

## Mediators and moderators of functional impairment in adults with obsessive–compulsive disorder

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### Abstract

The current study examined correlates, moderators, and mediators of functional impairment in 98 treatment-seeking adults with obsessive–compulsive disorder (OCD). Participants completed or were administered measures assessing obsessive–compulsive symptom severity, functional impairment, resistance against symptoms, interference due to obsessive–compulsive symptoms, depressive symptoms, insight, and anxiety sensitivity. Results indicated that all factors, except insight into symptoms, were significantly correlated with functional impairment. The relationship between obsessive–compulsive symptom severity and functional impairment was not moderated by patient insight, resistance against obsessive–compulsive symptoms, or anxiety sensitivity. Mediation analyses indicated that obsessive–compulsive symptom severity mediated the relationship between anxiety sensitivity and obsessive–compulsive related impairment. Indeed, anxiety sensitivity may play an important contributory role in exacerbating impairment through increases in obsessive–compulsive symptom severity. Depressive symptoms mediated the relationship between obsessive–compulsive symptom severity and obsessive–compulsive related impairment. Implications for assessment and treatment are discussed.

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Obsessive–compulsive disorder (OCD) is a debilitating neuropsychiatric condition characterized by obsessions (i.e., recurrent and distressing thoughts, images, or impulses) and/or compulsions (i.e., repetitive behaviors or mental acts performed to reduce distress) [1]. Although the severity of obsessive–compulsive symptoms is directly associated with the degree of functional impairment experienced [2–5], this relationship is not absolute; there are other variables that contribute to understanding who is at greater risk of compounded impairment and which mechanisms operate in influencing impairment. Accordingly, this study extends the literature by examining factors believed to be theoretically relevant in understanding impairment among treatment-seeking adults with OCD.

To date, several studies have examined clinical characteristics associated with functional impairment. In addition to obsessive–compulsive symptom severity, ability to resist and control obsessive–compulsive symptoms [2–4,6] and co-occurring depressive and anxiety symptoms [5–8] have been associated with functional impairment. Among children and adolescents with OCD, insight predicted parent- and child-rated functional impairment above and beyond obsessive–compulsive symptom severity [19]. In an effort to understand potential mechanisms of impairment, one recent study of adults with OCD found that depressive symptoms and obsessive–compulsive symptom resistance/control mediated the relationship between obsessive–compulsive symptom severity and functional impairment [6]. Although informative, other variables may be relevant in understanding why some individuals experience compounded impairment beyond that which is conferred by the degree of obsessive–compulsive symptom severity.

Anxiety sensitivity has emerged as an important variable in understanding the development and maintenance of various

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anxiety disorders [9]. Defined as a fear of arousal- or anxiety-related sensations which are misinterpreted by the individual as harmful or dangerous [10], elevated anxiety sensitivity is associated with difficulty experiencing and tolerating anxiety-related sensations [9]. Conceptually, anxiety sensitivity may relate to impairment by virtue of how someone with OCD experiences his or her symptoms and associated distress. An individual with high anxiety sensitivity may experience the distress associated with his or her obsessive–compulsive symptoms as unbearable and be more likely to engage in rituals or active avoidance of anxiogenic triggers, thus compounding impairment. Problematically, such behaviors contribute to the increased potential for illness chronicity through negative reinforcement (i.e., distress reduction) of obsessive–compulsive symptoms.

A modest literature exists examining anxiety sensitivity among adults with OCD. Anxiety sensitivity levels were elevated in adults with OCD relative to non-clinical controls [11–13], and were at comparable levels to adults with non-OCD anxiety disorders [11]. There are a limited number of examinations into the association between anxiety sensitivity and obsessive–compulsive symptom severity. In 280 adults with OCD, Calamari et al. [14] found that anxiety sensitivity and obsessive–compulsive symptom severity were significantly related. Wheaton et al. [15] demonstrated modest associations between anxiety sensitivity and dimensional ratings of obsessive–compulsive symptoms in a large non-clinical sample of university students. Collectively, these studies suggest that OCD caseness is linked to elevated anxiety sensitivity relative to non-clinical samples, and may be directly linked with obsessive–compulsive symptom severity. However, these studies do not address the manner in which anxiety sensitivity may contribute to functional impairment, which has potential implications for the conceptualization and care of individuals with OCD. First, anxiety sensitivity may be one method through which obsessive–compulsive symptom severity is exacerbated and/or maintained. As stated, high anxiety severity may be linked to greater ritualizing/avoidance and less symptom resistance, contributing to impairment and sustained symptomatology. Second, anxiety sensitivity may be linked to a more chronic symptom course. Individuals with high anxiety sensitivity may be less likely to exhibit decreases in symptom severity relative to those with lower anxiety sensitivity [16], perhaps explaining, in part, the chronic nature of OCD in the absence of treatment.

Beyond anxiety sensitivity, other variables may hold relevance in understanding which individuals may experience compounded impairment. Insight into the degree to which obsessive–compulsive symptoms are recognized by the person as absurd, excessive, and senseless has been linked to obsessive–compulsive symptom severity and functional impairment in past studies of adults [17] and children with OCD [18,19]. Additionally, individuals with poor insight into their OCD symptomatology have exhibited more complicated clinical presentations and poorer treatment

response when compared to individuals with higher insight [17,20]. It is reasonable to consider that insight may moderate the relationship between obsessive–compulsive symptom severity and impairment such that those with poor insight may be more clinically complex and be less able to function effectively or actively challenge symptoms. Similarly, symptom resistance is also hypothesized to be relevant in understanding who is at risk for greater impairment in that those who actively try to challenge their symptoms would be less likely to experience OCD-related impairment. Indeed, the lower levels of resistance against obsessive–compulsive symptoms have been linked with increased obsessive–compulsive symptom severity [21], as well as decreased functioning and higher impairment [6,22].

In the present study, we examine correlates, moderators, and mediators of functional impairment in adults with OCD. Our specific study questions and hypotheses were as follows. First, what are the relations among domains of functional impairment and obsessive–compulsive symptom severity, symptom resistance, interference due to obsessive–compulsive symptoms, anxiety sensitivity, depressive symptoms, and insight? We expected that the varied domains of functional impairment would be directly associated with obsessive–compulsive symptom severity, interference due to obsessive–compulsive symptoms, anxiety sensitivity, and depressive symptoms, and inversely related to symptom resistance and insight. Second, we examined the extent to which insight, resistance against obsessive–compulsive symptoms, and anxiety sensitivity moderated the relationship between obsessive–compulsive symptom severity and OCD-related impairment. We expected that each variable would moderate this association such that the relationship between obsessive–compulsive symptom severity and OCD-related impairment would be more robust for those with lower insight and symptom resistance, and higher anxiety sensitivity. Third, would the relationship between anxiety sensitivity and OCD-related functional impairment be mediated by obsessive–compulsive symptom severity? We predicted that as anxiety sensitivity increased, obsessive–compulsive symptom severity would increase, which would be positively associated with functional impairment. Finally, in an effort to replicate Storch et al. (2009), would the relationship between obsessive–compulsive symptom severity and OCD-related functional impairment be mediated by depressive symptoms? We expected that as obsessive–compulsive symptom severity increased, depressive symptoms would increase, which would be directly associated with augmented functional impairment.

## 1. Method

### 1.1. Participants and procedures

Participants included 98 adults with a primary diagnosis of OCD that presented to an OCD specialty center to initiate

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