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Research report

Obsessive-compulsive disorder; chronic versus non-chronic symptoms

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ABSTRACT

Objective: Understanding chronicity in OCD is hampered by contradictory findings arising from dissimilar definitions of chronic OCD. The purpose of this study was to investigate the magnitude of chronicity in OCD and to examine if chronic OCD is critically different from non-chronic OCD, using a chronicity definition that reflects empirical findings.
Method: Baseline data of the Netherlands Obsessive Compulsive Disorder Association (NOCDA) study, in which 379 OCD patients participated, were analyzed. Chronic OCD was defined as "continuous presence of at least moderately severe OCD symptoms during at least two years", and was assessed retrospectively using a Life-Chart Interview.
Results: Application of the chronicity criterion resulted in two groups with highly distinguishable course patterns. The majority of the sample (61.7%) reported a chronic course. Patients with a chronic course reported significantly more severe OCD symptoms, more illness burden, more comorbidity, an earlier OCD onset and more contamination and washing – and symmetry and ordering symptoms. Multivariable logistic regression analysis revealed that chronic OCD was independently associated with more OCD-subtypes ($p < 0.001$), contamination and washing symptoms ($p < 0.001$), earlier OCD onset ($p = 0.05$) and higher severity of compulsions ($p < .01$).
Limitations: The findings are based on a cross-sectional survey. Furthermore course was assessed retrospectively, implying the possibility of overestimation of persistence and severity of symptoms.
Conclusion: Chronicity is the rule rather than the exception in OCD in clinical samples. Chronic OCD is critically different from non-chronic OCD. Further attempts to break down the heterogeneity of OCD in homogeneous course subtypes should be made to allow for a more precise determination of the pathogenesis of OCD and better treatment.

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1. Introduction

Chronicity in mental illness is associated with enormous burden. Chronic depression, for example, is associated with a greater illness burden, more suicide attempts and more hospital admissions than episodic major depression (Klein et al., 2000). Although, the course of anxiety disorders has been studied less frequently than the course of mood disorders, recent studies suggest that chronicity is even more common in anxiety disorders (41.9%) than in depression (24.5%) (Penninx et al., 2011), and indicate that chronicity in anxiety disorders is also associated with high illness burden (Penninx et al., 2011; Keller, 2006).

Previous studies on the course of OCD yielded conflicting results, not only in terms of frequency of chronicity, which ranged from 24% (Reddy et al., 2005) up to 98% (Rasmussen and Tsuang, 1986), but also in terms of associated severity, illness burden and socio-demographic and clinical characteristics (Perugi et al., 1998; Rasmussen and Tsuang, 1986; Ravizza et al., 1997; Skoog and Skoog, 1999). A possible explanation for the inconsistent results is the lack of definition of chronicity in OCD, contrasting for example the DSM-IV criteria for chronic depression. This definition was empirically verified, i.e. based on data on the natural course of depression (Frank et al., 1991; Prien et al., 1991). On the contrary, in previous studies on chronicity in OCD, chronic and non-chronic courses were distinguished mostly on the basis of diverse criteria, such as for example the absence of symptom-free episodes (Ravizza et al., 1997; Eisen et al., 1999).

Up till now, no consensus has been reached on the chronicity definition in OCD. Although no agreement has been attained, research on the natural course of anxiety disorders suggests that the chronicity definition of depression (i.e. two years or longer continuous presence of the disorder) might also hold for chronicity in OCD and other anxiety disorders (Steketee et al., 1999;

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Yonkers et al., 2003). This 2 year criteria for chronicity in OCD is supported by research. In an 8 years follow-up study (Yonkers et al., 2003) it was found that most course variations in anxiety disorders took place in the first 2 years. Furthermore, a follow-up study of OCD patients (Steketee et al., 1999) found that the probability of (partial) remission increased substantially from 27% at 6 months to 39% at 1 year follow-up and to 50% at 2 year follow-up. After 2 years the probability of partial remission only slightly increased to 53% after 5 years.

A better understanding of chronicity in OCD and factors underlying it, may improve classification and treatment of OCD. The goal of our study is (i) to determine the magnitude of chronicity in OCD, and (ii) to examine whether chronic OCD is different from non-chronic OCD in terms of severity, illness burden and socio-demographic variables, vulnerability factors and clinical characteristics.

2. Materials and methods

2.1. Study sample

Data were drawn from the baseline measurements of the Netherlands Obsessive Compulsive Disorder Association (NOCDA) study. The NOCDA study is an ongoing multi-center 6-year longitudinal naturalistic cohort study which examines the course of OCD. The participants were patients with a life-time diagnosis of OCD, aged 18 years and over and referred to one of the participating second line mental health care centers. A total of 419 participants were included in the NOCDA study. No formal exclusion criteria were applied except for an inadequate understanding of the Dutch language. The study was approved by the local ethical committee, and all participants gave written informed consent. Detailed sample characteristics and methodology of NOCDA are described elsewhere (Schuurmans et al., 2012). We included all patients with a full 1-month DSM-IV-TR criteria for OCD at time of enrolment in the NOCDA (N=382). For three participants chronicity status could not be determined, resulting in a sample size of 379 participants. The baseline data were collected between September 2005 and November 2009. To establish OCD the Structured Clinical Interview for DSM-IV-TR (SCID-I/P) (First et al., 1996) was used. The SCID-I/P is a valid and reliable (Lobbestael et al., 2011) semi-structured interview for assessing psychopathology and was conducted by trained clinical research staff.

2.2. Chronicity of OCD

Chronicity of OCD was established by the use of Life-Chart Interview (LCI), developed by Lyketsos et al. (1994). The methodology of LCI has shown high validity and reliability (Warshaw et al., 1994). This instrument uses a calendar method (with help of age and calendar-linked personal memory cues) to determine the course of life history and OCD during the past 5 years. The respondents were provided with a clear definition of OCD. Duration could vary from (0) no symptoms during the examined year, to (1) a small part of the year, (2) half of the year, (3) the majority of the year, or (4) the whole year. Severity was rated on a 5-point scale ranging from (1) no symptoms, to (2) minimal severity, (3) moderate severe, (4) severe or (5) very severe. Participants who suffered from at least moderate severe OCD symptoms (rating 3 or higher), throughout the year (rating 4), during at least 2 consecutive years preceding baseline, were assigned to the chronic group.

2.3. OCD severity and related characteristics

OCD severity was assessed using the Yale-Brown Obsessive Compulsive Scale (Y-BOCS)-severity scale (Goodman et al., 1989). This 10-item rater-administered measure of current severity of obsessions and compulsions with total scores ranging from 0 to 40, is the golden standard for assessing the severity of OCD symptoms. Its validity and reliability are well documented (Goodman et al., 1989).

An adapted version of the Y BOCS-symptoms checklist (Y-BOCS-SC) was used to assess specific obsessions and compulsions and to categorize all OCD symptoms into one or more of four separate symptom dimensions: 'aggressive, sexual, religious and somatic obsessions, checking compulsions' (20-items), 'symmetry obsessions, repeating, counting and ordering compulsions' (10-items), 'contamination obsessions and cleaning compulsions' (9-items) and 'hoarding obsessions and compulsions' (two items) (Leckman et al., 1997). This Y-BOCS-SC was developed by the Obessive Compulsive Foundation International Genetics Consortium and is a self-report version based on the original interview version of Goodman (Goodman et al.,1989). Although some items from different dimensions were left out (Bear, 2000), factor analysis of the present version led to the same symptom dimensions as the original list (Katerberg et al., 2010). Both presence (yes/no) and severity of the dimensions were calculated.

2.4. Illness burden

Quality of life was assessed with the EuroQol (EQ). This instrument proved suitable and reliable in the general population (Euroqol Group, 1990). The EQ contains five dimensions: mobility, self-care, daily activities, pain/discomfort, and depression/anxiety. These states are converted into a utility score. Information about being disabled for work and the number of days of treatment in a clinical or daycare setting for mental problems in the past 6 months was obtained during the interview.

2.5. Comorbidity

To establish other axis-I disorders besides OCD, the Structured Clinical Interview for DSM-IV-TR (SCID-I/P) (First et al., 1996) mentioned above was used. Both current (in the past month) and life time diagnoses were assessed, as well as the age of onset of the disorders. Severity of depressive symptoms was assessed with the Beck Depression Inventory (Beck et al., 1961). This 21 items self-report measure is valid and reliable (Richter et al., 1998). Severity of anxiety symptoms was assessed with Beck Anxiety Inventory (Beck et al., 1988). This scale is widely used and has proven to have high validity and reliability (Fydrich et al., 1992).

2.6. Sociodemographics and vulnerability factors

Information about age, education, current partner status and having a paid job was obtained during the interview. Information about the presence of OCD among first degree relatives was obtained using the family tree method (Fyer and Weissman, 1999). Personality characteristics were established with the reliable and valid (Hendriks et al., 2003) 100-item Five-Factor Personality Inventory (Hendriks et al., 1999) which uses 5 dimensions for personality: extraversion, agreeableness, conscientiousness, neuroticism and autonomy.

2.7. Data analysis

Characteristics of participants with a chronic course of OCD versus participants with a non-chronic course were summarized using descriptive statistics. Univariable logistic regression analyses were conducted to determine whether a chronic course is distinguished by sociodemographic-, vulnerability- and clinical variables. Because of the explorative nature of this study, no Bonferroni

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