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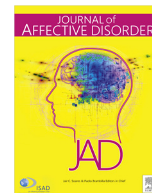

Research paper

Alexithymia and perfectionism traits are associated with suicidal risk in patients with obsessive–compulsive disorder

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ABSTRACT

Background: There is limited evidence on suicidality and its associated factors in patients with obsessive–compulsive disorder (OCD). The present study investigated the potential contributing traits such as alexithymia and perfectionism and clinical risk factors including symptom dimensions associated with high suicidality in OCD patients.
Methods: A total of 81 patients with OCD were included (mean age: 28.89 years, SD=7.95 years, 62% men). Suicidal risk was assessed using the Scale for Suicide Ideation and history taking. To assess alexithymia and perfectionism, the Toronto Alexithymia Scale-20 and the Measure of Constructs Underlying Perfectionism were applied. Clinical characteristics of OCD were assessed with the Yale-Brown Obsessive–Compulsive Scale, the Dimensional Obsessive–Compulsive Scale, and the Montgomery–Asberg Depression Rating Scale. Among OCD patients, 37% had a history of previous suicidal attempt, and 56.8% had current suicidal ideation.
Results: Those with lifetime suicide attempts scored significantly higher for alexithymia and ego-dystonic perfectionism than those without such history. In the binary logistic regression analysis, high score for alexithymia and the responsibility for harm, injury, or bad luck were significant determinants for lifetime suicide attempts. As for current suicide ideation, ego-dystonic perfectionism and the dimension of unacceptable thought were significant predictors of suicidal risk.
Limitations: The classification of suicidal risk and personality traits relied on self-report measures.
Conclusion: The present findings indicate that personality traits such as alexithymia and perfectionism may contribute to high suicidality in patients with OCD, and patients suffering with unacceptable thoughts need to be assessed more carefully for warning signs of suicide.
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1. Introduction

Obsessive–compulsive disorder (OCD) is characterized by obsessions, defined as persistent and recurrent thoughts, images, or impulses causing marked anxiety, and compulsions, defined as repetitive and irrational behaviors or mental acts (Abramowitz et al., 2009; Goodman et al., 2014). Since OCD is a chronic debilitating condition causing significant distress, OCD patients frequently experience isolation, and have a low rate of marriage and high rate of divorce (Hollander et al., 1996). They often experience disruption in psychosocial functioning and poor quality of life (Bobes et al., 2001; Eisen et al., 2006; Veale and Roberts, 2014). Therefore, it is not surprising that we expect a close association between OCD and high suicide risk.

However, suicidality in OCD patients has been underestimated or paid less interest over the past decade (Fawzy and Hashim, 2011; Kamath et al., 2007; Torres et al., 2007). Because people with OCD often tend to avoid potential harm and fend off aggressive impulses using psychodynamic defenses such as "isolation of affect," suicide has been thought to occur infrequently in OCD patients. Contrary to this prediction, several studies have reported high suicidality in OCD patients (Gupta et al., 2014; Pinto et al., 2006; Torres et al., 2007). A longitudinal, naturalistic study of OCD reported that 52% of the sample noted lifetime suicidal ideation, and 15% had a history of at least one suicide attempt (Pinto et al., 2006). A recent systematic review showed that OCD patients have considerably high incidence of suicidality, and suicide problems in OCD patients occur even more frequently than suggested in the past (Angelakis et al., 2015). The review proposed several risk

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factors including comorbid psychiatric disorders, higher anxiety, impulsivity, and hopelessness, which increase vulnerability to suicidality (Angelakis et al., 2015). These factors, including comorbid depression, have been identified as common risk factors for suicidality in various clinical and general populations rather than specifically in patients with OCD. Particular attention needs to be paid to clinical characteristics related to OCD contributing to the under-recognized or overlooked status of suicidality in OCD patients.

Because communication of suicidal intent and emotion is clinically important for suicide prevention, alexithymia traits in OCD patients may result in suicidal risk being overlooked. Alexithymia, defined as difficulty recognizing and describing one's own emotions (Taylor, 1984), was reported to be significantly higher in patients with OCD than in healthy controls (Grabe et al., 2006; Roh et al., 2011). Alexithymia was reported to tend to be temporally stable characteristics in patients with OCD (Rufer et al., 2006). The difficulty in labeling and processing emotions may affect restricted mental representation of emotional states, and contribute to the clinical presentation of fixing on particular topics and specific compulsive actions in OCD (Robinson and Freeston, 2014). A study in 425 Italian community individuals showed that alexithymia characteristics such as difficulty identifying feelings contributed to OCD symptoms and alexithymia was significantly related to ordering and pure obsessing symptoms (Pozza et al., 2015). Furthermore, alexithymia could keep OCD patients from confronting to their strong negative feelings and dealing with anxiety-evoking obsessive thoughts. A recent study reported the importance of alexithymia in OCD-associated suicidality; OCD patients with alexithymia had higher suicide ideation associated with the presence of lower insight and inflated responsibility, independently of depressive symptoms (De Berardis et al., 2015).

In addition to alexithymia, perfectionism, closely linked to OCD (Coles et al., 2003; Moretz and McKay, 2009), may be a potential vulnerability for suicidality in OCD patients. Perfectionism refers to the tendency to set excessively high personal standards with overly critical self-evaluation and to be confined in a self-perpetuating cycle of dissatisfaction with one's performance (Frost et al., 1990). Maladaptive perfectionism is considered a driving force of suicidal behavior in that it engenders severe negative self-appraisal and fear of failure (Bell et al., 2010). Because people with high perfectionism often perceive help-seeking or disclosure of suicidal ideations as failure to a perfectionist, perfectionistic self-concealment may contribute to suicidal behaviors seemingly without clear warning or completed suicide with thorough action plan (Flett et al., 2014). Little is known about the associations between perfectionism in OCD and suicidal risk.

The objective of the present study was to investigate the potential contributing traits such as alexithymia and perfectionism and clinical factors including obsessive–compulsive (OC) symptom dimensions to predict lifetime suicide attempt and current suicidal risk in patients with OCD. We hypothesized that higher alexithymia and perfectionism tendency may contribute to higher suicide risk, and unacceptable thoughts may be more related to high suicidality than other OC symptom dimensions.

2. Materials and methods

2.1. Participants

A total of 81 patients with a principal diagnosis of OCD were recruited for this study from the specialty OCD clinic of Severance Hospital, a tertiary referral hospital in Korea. The psychiatric diagnoses were determined by a trained psychiatrist (S.J., Kim) based on information provided by the patient-version of the Structured Clinical Interview for the DSM-IV (SCID-IV) (First, 1997). Participants were excluded if they presented with a significant medical or neurologic illness or any other Axis I disorders except for comorbid major depressive disorder. OCD patients with major depressive disorder (without psychotic features) were included in the present study only if the OC symptoms were their most prominent clinical phenomena and if the onset of OCD antedated the onset of depressive symptoms. The study was approved by the institutional review board of Severance Hospital, and all participants gave their written informed consent before participating. All participants were ethnic Koreans.

2.2. Measures of clinical symptoms

OCD symptom severity was assessed with the 10-item Yale-Brown Obsessive–Compulsive Scale (Y-BOCS) (Goodman et al., 1989). The Y-BOCS, a widely used clinician-administered scale, was developed to assess the severity of obsessions and compulsions. It can assess obsessions (items 1–5) and compulsions (items 6–10) separately in terms of intensity, interference and distress, controllability, and resistance, rated 0–4 per item. This scale is known to have the advantage of being unaffected by the type and number of obsessions or compulsions.

For a dimensional approach to OC symptoms, the Dimensional Obsessive–Compulsive Scale (DOCS) was used (Abramowitz et al., 2010). It consists of 20 items on a five-point Likert scale ranging from 0 (no symptom) to 4 (extreme symptoms) and measures severity of obsessions and compulsions on four distinct OC dimensions: (1) contamination; (2) responsibility for harm, injury, or bad luck; (3) unacceptable obsessional thoughts; and (4) symmetry, completeness, and exactness. Each symptom dimension includes five items (rated 0–4) that evaluate the following parameters over the previous month: (1) time occupied by obsessions and compulsions, (2) avoidance behavior, (3) associated distress, (4) daily functional interferences, and (5) difficulty disregarding the obsessions and refraining from the compulsions. The four OC dimensions had high reliability (Cronbach's $\alpha = 0.89$–0.95) in our sample.

In addition, the Montgomery–Asberg Depression Rating Scale (MADRS) (Montgomery and Asberg, 1979) was used for depressive symptoms. The MADRS is a 10-item rating scale with high sensitivity and interrater reliability which has been widely used in clinical research on mood disorders (Mittmann et al., 1997; Zimmerman et al., 2004). It quantifies depression severity rated on a 7-point scale from 0 (normal) to 6 (most abnormal) with a total score range from 0 (symptoms absent) to 60 (severe depression).

2.3. Measures of personality traits (alexithymia and perfectionism)

Alexithymia was assessed using the self-administered 20-item Toronto Alexithymia Scale (Bressi et al., 1996). Each item was rated on a five-point Likert (1–5) scale with total score ranging from 20 to 100. Higher TAS-20 scores reflect higher alexithymia levels. A previous study reported high internal consistency of the Korean version of the TAS-20 (Cronbach's $\alpha = 0.76$) (Chung et al., 2003). In the present sample, the Cronbach's α of TAS-20 was 0.820.

Perfectionism was assessed using the 61-item Measure of Constructs Underlying Perfectionism (M-CUP), which was developed by sorting and refining the existing perfectionism instruments (Stairs et al., 2012). It consists of nine domains of perfectionism that can be classified by ego-syntonic and ego-dystonic perfectionism traits (Stairs et al., 2012). The Cronbach's α of M-CUP ego-syntonic and ego-dystonic perfectionism were 0.933 and 0.925, respectively.

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