



ELSEVIER

 JOURNAL OF
**ADOLESCENT
 HEALTH**

www.jahonline.org

Adolescent health brief

Obsessive-Compulsive Symptoms as a Risk Factor for Suicidality in U.S. College Students


 Ilana Huz^{a,*}, Maren Nyer, Ph.D.^{a,b}, Claire Dickson^a, Amy Farabaugh, Ph.D.^{a,b},
 Jonathan Alpert, M.D., Ph.D.^{a,b}, Maurizio Fava, M.D.^{a,b}, and Lee Baer, Ph.D.^{a,b}
^a Department of Psychiatry, Massachusetts General Hospital, Boston, Massachusetts^b Harvard Medical School, Boston, Massachusetts

Article history: Received July 29, 2015; Accepted November 2, 2015

Keywords: Suicidality; Obsessive-compulsive symptoms; College students; Mental health screening

 A B S T R A C T

Purpose: The purpose of this study was to assess the association of obsessive-compulsive symptoms (OCS) with suicide risk among college students.

Methods: Subjects were 474 college students who attended mental health screenings at two private universities and completed multiple self-report questionnaires.

Results: Presence of one or more OCS was associated with an increased odds ratio of suicide risk of approximately 2.4, although this was no longer a significant risk factor when controlling for depressive symptoms. Of the OCS assessed, only obsessions about speaking or acting violently remained an independent risk factor for suicidality over and above depression.

**IMPLICATIONS AND
 CONTRIBUTION**

This study found that presence of particular obsessive-compulsive symptom (OCS), although rarely inquired about, is associated with suicidality in college students. This is

Conflicts of Interest: Authors report the following conflicts of interest: (1) I.H.: no financial disclosures to report; (2) M.N.: no financial disclosures to report; (3) C.D.: no financial disclosures to report; (4) A.F.: no relevant financial disclosures to report; (5) J.A.: Abbott Laboratories, Alkermes, American Psychiatric Association, Aspect Medical Systems, Astra-Zeneca, Belvoir Publishing, Bristol-Myers Squibb Company, Cephalon, Cyberonics, Eli Lilly & Company, Forest Pharmaceuticals Inc., Glaxo SmithKline, Johnson and Johnson Pharmaceutical Research and Development, Lichtwer Pharma GmbH, Lorex Pharmaceuticals, Luye Pharma, MGH Academy, Novartis, Organon Inc., PamLab, LLC, Pfizer Inc., Pharmavite, Primedia, Reed Medical Education, Roche, Sanofi/Synthelabo, Solvay Pharmaceuticals, Inc., Wyeth-Ayerst Laboratories, and Xian-Janssen; (6) M.F.: Abbot Laboratories; Alkermes, Inc.; American Cyanamid; Aspect Medical Systems; AstraZeneca; BioResearch; BrainCells Inc.; Bristol-Myers Squibb; CeNeRx BioPharma; Cephalon; Clintara, LLC; Covance; Covidien; Eli Lilly and Company; EnVivo Pharmaceuticals, Inc.; Euthymics Bioscience, Inc.; Forest Pharmaceuticals, Inc.; Ganeden Biotech, Inc.; Glaxo SmithKline; Harvard Clinical Research Institute; Hoffman-LaRoche; Icon Clinical Research; i3 Innovus/Ingenix; Janssen R&D, LLC; Jed Foundation; Johnson & Johnson Pharmaceutical Research & Development; Lichtwer Pharma GmbH; Lorex Pharmaceuticals; MedAvante; National Alliance for Research on Schizophrenia & Depression (NARSAD); National Center for Complementary and Alternative Medicine (NCCAM); National Institute of Drug Abuse (NIDA); National Institute of Mental Health (NIMH); Neuralstem, Inc.; Novartis AG; Organon Pharmaceuticals; PamLab, LLC.; Pfizer Inc.; Pharmacia-Upjohn; Pharmaceutical Research Associates, Inc.; Pharmavite LLC; Pharmorx Therapeutics; Photothera; Reckitt-Benckiser; Roche Pharmaceuticals; RCT Logic, LLC (formerly Clinical Trials Solutions, LLC); Sanofi-Aventis US LLC; Shire; Solvay Pharmaceuticals, Inc.; Synthelabo; Wyeth-Ayerst Laboratories; Affectis Pharmaceuticals AG; Amarin Pharma Inc.; Auspex Pharmaceuticals; Bayer AG; Best Practice Project Management, Inc.; BioMarin Pharmaceuticals, Inc.; Biovail Corporation; CNS Response, Inc.; Compellis Pharmaceuticals; Cypress Pharmaceutical, Inc.; DiagnoSearch Life Sciences (P) Ltd.; Dinippon Sumitomo Pharma Co. Inc.; Dov Pharmaceuticals, Inc.; Edgemont Pharmaceuticals, Inc.; Eisai Inc.; ePharmaSolutions; EPIX Pharmaceuticals, Inc.; Fabre-Kramer Pharmaceuticals, Inc.; GenOmind, LLC; Grunenthal GmbH; Janssen Pharmaceutical; Jazz Pharmaceuticals, Inc.; Knoll Pharmaceuticals Corp.; Labopharm Inc.; Lorex Pharmaceuticals; Lundbeck Inc.; Merck & Co., Inc.; MSI Methylation Sciences, Inc.; Naurex, Inc.; Neuronetics, Inc.; NextWave Pharmaceuticals; Nutrition 21; Orexigen Therapeutics, Inc.; Otsuka Pharmaceuticals; PharmaStar; Precision Human Biolaboratory; Prexa Pharmaceuticals, Inc.; Puretech Ventures; PsychoGenics; Psylin Neurosciences, Inc.; Rexahn Pharmaceuticals, Inc.; Ridge Diagnostics, Inc.; Roche; Sepracor Inc.; Servier Laboratories; Schering-Plough Corporation; Somaxon Pharmaceuticals, Inc.; Somerset Pharmaceuticals, Inc.; Sunovion Pharmaceuticals; Supernus Pharmaceuticals, Inc.; Takeda Pharmaceutical Company Limited; Tal Medical, Inc.; Tetragenex Pharmaceuticals, Inc.; Transform Pharmaceuticals, Inc.; Transcept Pharmaceuticals, Inc.; Vanda Pharmaceuticals, Inc.; Adamed, Co; Advanced Meeting Partners; American Psychiatric Association; American Society of Clinical Psychopharmacology; Belvoir Media Group; Boehringer Ingelheim GmbH; CME Institute/Physicians Postgraduate Press, Inc.; Imedex, LLC; MGH Psychiatry Academy/Primedia; MGH Psychiatry Academy/Reed Elsevier; United BioSource, Corp; and PsyBrain, Inc.; and (7) L.B.: Chirag Foundation, MGH Academy.

* Address correspondence to: Ilana Huz, Massachusetts General Hospital, Depression Clinical and Research Program, 1 Bowdoin Square, 6th floor, Boston, MA 02114.
 E-mail address: IlanaHuz@gmail.com (I. Huz).

Conclusions: Although our study was cross-sectional in nature and thus cannot determine causality, increased burden of particular OCS symptom clusters, such as violent or aggressive obsessions, may increase risk among college students, for suicidal ideation.

© 2016 Society for Adolescent Health and Medicine. All rights reserved.

the first study to assess this association in a non-psychiatric sample. OCS should be more routinely incorporated into the mental health screening of college students and other transitional age youth.

The symptoms of obsessive-compulsive disorder (OCD) are unwanted, intrusive, and persistent obsessions and/or compulsions performed to neutralize the distress associated with an obsession. Obsessive-compulsive symptoms (OCS) absent an OCD diagnosis can cause significant distress and impairment in functioning, and OCS may be common, yet under-recognized among college students [1].

Suicide is the second-leading cause of death among college students [2], and depressive symptoms are strong predictors of suicidal ideation in this population [3,4]. Contrary to traditional beliefs, a recent meta-analysis has confirmed an association between OCD and suicidality, particularly in patients suffering from particular OCS, such as aggressive obsessions [5]. This association between OCS and suicidality has not been tested in nonpsychiatric patients.

To assess OCS as a risk factor for suicidality in college students, we performed a secondary analysis of two college mental health screenings [4]. These screenings assessed OCS in addition to depression and suicidal ideation and behavior. Our aims in the current analysis were to assess: (1) prevalence of OCS among college students and (2) relations among OCS, depression, and suicidal ideation.

Methods

Procedures

The methods and original results have been described previously [4]. In summary, undergraduate students across the United States completed a battery of self-report questionnaires. Participants received a \$15 gift certificate to their campus bookstore. All procedures were approved by the Massachusetts General Hospital institutional review board and each universities' institutional review boards, and students signed a consent form before voluntarily completing the questionnaires. Students with a score of 13 or greater on the Beck Depression Inventory (BDI [6]) were interviewed by a M.D. or Ph.D.-level clinician to assess for major depressive disorder and suicidality.

Participants

The present study examined data collected from 474 undergraduate students from two private Northeastern U.S. universities. A majority of participants were female (68.1%), white (68.4%), aged 18 (27.6%) or 19 (26.6%) years, and freshmen (31.6%) or sophomores (23.1%). Other ethnicities were Asian or Pacific Islander (21.3%), Hispanic (4.2%), black, not of Hispanic origin (3.2%), American Indian or Alaskan Native (.8%), and Other (1.8%).

Measures

Depressive symptoms were assessed by the BDI [6], a 21-item self-rated measure of depression. Suicidal ideation was assessed by the four-item Suicide Behavior Questionnaire-Revised (SBQ-R [7]), which yields two separate scores that have been validated in college students [7]: SBQ-R Item 1 (with a cut point of ≥ 2), which asks about lifetime suicidal thoughts or acts and the SBQ-R Total Score of all four items (with a cut point of ≥ 7 ; other items ask about suicidal thoughts in the past year, ever telling others you might commit suicide, and likelihood of future suicide attempt). OCS were assessed by each of the eight items in the OCD subscale of the Psychiatric Diagnostic Screening Questionnaire (PDSQ [8]).

Statistical analyses

Analyses were conducted using SPSS version 20 (IBM Corp., Armonk, NY). To control for the effects of depression, the BDI score was dichotomized at a cut point of ≥ 10 , which has been found to provide maximum sensitivity and specificity for a clinical diagnosis of depression [9]. Because all independent measures were dichotomous, binary logistic regression models were used to assess the association between OCS and suicide risk, after controlling for depression level (no demographic variables were found to be significantly related to either SBQ-R outcome measure at $p < .10$), with statistical significance assessed by the Wald test, and odds ratio as a measure of effect size.

Results

Prevalence of obsessive-compulsive symptoms

Of 474 students, 169 (35.7%) endorsed one or more OCS (Table 1). Table 1 indicates that the most common individual OCSs in this college sample were unwanted obsessions about having caused danger or harm by their actions or inaction and associated checking rituals.

Association between OCS and depression

Endorsement of one or more OCS was significantly more frequent in the depressed group (61.7%) than that in the nondepressed group (26.3%; $p < .0001$ by Fisher's exact test). Endorsement of each OCS was significantly higher in the depressed group (all exact p values $< .01$), with the exception of obsessions of dirt or germs. Finally, 27.3% of students endorsed depressive symptoms above the BDI cut point of 10.

Download English Version:

<https://daneshyari.com/en/article/1078207>

Download Persian Version:

<https://daneshyari.com/article/1078207>

[Daneshyari.com](https://daneshyari.com)