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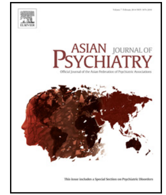

Factors associated with suicidal ideations and suicidal attempts in patients with obsessive compulsive disorder

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ABSTRACT

Aim of this study was to evaluate the prevalence of suicidal ideations (SI) and to study the risk factors for SI and suicide attempt in patients with OCD. One hundred and thirty patients with OCD were assessed on Yale-Brown Obsessive–Compulsive Scale and Symptom Checklist, Beck Depression Inventory, Beck Hopelessness Scale, Beck Anxiety Inventory, State-Trait Anxiety Inventory, Buss–Durkee Hostility Inventory, Barratt Impulsiveness Scale, Family Interview for Genetic Studies, Brown Assessment of Beliefs Scale and DSM-IV insight criteria for OCD. Of the 130 patients, 60 (46.1%) had current SI and 81 (62.3%) patients had life time SI. Of the 60 patients with current SI, 30 had current depression as assessed on SCID-CV. More than half (48 out of 81; 59.25%) of the patients with lifetime SI had lifetime comorbid depression. Ten patients had history of lifetime suicide attempts. Current SI in patients without current depression were associated with female gender, presence of comorbid psychiatric illness, contamination obsessions and cleaning/washing compulsions. To conclude this study suggests that SI are highly prevalent in patients with OCD and although depression may be a contributory factor for suicidal ideations in patients with OCD, but it is not the sole risk factor for suicidal ideations.

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1. Introduction

Suicidal behavior is among the leading causes of death and disease burden around the world. More than 90% of all suicides are attributed to emotional problems or psychiatric illnesses (Conwell et al., 1996). Obsessive–compulsive disorder (OCD) is ranked among the 10 most disabling medical conditions worldwide (Murray and Lopez, 1996). In spite of the increasing awareness of the level of suffering associated with the disorder, little attention has been paid to suicidal thoughts or behavior in patients with OCD.

Studies which have evaluated suicidal patients report OCD in 6.7% of the subjects (Rudd et al., 1993). On the other hand, studies which have evaluated patients of OCD, report suicide attempt in 3.6–12.2% of cases (Hollander et al., 1996, 1998; Torres et al., 2007, 2011; Alonso et al., 2010). Studies which have evaluated OCD patients have also reported 20.1% reporting ‘feeling life not worth living’ (Alonso et al., 2010), 10% ‘wished they were dead’ (Alonso et al., 2010), 4.1–46% having suicidal thoughts (Torres et al., 2007, 2011; Alonso et al., 2010), and 20% having suicidal plans (Torres et al., 2011). The life time suicide attempt rate (10–27%) (Hollander et al., 1998; Torres et al., 2007, 2006; Kamath et al., 2007) in patients with OCD is also similar to that reported for unipolar or bipolar disorders.

There is sparse literature on the risk factors associated with Suicidal ideation (SI) and suicidal attempts in patients with OCD. There are no consistently reported sociodemographic variables associated with suicidal behavior in patients with OCD. Studies in general suggest that current SI or suicidal behaviors in patients with OCD is often associated with severity of OC symptoms (Torres et al., 2007; Kamath et al., 2007; Hung et al., 2010), aggressive, symmetry/ordering and sexual/religious obsessions (Torres et al., 2011), an earlier age of onset and poorer disease control (Hung et al., 2010).

The influence of depressive comorbidity on suicidal behavior in OCD is controversial with some studies suggesting relationship of depression with lifetime SI but not with current SI (Torres et al., 2007; Alonso et al., 2010), others reporting positive association between current SI and depression (Torres et al., 2011; Kamath

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et al., 2007). Yet another study showed inverse relationship between depression and suicidal behavior in a group of OCD adolescents (Apter et al., 2003). Other risk factors reported to be associated with SI in patients of OCD include presence of comorbid panic disorder and social anxiety disorder (Norton et al., 2008), higher anxiety score (Torres et al., 2011; Hung et al., 2010) and anxious avoidant and schizotypal personality disorder (Torres et al., 2011).

A major limitation of the assessment of SI in patients with OCD is the defining criteria for presence of SI. Various scales which have been used to assess SI include Childhood Suicide Potential Scale (CSPS) (Apter et al., 2003), item number 3 of Hamilton Depression rating scale (HDRS) (Alonso et al., 2010) and Scale for SI (Kamath et al., 2007). Different ways of defining and measuring SI markedly influences the assessment and results. Certain classical risk factors like hostility, impulsivity and family history of suicide have not been addressed. Thus, there is a need to expand the literature. The present study aimed to evaluate the prevalence of SI in patients with OCD; and to study the risk factors for current SI, life time SI and life time suicide attempt in patients with OCD. It was also aimed to study the influence of depression on suicidal behavior in patients with OCD.

2. Methodology

This study was conducted in a tertiary care multispecialty hospital in North India. The study was approved by the Ethics Committee of the Institute and patients were recruited after obtaining informed consent.

Patients with DSM-IV (American Psychiatric Association, 2000) diagnosis of OCD (as confirmed by SCID-CV) (First et al., 1997a,b) with at least 1 year duration of illness, with score of 16 or more on Yale–Brown Obsessive–Compulsive Scale (YBOCS) (Goodman et al., 1989a,b) or 8 or more on YBOCS for predominantly obsessive or compulsive subtype of OCD, aged 18 to 60 years, with proficiency in reading either English or Hindi and providing informed written consent were included in the study. Those with comorbid organic brain syndromes, mental retardation and history of psychosis/bipolar affective disorder and substance dependence prior to the onset of OC symptoms or developing symptoms of same while suffering from OCD were excluded.

Scale for SI (SSI) (Beck et al., 1979) was used to assess SI and those with a score greater than 5 were considered to have SI. Lifetime suicide attempt was assessed using Columbia-Suicide Severity Rating Scale (C-SSRS) (Posner et al., 2011).

All consecutive patients attending the psychiatry outpatient services or admitted to the inpatient unit with clinical diagnosis of OCD as per DSM-IV (American Psychiatric Association, 2000) and meeting the inclusion and exclusion criteria were approached for participation in the study. They were explained about the nature of the study and the subjects willing to participate and who provided informed written consent were included in the study. SCID-CV (First et al., 1997a,b) was used to confirm the diagnosis of OCD and other comorbid psychiatric diagnoses. SCID-II (First et al., 1997a,b) was used for the assessment of DSM-IV personality disorders. Patients were assessed for presence of current SI using SSI. The intake was stopped when 30 subjects of OCD with current SI without current depression were recruited.

All the patients were assessed on Yale–Brown Obsessive–Compulsive Scale (for severity), Y-BOCS Symptom Checklist (Goodman et al., 1989 a,b) (for current and lifetime symptoms), Beck Depression Inventory (Beck et al., 1988), Beck Hopelessness Scale (Beck et al., 1974) (for assessment of hopelessness), Beck Anxiety Inventory (Beck and Steer, 1990) (for assessment of severity of anxiety), State-Trait Anxiety Inventory (Spielberger, 1983) (for the state or current anxiety and the trait or characterological anxiety), Buss–Durkee Hostility Inventory (Buss and Durkee, 1957) (for hostility), Barratt Impulsiveness Scale, Version-11 (Patton et al., 1995) (for assessment of impulsivity), Family Interview for Genetic Studies (Maxwell, 1992) for family history of mental disorders and suicidal behavior), Brown Assessment of Beliefs Scale (Eisen et al., 1998) (to rate the degree of conviction and insight) and DSM-IV (American Psychiatric Association, 2000) insight criteria for OCD. All the assessments were done over 1–2 sessions, not separated by more than 24 h.

Data was analyzed by using SPSS-14. Descriptive analysis was carried out using mean, standard deviation, frequency and percentages. Comparisons were done by using the appropriate tests, i.e., ANOVA, *t*-test, Mann–Whitney test, Chi-square test and Fischer' Exact test. Discriminant function analysis was used to study the relationship between various risk factors and suicidal behavior (ideation and suicide attempt).

3. Results

3.1. Sociodemographic profile

The study included 130 patients. The mean age of study sample was 31.6 (SD-9.4) years and the mean number of years of education was 12.8 (SD-3.8) years. Slightly more than half (53.8%) of the study sample was of male gender. Majority of the patients were married (58.5%), Hindu by religion (65.4%), not on paid employment (60%) and from urban locality (65.4%). Half of the study population belonged to lower or lower-middle socioeconomic class.

3.2. Clinical profile

The mean age of onset was 24.2 (SD-7.1) years. Only few patients had comorbid physical illnesses (17.7%). Comorbid psychiatric disorders other than depression (13.1%) were generalized anxiety disorder (7.7%) followed by panic disorder (3.8%). Family history of mental illness was present in 30% of the study sample and family history of suicide was reported in 6% of cases. Comorbid personality disorder was seen in 15.4% cases. Obsessive compulsive personality disorder (7.7%) was the most common comorbid personality disorder followed by anxious personality disorder (3.1%). Other less common comorbid personality disorders included dependent personality disorder ($N = 3$) and passive aggressive personality disorder ($N = 3$).

Most common obsessions present at the time of assessment were those of contamination (64.1%), followed by pathological doubt (33.8%), miscellaneous obsessions (30%), religious obsessions (19.2%), sexual obsessions (15.4%) and aggressive obsessions (14.6%). The most common compulsions present at the time of assessment were those of cleaning/washing (65.4%) followed by checking (42.3%), miscellaneous (37.7%), repeating (29.3%) and ordering/arranging (22.3%).

Most common obsessions present any time during the lifetime were those of contamination obsession (69.2%), followed by pathological doubt (39.2%), miscellaneous obsessions (33%), religious obsessions (20.1%), sexual obsessions (15.4%) and aggressive obsessions (15.4%). The most common lifetime compulsions were those of cleaning/washing (69.2%) followed by checking (63.8%), miscellaneous (37.7%), repeating (29.3%) and ordering/arranging (22.3%).

3.3. Prevalence of SI and suicidal attempts

Of the 130 patients, 60 (46.1%) patients had current SI and 81 (62.3%) patients had life time SI as per the SSI. Of the 60 patients with current SI, 30 had current depression as assessed on SCID-CV.

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