



Late-onset obsessive-compulsive disorder: Risk factors and correlates



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ABSTRACT

Background: While a great amount of attention has been paid to early-onset obsessive-compulsive disorder (OCD), there is a dearth of studies on patients showing OCD for the first time at later stages of life. In this study, we aimed at determining possible risk factors/correlates for OCD onset at or after age 40, here termed late-onset OCD.

Method: A series of models including several potential variables associated with late onset OCD were tested using a monolayer neural network. To this regard, data from the Brazilian Research Consortium of Obsessive-Compulsive Spectrum Disorders (CTOC) ($n = 1001$) was employed. For the purposes of this study, we considered a diagnosis of late onset OCD to be present whenever distress and interference associated with OCD symptoms emerged at or after age 40. Different nested models were compared through the Akaike Criteria keeping the variables with p value ≤ 0.05 .

Results: Late-onset OCD occurred in 8.6% of the sample. A model including female sex, a history of chronic (>10 years) subclinical obsessive-compulsive symptoms, the co-occurrence of posttraumatic stress disorder (PTSD) after age 40, and a history of recent pregnancy in self or significant others was able to explain a sizeable proportion of late-onset OCD. The general performance of this model, represented by the Maximum Likelihood R^2 , was 29.4%.

Conclusion: Our results suggest that late-onset OCD is more likely to occur in females, in individuals with long periods of subclinical obsessive-compulsive symptoms, and in association with a major traumatic event occurring after age 40 and a history of recent pregnancy in self or in significant others.

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1. Introduction

Obsessive-compulsive disorder (OCD) is characterized by intrusive and distressing images, thoughts or urges (obsessions) and/or repetitive mental or motor acts aimed at reducing the anxiety or performed according to certain rules (compulsions). Epidemiological studies employing the Composite International Diagnostic Interview (CIDI) suggest that OCD is a frequent condition, with 1-month prevalence ranging from 0.3 to up to 3.1% (Fontenelle and

Hasler, 2008). Most patients with OCD exhibit an onset of symptoms during adolescence or childhood (Fontenelle and Hasler, 2008). A recent meta-analysis (Taylor, 2011) confirmed the long held view that early-onset OCD is associated with male sex, greater OCD global severity, higher prevalence of most types of OC symptoms and of OCD in first-degree relatives, and comorbidity with tics and other obsessive-compulsive spectrum disorders.

While a great amount of attention has been paid to early-onset OCD, there is a dearth of studies on patients showing OCD for the first time at later stages of life. In fact, much of what is known about late-onset OCD is still based on single case reports and small case series (Frydman et al., 2010). Although late-onset OCD has been commonly associated with coarse brain injury (Frydman et al., 2010), prompting some to suggest that one should always investigate underlying organicity when OCD presents after age 40 (Koran, 1999),

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cases of OCD firstly appearing on later stages of the life cycle without any evidence of underlying brain lesions are probably more common.

To the best of our knowledge, only one systematic, controlled study tried to delineate the phenotype of patients presenting late-onset OCD without evidence of brain injury (Grant et al., 2007). In this study, Grant et al. reported that individuals who had OCD onset at or after age 30 years (11.3% of their sample) displayed, overall, a less severe condition, including significantly shorter duration of illness before treatment, milder obsessions, and less frequent contamination, religious, or somatic obsessions. Of note, comorbidity, insight, depressive symptoms, quality of life, and social functioning did not differ between early and late-onset groups.

It is possible that OCD appearing at latter stages of life (e.g. not before age 40 years) would be associated with even more clear-cut features. Indeed, as of yet, there is no consensus on what should be termed “late-onset OCD,” with various researchers suggesting quite distinctive ages at onset for this condition (e.g., 30, 40, or even 50 years as cut-off points) (Frydman et al., 2010). One needs to consider that OCD developing after age 30 (Grant et al., 2007) may still include some forms of the disorder that are essentially identical to early-onset OCD, and that low cut-off ages related to OCD onset may potentially minimize differences between late-onset and early-onset illness. Likewise, it is not clear whether age of onset should be determined according to the beginning of the obsessive-compulsive symptoms (OCS) or when the level of clinical impairment warrants a diagnosis of OCD (Rosario-Campos et al., 2001). In the present study, we defined “age of onset” of OCD as the age when distress and interference were firstly associated with OCS.

In this study, we aimed at determining possible risk-factors/correlates for OCD occurring at or after age 40, here termed late-onset OCD. Based on the available literature, we tested the performance of a series of statistical models (see Fig. 1) where female individuals (Fontenelle et al., 2002; Mathis et al., 2011; Torresan et al., 2009) with a family history of OCD (Albert et al., 2002; Roussos et al., 2003; Viswanath et al., 2011) and a personal history of subclinical obsessive-compulsive (OC) symptoms (Coles et al., 2011; Fullana et al., 2009; Roussos et al., 2003) would be at increased risk of developing late-onset OCD in the event of different environmental stressors (Murphy et al., 2010), such as birth and pregnancy (Forray et al., 2010), personal/family problems (Basile et al., 1996) and changes in interpersonal relationships (Tolin et al., 2010), infections (e.g. w/group A β-haemolytic streptococcus) (Alvarenga et al., 2009), or exposure to drugs (e.g. atypical antipsychotics) (Ryu et al., 2011). We also investigated whether a major depressive episode (Gittleson, 1996a, 1996b; Quarantini et al., 2011) and severe psychological trauma, as portrayed by comorbid post-traumatic stress disorder (Fontenelle et al., 2011, 2012; Moraes et al., 2008) (both occurring after age 40), could have any role in the development of late-onset OCD.

2. Method

2.1. Patients

Our sample was composed of 1001 OCD patients from the Brazilian Research Consortium on Obsessive-Compulsive Spectrum

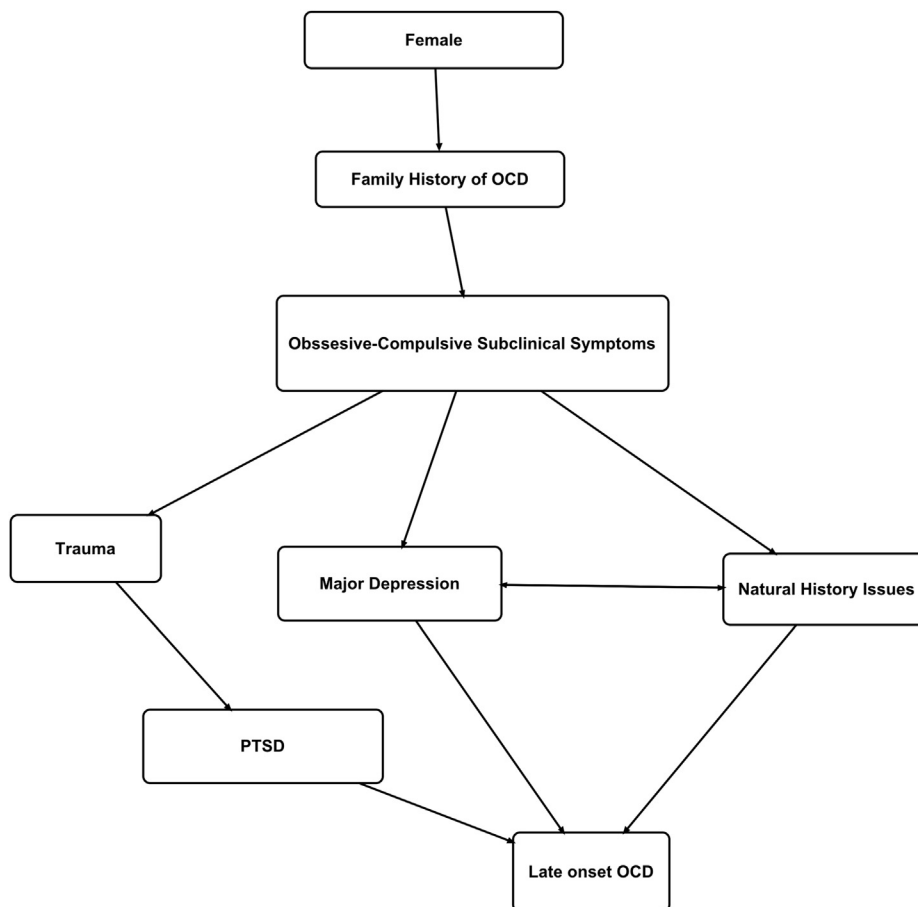


Fig. 1. Late-onset OCD risk factors and correlates algorithm.

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