



Symptoms of obsessive-compulsive disorder predict cannabis misuse



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ABSTRACT

Introduction: Cannabis use has been linked to many psychological disorders. There is, however, a paucity of research investigating the link between cannabis use and obsessive-compulsive disorder (OCD). The present study sought to examine this link by exploring associations between severity of OCD symptoms, cannabis use, and cannabis misuse; determining whether these associations exist above and beyond symptoms of anxiety, depression, and stress; and testing the mediating role of cannabis coping motives (i.e., using cannabis to cope with negative affect and other problems).

Methods: A large sample of young adult cannabis users ($n = 430$) completed an online survey containing measures of OCD symptoms, cannabis use, cannabis misuse, and cannabis use motives.

Results: Severity of OCD (as indexed by higher scores on the Obsessive-Compulsive Inventory-Revised) was unrelated to frequency and quantity of cannabis use, but it was significantly, positively related to increased cannabis misuse. These effects persisted after controlling for anxiety, depression, and stress. The specific feature of obsessing was found to consistently predict cannabis misuse. Finally, an indirect effect of severity of OCD on cannabis misuse via coping motives was discovered.

Conclusions: Together, these findings indicate that there may be an association between OCD and cannabis misuse that is independent of anxiety, depression, and stress, and that is mediated by coping motives. Based on these findings, we recommend that individuals with OCD symptoms avoid using cannabis because they may be more vulnerable to the development of problematic use and cannabis use disorder.

1. Introduction

Two of the most commonly reported effects of cannabis consumption are relaxation and tension reduction; as such, cannabis users regularly report using the drug to cope with negative affect and other problems (Copeland, Swift, & Rees, 2001; Green, Kavanagh, & Young, 2003; Hathaway, 2003; Reilly, Didcott, Swift, & Hall, 1998). Cannabis use is presently at an all-time high, with 44% of Americans indicating they have tried cannabis and 11% reporting current cannabis use (Gallup, 2015). Younger adults show particularly high usage rates, with 18% of individuals under the age of 30 reporting current cannabis use (Gallup, 2015). The growth of the recreational cannabis industry is expected to further increase these rates (Palamar, 2014), and it may also increase rates of using cannabis to cope.

Numerous studies have focused on the link between cannabis use and anxiety. A recent meta-analysis found small, positive associations between anxiety, cannabis use frequency, and cannabis use disorder (CUD) symptoms, even in studies controlling for diagnosed psychiatric illnesses and polysubstance use (Kedzior & Laeber, 2014). It has also been reported that the likelihood of having a diagnosis of any anxiety

disorder is significantly higher among cannabis users than non-users (Crippa et al., 2009). Finally, a recent study showed that anxiety is the second most frequently reported condition that medical cannabis patients use cannabis to manage (Sexton, Cuttler, Finnell, & Mischley, 2016).

As previously mentioned, many people report using cannabis to reduce negative affect and deal with other problems (i.e., to cope). Indeed, cannabis use has been cited as a coping mechanism more than any other drug, including alcohol (Green et al., 2003). As such, several studies have examined motives for cannabis use to try to understand why cannabis is related to anxiety. One study found that coping motives moderated the relationship between cannabis use and psychosocial distress such that those who primarily reported using cannabis to cope experienced significantly higher psychosocial distress than non-users (Brodbeck, Matter, Page, & Moggi, 2007). Similarly, coping motives have been found to mediate the relationship between distress intolerance and cannabis problems (Bujarski, Norberg, & Copeland, 2012). Distress intolerance refers to an inability to withstand negative psychological states (Simons & Gaher, 2005), and cannabis problems refers to the degree to which cannabis use interferes with day-to-day

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functioning (Bujarski et al., 2012). These results suggest that individuals who cannot endure distress show increased use of cannabis for the purposes of coping, which in turn predicts increased impairment in functioning due to cannabis use. Coping motives have also been found to mediate the relationship between cannabis use and anxious arousal, which refers to bodily sensations related to anxiety (Johnson, Bonn-Miller, Leyro, & Zvolensky, 2009). Finally, coping motives mediate the relationship between social anxiety symptoms and cannabis problems (Buckner, Bonn-Miller, Zvolensky, & Schmidt, 2007). Together, these results underscore the importance of considering motives for using cannabis when examining the links between cannabis and psychological symptoms/disorders. Specifically, they suggest that individuals may be turning to cannabis in an attempt to reduce negative affect and other problems.

While much research has focused on the links between cannabis and anxiety, there is currently a lack of published research on cannabis and obsessive-compulsive disorder (OCD). One study, which focused on examining predictors and prevalence of OCD, found that cannabis dependence was significantly higher in individuals with OCD compared to individuals without (Douglass, Moffitt, Dar, McGee, & Silva, 1995). A second study – focused on examining links between cannabis and social anxiety – reported a significant, positive relationship between OCD symptoms and cannabis problems, but not with cannabis use frequency or coping motives (Buckner et al., 2007). Finally, a study focused on cannabis use and mood/anxiety disorders found that cannabis use at baseline was not associated with increased odds of being diagnosed with OCD at a 3-year follow-up (Van Laar, Van Dorsselaer, Monshouwer, & De Graaf, 2007). Although the results of this sparse literature are somewhat equivocal, these findings suggest that there may be a link between OCD and cannabis. It is unclear, however, whether the putative link between OCD and cannabis exists above and beyond the increases in anxiety, depression, and stress associated with OCD (Anthony, Bieling, Cox, Enns, & Swinson, 1998); which specific features of OCD (e.g., checking, washing, obsessing) show unique associations with cannabis; and/or whether coping motives mediate the hypothesized link between OCD and cannabis.

The dearth of published research on the link between cannabis and OCD motivated the present study. Our overall goal was to further explore this link by addressing the following aims: 1) to examine the associations between symptoms of OCD and cannabis use and misuse; 2) to determine whether severity of OCD is significantly associated with cannabis use and misuse after controlling for the potentially confounding effects of anxiety, depression, and stress; and 3) to test the role of coping motives as a mediator of the putative links between OCD, cannabis use, and cannabis misuse.

2. Methods

2.1. Inclusion/exclusion criteria

The only inclusion criteria were being at least 18 years old and prior use of cannabis. The only exclusion criterion was evidence of random responding. The 10-items of the deviant responding validity subscale of the Psychopathic Personality Inventory (PPI; Lilienfeld & Andrews, 1996) were randomly interspersed throughout our survey to detect random responders. A total of 28 participants (6.1% of the total sample) endorsed more than four PPI items in an aberrant manner and were excluded from all analyses.

2.2. Participants

The final sample contained 430 undergraduate psychology students. They were recruited through the Department of Psychology subject pool, which provides course credit to undergraduate students in exchange for research participation. We chose to sample students (i.e., a non-clinical population) for the present study for several reasons.

First, cannabis use is very common in undergraduate students, and usage rates are growing in this population (Johnson, O'Malley, Bachman, Schulenberg, & Miech, 2015). Second, student samples are more accessible, allowing us to collect enough data to power our analyses. Finally, subclinical symptoms of OCD are common in the general population (Rachman & de Silva, 1978; Salkovskis & Harrison, 1984) and are believed to serve as a useful proxy for studying clinically severe OCD (Gibbs, 1996).

Participants had completed an average of 1.73 years of university ($SD = 1.31$) at the time of participation and were predominantly female (66.1%) and Caucasian (68%). Over 80% of the sample reported using cannabis at least once a month, and almost 60% reported using at least once a week. On average, participants reported using cannabis 2.6 days in the past week. A total of 13.2% of the sample met or surpassed the clinical cut-score of 21 on the measure of OCD (Foa et al., 2002). Only 8.1%, 6.9%, and 3.9%, scored within the severe or extremely severe ranges for anxiety, depression, and stress, respectively, on the measure of these constructs (Lovibond & Lovibond, 1995).

2.3. Measures

A short demographics questionnaire was used to assess age, sex, and other characteristics of the sample. The Obsessive-Compulsive Inventory – Revised (OCI-R; Foa et al., 2002) was used to measure severity of obsessive-compulsive symptoms over the past month, including total OCD symptoms, as well as six specific features of OCD (checking, hoarding, neutralizing, obsessing, ordering, and washing). Scores on the OCI-R were computed using the measure's published scoring instructions and are continuous, with higher total OCD scores indicative of more severe OCD symptoms and higher scores on each specific feature of OCD indicating more symptoms of that specific feature. The OCI-R has demonstrated sound reliability and validity (Foa et al., 2002).

Cannabis misuse was measured using two questionnaires: the Marijuana Problems Scale (MPS; Stephens, Roffman, & Curtin, 2000), which measures the degree to which cannabis use over the past month has interfered with day-to-day functioning (i.e., cannabis problems), and the Cannabis Use Disorder Identification Test – Revised (CUDIT-R; Adamson et al., 2010), which measures symptoms of CUD over the past six months. Both measures were continuous and were scored using their published scoring instructions, with higher MPS scores indicative of more problems caused by cannabis and higher scores on the CUDIT-R indicative of more CUD symptomatology (e.g., failing to meet responsibilities). The MPS has demonstrated high internal consistency in previous research (e.g., Buckner, Ecker, & Cohen, 2010), and the CUDIT-R has demonstrated sound psychometric properties, including high sensitivity and specificity (Adamson et al., 2010).

The Daily Sessions, Frequency, Age of Onset, and Quantity of Cannabis Use Inventory (DFAQ-CU; Cuttler & Spradlin, 2016) was used to assess frequency and quantity of cannabis use. The frequency and quantity subscales of the DFAQ-CU were scored according to the authors' scoring instructions, with higher scores indicating more regular cannabis consumption and higher amounts of cannabis consumed, respectively. In previous research, both subscales showed good reliability, and the frequency subscale showed good predictive, concurrent, and discriminative validity (Cuttler & Spradlin, 2016).

The coping motives subscale of the Marijuana Motives Measure (MMM; Simons, Correia, Carey, & Borsari, 1998) was used to assess the degree to which participants use cannabis to cope with negative affect and other problems in their life (e.g., “to forget [their] worries”). The coping motives subscale of the MMM was scored according to the authors' published instructions, with scores ranging on a continuum and higher scores indicative of using cannabis more for the purpose of coping. In previous research, the MMM has shown a sound factor structure, and the coping motives subscale has demonstrated satisfactory internal consistency (Benschop et al., 2015; Zvolensky et al.,

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