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Demographic and health-related correlates of obsessive-compulsive symptoms among African Americans

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ABSTRACT

This study examined the correlates of the symptoms of obsessive-compulsive disorder (OCD) among a nationally-representative sample of African American adults (n = 3570). Demographic and several self-rated health variables were examined. Although only 1.6% of the sample met DSM-IV diagnostic criteria for OCD, a sizeable proportion of the sample reported compulsions (12.5%) and obsessions (15.3%). Material hardship was positively associated with nearly all measured symptoms of OCD and fewer years of educational attainment was related to greater compulsive symptoms. Self-rated mental health was related to both compulsions and obsessions, and self-rated physical health was associated with counting and repeating compulsions. Implications and areas for further research with African Americans are discussed, including improving access to care for those most in need of services.

1. Introduction

Obsessive-compulsive disorder (OCD) is a severe and disabling condition consisting of intrusive obsessions and repetitive compulsions. According to the Diagnostic and Statistical Manual (DSM-5; American Psychiatric Association, 2013, p. 235), obsessions are defined as "recurrent and persistent thoughts, urges, or images that are experienced as intrusive and unwanted," and compulsions are defined as "repetitive behaviors or mental acts that an individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly." OCD among African Americans tends to be particularly persistent, highly comorbid with other psychiatric disorders, and associated with high functional impairment across multiple domains (Himle et al., 2008; Williams, Brown, & Sawyer, 2017). African Americans experience OCD at similar rates as the general population (White 2.6% vs. Black 2.3%, Zhang & Snowden, 1999; White 1.6% vs. Black 1.6%, Kessler, Berglund, & Demler, 2005; Himle et al., 2008), but are less likely to receive treatment or experience a remission. OCD is associated with poor quality of life in several areas, including physical health (Eisen et al., 2006). Understanding and addressing the difficulties posed by OCD for African Americans is an important public health challenge. The goal of this study is to investigate the demographic and health correlates of OCD symptoms among a national sample of African Americans.

OCD symptoms are highly variable. Although many have symptoms focused on behaviors such as cleanliness, arranging, and repeating, OCD is a multi-faceted disorder, which creates unique diagnostic challenges (Sussman, 2003). Recent studies of OCD symptom dimensions have generally converged upon four major obsession/compulsion groupings: contamination/cleaning, symmetry/ordering, doubts about harm/checking, and unacceptable thoughts/mental rituals (Williams, Mugno, Franklin, & Faber, 2013; Williams et al., 2011), although some studies have found variations in this pattern (e.g., Katerberg et al., 2010). Only one study, conducted at the University of Pennsylvania (Williams, Proetto, Casiano, & Franklin, 2012), has examined symptom dimensions in African Americans who were clinically diagnosed with OCD. The findings from that study were generally similar to prior studies with primarily White samples, but with a few notable differences. The unacceptable thoughts/mental rituals category was comprised of two separate components, described as sexuality concerns/reassurance and aggression/mental rituals; repeating compulsions were associated with the sexuality concerns/reassurance component; and counting compulsions were associated with aggression/mental rituals (Williams, Elstein, Buckner, Abelson, & Himle, 2012).

Understanding specific OCD symptoms is important because these dimensions have been differentially associated with various

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demographic correlates and clinical outcomes. For example, contamination/cleaning symptoms are more common in women than men, and more common in African Americans than European Americans (Labad et al., 2008; Williams et al., 2012). Unacceptable thoughts are more common in men than women, correlated with lower quality of life than other symptom dimensions, and do not respond as well to treatment compared to other symptom dimensions (Labad et al., 2008; Singh, Wetterneck, Williams, & Knott, 2016; Williams et al., 2014). Contamination/cleaning symptoms have been associated with lower physical health ratings compared to other symptom dimensions (Albert, Maina, Bogetto, Chiarle, & Mataix-Cols, 2010). For example, cleaning compulsions could lead to dermatologic problems resulting from excessive handwashing or prolonged contact with strong household cleaning products. Friedman, Hatch, and Paradis (1993) observed that some African Americans with OCD present first in dermatology clinics due to skin irritation. Furthermore, oral health could suffer if compulsions involve excessive tooth brushing, leading to a loss of tooth enamel (Albert et al., 2010).

Unfortunately, very little is known about OCD symptoms in African Americans. In the Williams et al. (2012) study, symptom dimensions were derived from the Yale-Brown Obsessive Compulsive Scale (Goodman et al., 1989) and then frequencies of symptoms were compared to observations from primarily White samples and findings from the National Survey of American Life (NSAL) study (Williams et al., 2012). However, specific symptoms have not been examined in the context of their relationship to important demographic factors such as gender, age, SES, education, and health indictors, including physical health, oral health, and mental health. In addition, we include material hardship which is a unique measure of socio-economic status that measures the degree to which individuals cannot meet basic expenses such as paying rent/mortgage or full utility bills. The Williams et al. (2012) study collected demographic information; however, because the sample was not nationally representative, the demographic profile was unique to the locale in which the study was conducted (Philadelphia). Thus, there is a need to understand the correlates of OCD symptoms in a nationally representative sample of African Americans, which is the aim of the current investigation.

Given the dearth of research on ethnic minority groups, it is difficult to propose specific predictions about demographic correlates of OCD. However, we expect younger adults will have a greater likelihood of having OCD symptoms based upon previous research which found that older African Americans were less likely to have OCD (Himle et al., 2008). We expect that respondents with lower levels of socio-economic status to be more likely to have OCD symptoms. That is, respondents with lower levels of income, education and those who are unemployed and who experience material hardship will have a higher likelihood of having OCD symptoms. This is based on previous research indicating that adults with psychiatric disorders have lower socio-economic status (Kessler et al., 2008; Kessler, Foster, Saunders, & Stang, 1995) and are less likely to be employed (Breslau et al., 1998). As noted in prior work, we expect to see more contamination concerns in women and more unacceptable thoughts in men. Further, because OCD is typically comorbid with other disorders, we also expect poorer mental health to predict greater OCD symptoms. Lastly, we expect individuals with poorer physical health and poorer oral health to have more symptoms of OCD.

2. Methods

2.1. Participants

The National Survey of American Life: Coping with Stress in the 21st Century (NSAL) was conducted by the Program for Research on Black Americans at the University of Michigan's Institute for Social Research. The NSAL was part of the National Institute of Mental Health (NIMH) Collaborative Psychiatric Epidemiology Surveys (CPES) initiative. It includes samples of African Americans, Black Caribbeans and non-Hispanic whites. The field work for the NSAL was completed by the Institute of Social Research's Survey Research Center, in cooperation with the Program for Research on Black Americans. The NSAL sample has a national multi-stage probability design. The African American sample is the core sample of the NSAL. The core sample consists of 64 primary sampling units (PSUs). Fifty-six of these primary areas overlap substantially with existing Survey Research Center National Sample primary areas. The remaining eight primary areas were chosen from the South in order for the sample to represent African Americans in the proportion in which they are distributed nationally. The African American sample is a nationally representative sample of households located in the 48 coterminous states with at least one Black adult 18 years or over who did not identify ancestral ties in the Caribbean. Both the African American and non-Hispanic White samples were selected exclusively from these targeted geographic segments in proportion to the African American population. For all three race/ethnic samples, the NSAL weights were designed to correct for disproportionate sampling, non-response, and to provide representation across various demographic characteristics in the 48 coterminous states.

The NSAL is the largest and most comprehensive study of mental health and psychiatric disorders in African Americans ever completed. The purpose of the study was to explore differences in mental disorders, symptom presentation, psychological distress, disability, and service use in the context of a variety of stressors, risk and resilience factors, and coping resources unique to Black Americans. The methodology of this study and participant characteristics are described in detail by Jackson et al. (2004).

2.2. Procedure

The data collection period was from February 2001 to June 2003. Most of the interviews were conducted face-to-face (86%); the remaining 14% were telephone interviews. All interviews were conducted in English using a computer-assisted personal interview that lasted an average of two hours and twenty minutes. Interviewers were trained in cultural issues relevant to the populations studied and were race-matched to participants. Respondents were compensated for their time. A total of 6082 interviews were conducted with persons aged 18 or older, including 3570 African Americans, 891 non-Hispanic Whites, and 1621 Blacks of Caribbean descent. The analysis conducted here included only the African American participants.

The overall response rate was 72.3% and the response rate for African Americans was 70.7%. These response rates are noteworthy given that African Americans (especially lower income African Americans) are more likely to reside in major urban areas which are more difficult and expensive with respect to survey fieldwork and data collection. The NSAL also had a larger proportion of high crime neighborhoods than found in general national population surveys. Final response rates for the NSAL two-phase sample designs were computed using the American Association of Public Opinion Research (AAPOR, 2006) guidelines (for Response Rate 3 samples see Jackson et al., 2004, for a more detailed discussion of the NSAL sample and methodology). The NSAL data collection was approved by the University of Michigan Institutional Review Board.

2.3. Measures

2.3.1. Dependent variables

In the NSAL diagnostic assessment of psychiatric disorders was conducted using the Diagnostic and Statistical Manual (DSM-IV) World Mental Health Composite International Diagnostic Interview (WMH-CIDI; Kessler & Ustan, 2004). The WMH-CIDI is a structured, lay interviewer-administered diagnostic interview. Prior to the NSAL, no data existed on Black Americans with OCD based upon probability samples. For that reason, it was considered important to collect information on