***Smyrna Tıp Dergisi*** ***Olgu Sunumu***

# Olfactory Reference Syndrome Treated with Aripiprazole
# Aripiprazol ile Tedavi Edilen Olfaktör Referans Sendromu

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**Abstract**
Olfactory reference syndrome is a delusional disorder where the individual has a false and persistent believe that a bad odour is being emitted from their body. In DSM-5 it is discussed under the somatic subtype of delusional disorders. In most cases there is only one symptom. Other psychiatric signs and symptoms are not seen. Depression often is added to the presentation. Patients apologize for the odour and make an effort to rid themselves of the odour. They avoid going out into society and restrict social and professional interactions. In this article, we aimed discussion of the clinical presentation and treatment of patient with olfactory reference syndrome.
**Key Words:** Aripiprazole, delusional disorder, olfactory reference syndrome

**Özet**
Olfaktör referans sendromu, bir delüzyonel bozukluk olup; kişiler yanlış olarak ısrarlı bir şekilde vücutlarından kalıcı kötü bir koku yayıldığını düşünürler. DSM-5'de, sanrısal bozuklukların somatik alt türü altında tartışılmaktadır. Çoğu durumda tek bir belirti vardır. Diğer psikiyatrik belirti ve bulgular görülmez. Depresyon sıklıkla sunuma eklenir. Hastalar koku için özür diler ve kokularından kurtulma çabası gösterirler. Topluma girmeden kaçınırlar ve sosyal ve mesleki etkileşimleri kısıtlarlar. Bu yazıda, olfaktör referans sendromlu hastanın klinik görünümü ve tedavisinin tartışılması amaçlanmıştır.
**Anahtar Kelimeler:** Aripiprazol, delüzyonel bozukluk, olfaktör referans sendromu

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## Introduction

Olfactory Reference Syndrome (ORS) is a rare psychiatric disorder. In The Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5) there is not a diagnostic title with this name. In the DSM-5 it is located under the title of delusional disorder body type. In literature, it is also referred different names (1). The primary symptom of the disorder is the individual's belief that they are emitting a bad odour to the environment. They feel guilt for an odour which does not exist and exhibit an apologetic behaviour to their surroundings. Frequent brushing of teeth, changing of clothes and bathing to rid themselves of the odour may exist (1). ORS can be addressed in a comprehensive manner considering its causes, biological foundations, clinical characteristics and treatment aspects.

## Case

A twenty-five year old male patient was brought to the psychiatric outpatient clinic in the company of his brother. He complained of reluctance, unhappiness and being unable to leave the house. He started that he rarely left the house, that he used to be very social, and that lately he does not wish to see anyone. He believes that there is an odour of sweat from his chest area. To resolve this, he continuously uses perfume, and goes through a bottle of perfume in 1-2 days. His social and occupational functioning for the last 1 year has been assessed as very low. It has been learned that he avoids public transportation and walks great distances. He does not go to work. He spends almost his entire day at home watching television and the computer. He has stated that he has had suicidal thoughts. There were no pathological findings on the physical examination of the patients. His hormonal profile, full blood count and routine biochemical measurements are

within normal limits. His neurological examinations and magnetic resonance imaging (MRI) of the brain were found to be normal. The patient was hospitalized because of his suicidal thoughts. 20 mg/day of aripiprazole treatment was applied. There has been a 55% decrease in his Brief Psychiatric Rating Scale (BPRS) score.

## Discussion

ORS is a rare disorder (1). It has been observed that ORS patients hold themselves responsible for the odour, are shamed, feel regret, wash excessively, prefer to be alone, change their clothes often and avoid social contact. ORS often begins at an early age and is more common in single men (1). The patient states that they realize the bad odour due to the behaviour of the people around them. Secondary reference ideas (feelings that they are being mocked, laughed at or spoken about) are seen together with it (2). To find and destroy the source of the odour they often consult dermatology, endocrinology physicians and bathe often. They can use perfume intensely.

Patients with ORS feel responsible for the odour. Thus they feel regret and shame. They bathe often, change their clothes very often and avoid social relationships (1). This condition is often chronic and the patient's quality of life suffers greatly. Suicide can be seen in some patients with untreated ORS (1). Therefore, patients with comorbid depression should be well evaluated for suicide and treatment for depression should not be ignored.

There are also case reports available regarding treatment of the odour hallucination using only antidepressants (2). However, the chances of success are very low. Therefore a combination of antidepressants and antipsychotic are more often preferred (1). ORS responds well to treatment with pimozide (3). However, extrapyramidal side effects may occur (4). Therefore, patients with poor insight may have poor treatment adherence. In this respect, atypical antipsychotics may be a better option. risperidone (4), amisulpride (5), olanzapine (6), and quetiapine (7) have also been reported to be effective. Muffatti has reported a case where ORS was successfully treated with aripiprazole (8). In the presented case the benefit of aripiprazole has also been seen.

In this article, due to the rarity of the olfactory reference syndrome, clinical appearance and the response to aripiprazole treatment was discussed.

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