CASE REPORT

Eastern Journal of Medicine

East J Med 27(4): 668-671, 2022
DOI: 10.5505/ejm.2022.89577

A Rare Known Specific Phobia "Turophobia": A Case Report

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ABSTRACT

Specific phobia (SPs) is a type of disorder associated with persistent and pronounced fear of situations or objects other than those defined for social phobia and agoraphobia. It focuses on specific situations such as animals, altitude, storm, wind, darkness, confined spaces, airplane, swimming, dentist or seeing blood. Individuals with SPs experience extreme fear when they encounter a situation or object defined as a phobic stimulus. SP stands out as one of the most neglected clinical pictures based on clinical studies and scientific publications. Therefore, the subtypes, etiology, epidemiology and treatment of SP are not fully known. In this study, a 20-year-old female patient who was treated with the diagnosis of cheese phobia (turophobia) was presented in the light of the literature.

Keywords: Specific phobia, turophobia, treatment

Introduction

Specific phobias (SPs) are the experience of significant fear and anxiety about a particular object or situation; In DSM-5, anxiety disorders are classified under the main title (1). SP are one of the most common disorders among psychiatric disorders. Anxiety disorders are the largest group of psychiatric disorders with a 12-month prevalence of 14.0%, while SP is the most common subgroup of them. 22.7 million people are affected in Europe with a 12-month prevalence of 6.4% (2). However, SP is still not well understood. The presence of other anxiety disorders in patients applying for treatment makes it difficult to determine the primary disorder, SP. Although it is one of the most common psychiatric disorders, diagnosis has become difficult with the presence of other comorbid anxiety disorders, although the majority of the patients do not consult physicians. Therefore, information on SPs is limited. Situational, object, and others are included in the types of SP (3). While phobias such as animal phobia and acrophobia are more widely known, some phobia subtypes (rain, thunder phobia, etc.) are less known. Cheese phobia is one of them. Although it has been known that there are people who cannot eat cheese or touch cheese type foods since ancient times, the smell of cheese hasn't been studied sufficiently. Cheese phobia individuals exhibits signs of touch, inability to eat, disgust. They find it difficult to get close to him, and an excessive they exhibit discomfort. Also, some people fear white products that are similar to cheese, even similar words. Early diagnosis and treatment of lesser known specific phobia subtypes that affect the life of the individual in every aspect and impair the quality of life are important. Therefore, studies on the subject are needed. "Turophobia", which is considered among the object type SP; It consists of the Greek words "turi" - cheese "and" phobia "-" phobia "and means" fear of cheese "(4). In this article, we aimed to present a case of cheese phobia, which is one of the specific types of phobia that is not common in adulthood, which is included in the object type, in the light of the literature.

Case Report

20 years old female patient, single, university graduate, not working. She applied to the psychiatric outpatient clinic at the request of her parents. The patient recently had complaints of not leaving the house and room, malaise, demoralization, inability to do work, irritability and anger. The patient was brought to our clinic after being convinced that she jumped in the car

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Received: 01.06.2021, **Accepted:** 27.12.2021

when she was taken to the doctor at the external center and she was caught with difficulty and was closer. She used paroxetine 30 mg / day, clonezepam 2.5 mg / day, aripiprazole 5 mg / day, and olanzapine 10 mg / day for which she had previously applied to psychiatry. Since childhood, the patient had complaints such as not being able to eat cheese, touch, smell or even look at the cheese. When she saw cheese, she had complaints such as nausea, palpitations, shortness of breath, dizziness, and hot flashes. She had to go to the toilet, vomit, drink water, and brush her teeth urgently when she accidentally put cheese in her mouth. According to the information received from the patient's mother, she had an obsession with cleanliness and regularity. When she thought that something had gotten into her dress, she was studying for a long time whether it was cheese. Later, she didn't want to put on that contaminated garment again. The family of the patient has been making a living from animal husbandry for a long time. Her mother was making cheese from milk in the village. After the patient's mother made cheese, the patient ordered her mother, she said that; "First wash your hands a few times, dry them, come without touching the cloth anywhere, then wipe the lamp buttons. Because the mother of the patient touched the phone with her hands after making cheese one day, the patient could not touch the phone again, and she got angry and cried by saying 'I can't wash this phone but what will I do? The patient was washing her hands countless times and could not touch common items such as door handles or remote controls. She could not eat any food that went into the refrigerator. She stated that the worst times for her were during his university years, and living together with her friends in dormitory made her very difficult. Her friends stated that she was given cheese for breakfast every day, even if she did not eat it, because she had the same difficulties. When her friends found out about this situation, she stated that she made bad jokes to her. She couldn't get past the delicatessen aisle in the markets, and when the cheese commercial appeared on the TV, she had to change channels immediately. As a result, the patient had to go to a private house. In the interviews with the patient and his parents, it was learned that the patient's mother and father earned their livelihood with livestock, lived in the village, were born in term, through normal vaginal delivery, and that they were two siblings. It was learned that the patient's motor and mental development was natural. She expressed that he had a good relationship with her peers in school life, that he was an introverted person, and that she had an anxious and meticulous nature since childhood. It was found that the patient's mother had a history of psychiatric treatment and was diagnosed with trichotillomania. It was learned that his father also had snake phobia and onychophagia, but did not receive psychiatric treatment. In the physical examination and laboratory findings; Vital signs, neurological examination and other system examinations, hemogram and biochemical values were evaluated as normal. Cranial magnetic resonance imaging and electroencephalography of the patient were evaluated as normal. In his psychiatric examination; she was conscious, oriented and cooperative. Her self-care was partially reduced and her clothing was compatible with her sociocultural level. Her speech was clear, understandable, purposeful, and her speed and intonation were normal. Her mood was anxious, depressive. Her affect was anxious and irritable. There was no psychopathological finding on perception. The ability to evaluate reality was normal, judgment and reasoning were normal, and the ability to abstraction was normal. The thought process and associations were normal. Her thought content was about her present state and fear of cheese. The patient received 16 points from the Hamilton Depression Rating Scale (HAM-D), 32 points from the Beck Anxiety Scale, 18 points from the Brief Psychiatric Rating Scale, and 62 points from the Yale Brown Obsessive Compulsive Scale in the first interview. The patient received scores on the subscale of contamination obsessions and cleaning-washing compulsion. In SCL-90 Symptom Screening Test, high problem level in terms of anxiety and phobia, moderate problem level in terms of depression and obsession were determined.

As a result of the anamnesis taken from the patient, mental state examination and psychometric evaluations, according to DSM-5; a diagnosis of "Specific Phobia", "Major Depressive Disorder" and "Obsessive Compulsive Disorder" was made. The patient was admitted to the psychiatry service and was treated. Fluvoxamine 50 mg / day treatment was started for the patient and it was gradually increased to 200 mg / day. In the following days of the treatment, risperidone 1 mg / day treatment was added. When the patient had severe anxiety during inpatient treatment, alprazolam 1 mg treatment was given when necessary. Cognitive and behavioral therapy (CBT) was applied to the patient simultaneously with pharmacological treatment. With family interviews, her family was informed about the

patient's condition and treatment. In the first therapy session, it was determined as giving information about the structure of the therapy and setting the agenda, briefly reviewing the problems, determining the treatment goals, learning expectations, educating the patient about the illness and cognitive model (psychoeducation), summarizing and feedback. A detailed story was taken about the fear of cheese. The timing of the fear of cheese (its course, the frequency and duration of the attacks, the time of the day, etc.), the severity of the avoidance behavior, the conditions that increase the fear of cheese, the factors affecting it, and the thoughts and emotions that emerged after the fear were emphasized. During the psychiatric service follow-ups, it was found that he avoided having breakfast together with the patients who had avoidance behavior once or twice, especially at breakfast, in the common dining area, and he was found to have breakfast alone. In the following interviews, it was learned that his avoidance behavior decreased and he could look and touch the cheese even if he could not eat it. A significant improvement was observed in the patient's complaints. After 20 days of treatment, the patient was discharged at his own request. Follow-up of the patient continued from the polyclinic for a certain period of time.

Discussion

Although there is no proven opinion on how specific phobias appear, it is known that genetic and environmental factors are effective. Although it is said that traumatic experiences play a role in their occurrence, it has not been proven that there is a traumatic event under each specific phobia (5). Specific phobias tend to be passed down in families. Psychiatric complaints were also present in the patient's mother and father. The patient's mother had trichotillomania and onychophagia. The patient's father had a snake phobia. There were differences of thought and arguments between the mother and father of the patient. The family of the patient had economic problems, and this situation was transforming into differences of opinion and frequent discussion between the mother and father. The patient had been dealing with forced animal husbandry from an early age. She was forced into the barn by her family. Although she was afraid of sick cows, she had to do things. The stressful life of the patient may have caused the development and onset of existing psychiatric complaints. Blood-injection-injury type has a very high familial predisposition. Studies have reported that 2/3 - 3/4 of the affected probands have at least one first degree relative with the same type of specific phobia. DSM-5 covers different specific types of phobia. These are divided into animal type, natural environment type, blood-injection-injury type, situational type, object type and other types(6). People suffering from object type turophobia; displays signs of touching, inability to eat, disgust and disgust with cheese. They have difficulty approaching the cheese and exhibit extreme discomfort upon seeing the cheese. Some turophobes are afraid of cheese-like white products, even similar words and phrases. As with many other specific phobias, it is frequently associated with traumatic life events associated with phobia in the past, triggering the phobia (4). Apart from these traumatic life events, there is no agreed structural or functional cause in its etiology. In general, object type phobias begin in childhood and are common in women (7). The common feature of almost all phobic disorders is that anxiety symptoms are seen when confronted with certain situations and objects. Anxiety symptoms have physical / autonomic, cognitive / emotional and behavioral dimensions. Although there are changes from person to person, the person encountering a phobic object or situation will experience situations similar to those of real fears: the person's breathing becomes narrow, the heart beats quickly, tremors, sweating, numbness, fainting sensation, dizziness and frequent urge to urinate (7). Similar complaints were described in our case. The anticipation of fear in the phobic situation can lead to serious avoidance. In some people, avoidance can successfully control anxiety and lead a relatively trouble-free life. In some cases, avoidance is not enough or it can seriously affect quality of life as avoidance itself is excessive (8). In our study, the presence of anticipatory anxiety and avoidance behavior, which negatively affected the quality of life of our patient, is consistent with these findings. Many specific phobias start in early childhood (6). Most patients do not remember when their fear first started. Specific phobias are the most common mental disorder in women and come second after substance-related disorder in men. While the incidence rate in women is 14-16%, it is 5-7% in men(6). However, this ratio is 1/1 for fear of blood, injection or injury(6). The fact that our case was also a woman seems compatible with the literature. Approximately 1/3 of the patients with specific phobia have major depressive disorder (6). The most important typical finding in mental state examination is the presence of a meaningless and

egodystonic fear of a specific situation, activity or object. Patients can describe how they avoid contact with phobia. Depression is frequently detected in mental state examination and can be found in 1/3 of all phobic patients. Our case also had major depressive disorder and OCD diagnoses. Along with OCD, she had complaints such as cleaning ossessions, disgust, and thinking that she would get dirty when he touched the cheese. In the treatment of specific phobias; drug therapies, behavioral therapies and cognitive therapies are used (6). Although it is generally accepted that drug therapies do not have a place in specific phobias, successful results have been reported, especially with drugs in the group of selective serotonin reuptake inhibitors (SSRI). Fluoxetine, sertraline, citalopram, escitalopram, paroxetine, paroxetine ER, fluvoxamine are used in treatment(9)(10). Behavioral therapies are the most studied and probably the most effective treatment for specific phobias. The method called exposure is the most commonly used behavioral technique. In this method, patients are desensitized by exposing them to phobic stimuli, and patients are shown different ways of dealing with anxiety, such as relaxation, respiratory control, and cognitive approaches (11). CBT was applied to our case in our study simultaneously with psychopharmacological treatment. CBT was applied to our case in our study simultaneously with psychopharmacological treatment. Our case was treated with fluvoxamine 200 mg / day at the end of 6 weeks. There was a decrease in anxiety level and symptoms. In this case, SSGI use in the treatment of specific phobia shows that it can be effective. We additionally administered risperidone 1 mg to our patient. We preferred risperidone 1 mg treatment for OCD complaints of our patient as a supportive one. Although specific phobias are a major problem for both mental health professionals and patients, there are still unspecified specific phobia types in the literature. Although object type phobia types have been defined since ancient times, their diagnosis and treatment approaches are not fully known. It has been observed that the studies on this subject are insufficient compared to the literature review. It is remarkable that our case is the first case of turophobia in the literature.

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