished enjoyment. Stressors experienced during early adolescence are hypothesized to influence the clinical presentation. Stressors are thought to amplify compulsive symptoms (20). While some studies indicate that problematic smartphone use serves as a stress coping mechanism, the absence of smartphones, leading to nomophobia, also increases stress levels (21).

Ethical Approval

Written informed consent was obtained from the patient for publication and images.

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Drafting/Writing: MK, OÖT
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Use of AI Tools
The authors declare that they did not use artificial intelligence (AI) tools in the creation of this article.

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