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Psychometric properties of the DY-BOCS in a Turkish sample of children and adolescents

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Abstract

Background: Dimensional Yale-Brown Obsessive-Compulsive Scale (DY-BOCS) is a promising scale for assessing frequency and severity of symptom dimensions. The main objective of the study was to assess the psychometric properties of the DY-BOCS in a large sample of children and adolescents from Turkey.
Methods: We studied 143 children and adolescents, 7–18 years, with well characterized DSM-IV-R OCD, ascertained from seven collaborating university or state hospital sites. We compared the DY-BOCS scores with the Children's Yale-Brown Obsessive-Compulsive Scale (CY-BOCS), the Children's Depression Inventory (CDI), the Yale Global Tic Severity Scale (YGTSS) and the Child Behavior Checklist 6–18 years (CBCL 6-18).
Results: The internal consistency of the DY-BOCS symptom dimensions and inter-rater agreement of component scores were excellent. The agreement between global DY-BOCS score and the total CY-BOCS score was highly significant (Pearson's $r = 0.55$, $p < 0.0001$). Severity scores for individual symptom dimensions were independent of one another, only modestly correlating with the global ratings, and were also differentially related to ratings of depression, anxiety and tic severity.
Conclusion: The DY-BOCS is a reliable and valid instrument for assessing multiple aspects of OCD symptom severity in children and adolescents from Turkey.
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1. Introduction

Obsessive compulsive disorder (OCD) is a chronic condition affecting 1%–3% of the global population [1–3]. OCD affects children, adolescents and adults and has a marked disabling influence on the lives of many people worldwide [3]. The disorder is characterized by obsessions (defined as persistent distressing, intrusive, and unwanted thoughts, fears or images) and/or compulsions (defined as ritualized behaviors or mental acts, performed to relieve the distress caused by the obsessions) [4, 5]. As of May 2013, the DSM-5 [5] excluded OCD from the anxiety disorders and created the OCD spectrum disorders.

Subjects with OCD exhibit remarkably heterogeneous symptoms with a complex overlap between obsessive-compulsive (OC) symptom dimensions [6, 7]. In DSM-5 [5], the issue of heterogeneity remains unresolved but is

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acknowledged that the dimensional perspective may help unresolve this issue [8]. Numerous studies have described a four or five factor solution to better describe the OC symptom dimensionality [6, 9]. Furthermore, there is support for OC symptom dimensionality among child [10, 11] and adult samples [12–14], that are temporally stable [15, 16], have associations with specific brain regions in neuroimaging studies [17–21], and correlate meaningfully with various genetic variables [22–26] as well as treatment response [12, 27–30]. Therefore, there is a relevant rationale for assessing OC symptom dimensions.

To date, the instruments considered as "gold standard" for assessing OCD include the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) and the Children's Yale-Brown Obsessive Compulsive Scale (CY-BOCS). Despite the strengths, these measures have important limitations: for example, obsessions and compulsions rarely occur in isolation, and the "resistance" and "control" items contribute weakly to the overall severity score [31]. Moreover, the Y-BOCS and CY-BOCS do not allow the assessment of severity for specific symptom dimensions.

More recently, the Dimensional Yale-Brown Obsessive Compulsive Scale (DY-BOCS) was developed to further assess the presence and severity of specific OC symptom dimensions. The DY-BOCS provides a more detailed description of OC symptoms, divided in six OC symptom dimensions. Developed to better investigate this dimensional approach to OCD, the DY-BOCS has many strengths, such as: (i) obsessions and compulsions are assessed together, according to their content; (ii) it inquires about symptoms that are otherwise inherently ubiquitous (e.g., checking, repetition mental and avoidance compulsions are inquired as part of several dimensions. For instance, checking related to sexual and religious obsessions versus checking related to contamination worries, etc.) [32]; (iii) the DY-BOCS assessment of symptom dimension severity investigates frequency, distress and interference; (iv) the DY-BOCS global severity includes not only the assessment of symptom severity but also the assessment of the impairment as a result of the symptoms.

The DY-BOCS was initially validated in English and Portuguese, with excellent psychometric properties [32] and subsequently translated and validated in Spanish [31], Chinese [33], Hungarian [34], Korean [35] and Japanese [36] with excellent psychometric properties. In summary, the DY-BOCS is noted to be a valid and reliable tool for assessing OC symptom dimensions as well as providing valid overall estimates of symptom severity. To date, these validation studies (apart from the original validation study [32]) have been conducted in adult samples.

The main objective of the study was to assess the psychometric properties of the DY-BOCS in a large sample of children and adolescents from Turkey. To our knowledge this study is the first analysis of the DY-BOCS in a pediatric sample after the original validation study. Our hypothesis was that DY-BOCS would have excellent psychometric properties.

2. Method

One hundred and forty-three outpatient OCD subjects, aged 7–18 years, were recruited from 7 collaborating university and research and training hospital sites in the country: Sivas, n = 19; Sakarya, n = 30; Erenköy, Istanbul, n = 21; Tekirdağ n = 29; Göztepe, Istanbul n = 21; Malatya n = 18; and Samsun (N = 5). The centers developed a network of established child psychiatry units collaborating across the country.

Inclusion criteria were: parental informed consent and child informed assent; DSM-IV OCD criteria, age 7–18 years and an intelligence quotient (IQ) > 70). Exclusion criteria were: head trauma resulting in loss of consciousness, chronic neurological disorder (e.g. epilepsy, cerebral palsy); psychosis, bipolar disorder, autism spectrum, and substance use disorders. Subjects were also excluded if they were concurrently undergoing either cognitive behavior therapy (CBT) and/or using psychotropic medications. All the subjects were assessed for the first time at clinic intake and the study did not impede the subsequent provision of normative care. The project was approved by the respective institutional review boards at each site. After a thorough description of the study and the assurance that their decision to participate would be voluntary and would not interfere with their access to clinical treatment, parents of all patients were asked to sign an informed consent document. Children and adolescents were asked to sign an assent form if they agreed to participate in the study after a detailed description of the study.

3. Instruments

3.1. Clinician-rated instruments

3.1.1. Sociodemographic questionnaire

This questionnaire included questions about child's age, gender, family income, educational and occupational status of the parents, psychiatric family history in first-degree relatives, child's age at OC symptom onset, child's age when treatment was sought, stressors around time of symptom onset, and medical history (including history of frequent infections, and temporal association of any throat infections with onset of tics and/or OC symptoms).

3.1.2. Kiddie-Schedule for Affective Disorders and Schizophrenia for school age children-Present and Lifetime version (K-SADS-PL)

This semi-structured interview based on the DSM-IV criteria was used to investigate OCD and possible co-occurring conditions [37]. The reliability and validity of the Turkish version has been established [38].

3.1.3. Children's Yale-Brown Obsessive-Compulsive Scale (CY-BOCS)

The CY-BOCS is a 10-item, clinician-rated, semi-structured instrument designed to assess the symptom

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