The Conundrum of Juvenile OCD and EVALI
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Background
- OCD is a debilitating disorder affecting roughly 3 million people in the US.
- Approximately 50% of cases have their onset in childhood and adolescence.
- The popularity and availability of e-cigarette use poses a unique challenge for management when combined with OCD in the pediatric population and brain development.
- We present a case of pediatric OCD with EVALI use and discuss management as provided with literature review using PubMed.

Case Presentation
- A juvenile-aged male with a history of OCD, intermittent asthma, mood disorder and everyday use of vaporized cannabis and nicotine for 1 year presented to a community hospital due to worsening shortness of breath x 4 days.
- He was found to be in acute hypoxic respiratory failure requiring respiratory support and eventual intensive care management.
- On psychiatric evaluation, the patient described having a psychiatric history that included OCD, mood instability with trials of multiple medications including SSRIs, mood stabilizers, and antipsychotics.
- The patient reported that these interventions only partially controlled his symptoms, thus he turned to self-medicating by "vaping" cannabis and nicotine. The patient stated that, due to its alleged effectiveness, he became obsessed with the use of his vaporizer. He reported vaporizing continuously throughout the day for about 1 year, increasing in amount.
- His psychiatric medications were optimized with referral to psychotherapy and motivational interviewing for cannabis use disorder and exposure and response prevention therapy.
- The patient ultimately was transferred to a tertiary hospital for further management of his underlying acute lung injury.
- Management of the patient post hospitalization proved to be a relapsing and remitting course of vaping THC and nicotine with persistent symptoms consistent with OCD.
- The patient’s motivation to reduce substance use fluctuated however access to specialized health care and substance related programs recommended was not adhered to.

Conclusion
- Psychiatric comorbidities are high among patients with OCD; yet, little is known about the prevalence, consequence, and management of OCD comorbid with SUDs in young people.
- The additives used in vaping fluid, particularly THC-containing fluids, as well as the physical e-cigarette mechanism itself are possible triggers of EVALI.
- Most recommendations suggest treating the SUD first.
- Studies suggest ample screening, coupled with psychotherapy and psychopharmacology is a needful approach.
- In particular, it is recommended to treat patients with SUD with cognitive behavioral therapy (CBT) specifically a subtype of this, exposure response prevention (ERP).
- Nicotine replacement therapy (NRT) is also helpful.
- Patient access and use of specialized health care needs improving.

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