

CASE REPORT

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Prolonged dependence on cervical collar and on lumbar support belt in two patients with obsessive-compulsive behavior and hysterical personality

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ABSTRACT

■ **Background** Orthopedic supports are used under control during hospitalization at orthopedic/surgical departments and during the follow up period of patients in physical therapy and rehabilitation departments. However, their use at home may become uncontrollable and compulsive. We present two typical cases of obsessive-compulsive behavior in 2 patients of different age and sex. We compare the cases and discuss the findings of international bibliography.

■ Case presentation

Patient 1: A 19-year-old man with a dependence on his lumbar support belt combined with ritual behavior of washing the injured area (due to phobia of infections) after back injury during sports participation at the age of 17 years. The behavior of the young man except for the above was followed by agoraphobia and isolation even from his parents and close friends. The traumatic experience was that he stopped playing football at his favorite team; although his doctor had advised him to return to his old life he never managed to do it, on the contrary his behavior was totally altered and didn't want to attend his school classes after his injury. The personality of the young man was hysterical and talking with the doctors expressed anger towards his parents because they were finding his behavior abnormal.

Patient 2: The other case was an old woman of 75 years old with psychological dependence on her soft and oversized cervical collar and a synchronous dependence in physical therapy sessions as well as a phobia for falls, cold and medical errors. The woman had a moderate neck injury 8 months before, and although there was not a neck fracture or dislocation, and she had been allowed by her doctor to take off the collar, she continued to have the collar on for 8

consequent months, and to continue the physical therapy sessions on her own demand. When asked about her addiction, she said that she believed the neck collar kept her head in upright position, and if she did take the collar off, her head would lose its stability with dangerous consequences. Her phobia for accidental falls and for cold was partially relieved when she had the collar on. Her behavior was hysterical, in the typical way hysteria is presented in elderly women, and she presented signs of hysterical hypochondriasis, too.

■ **Discussion** These two cases of post-traumatic obsessive compulsive behavior are extremely interesting because we see that auto-therapeutic repetitive/compulsive behavior is common in two patients with different sex, age and educational status, early life experiences and perceptions of the future. Phobias accompanied both cases and were well balanced with the prolonged use of orthopedic supports, without ever reaching in panic attacks.

INTRODUCTION

Trauma represents a triggering event for a variety of post-traumatic psychiatric disorders. Early post-traumatic period is critical for the development of short or long-term complications and research on risk factors has been about age, sex, earlier trauma experience, social attachment/caring environment, biological/genetic predisposition to traumatization, severity of trauma, existence and duration of post-traumatic functional disability, possible aesthetic damage and need for reconstruction (face, body), the personality of the person who gets injured, and other.¹ Vulnerable persons may develop addictions like drug abuse, alcohol addiction, and self-destructing behavior¹ or phobias.² J Cole has mentioned that rituals can heal community pain or trauma; he used the argument on the example of the Betsimisaraka of east Madagascar who used rituals of cattle sacrifice to transform the pain they experienced during an anticolonial rebellion that took place in 1947.³

Traumatologists call hysteria the behavior of patients who over-react after moderate injuries and ask to be operated, to be admitted to hospital, demand more days of

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