



Obsessive-compulsive symptoms among alcoholics in outpatient treatment: Prevalence, severity and correlates



Luana Moraes Campos^{a,d}, Nicoli Tamie Yoshimi^{a,d}, Maria Odete Simão^{b,d},
Ricardo Cezar Torresan^{c,d}, Albina Rodrigues Torres^{c,d,*}

^a FMB-UNESP, Botucatu, SP, Brazil

^b Department of Neurology, Psychology and Psychiatry, FMB-UNESP, Botucatu, SP, Brazil

^c Department of Neurology, Psychology and Psychiatry, FMB-UNESP, Botucatu, SP, Brazil

^d Botucatu Medical School (Faculdade de Medicina de Botucatu), São Paulo State University (Univ Estadual Paulista-UNESP), Botucatu, SP, Brazil

ARTICLE INFO

Article history:

Received 2 March 2015

Received in revised form

22 May 2015

Accepted 25 May 2015

Available online 27 June 2015

Keywords:

Obsessive-compulsive disorder (OCD)

Alcoholism

Alcohol dependence

Comorbidity

Suicidal behaviors

Suicidality

ABSTRACT

The literature on symptoms of obsessive-compulsive disorder (OCD) in alcoholic patients is scarce and such symptoms can go unnoticed, worsening the prognosis of alcoholism. The objectives were to estimate the prevalence and severity of obsessive-compulsive symptoms in alcoholics undergoing outpatient treatment and to assess sociodemographic and clinical correlates, including suicidal behaviors. The instruments used in this cross-sectional study were the Obsessive-Compulsive Inventory – Revised (OCI-R), the Short Alcohol Dependence Data and the Beck Depression Inventory. After descriptive analyses, bivariate analyses between the categorical (“probable OCD”: OCI-R \geq 27) and dimensional (OCI-R total and subscales scores) outcomes and all explanatory variables were conducted. Eleven (20.4%) of the 54 alcoholic patients (37 men and 17 women) presented “probable OCD”, which was associated with lower income, more severe dependence, depression, lifetime suicidal thoughts and plans and suicide attempts. OCI-R severity (mean 16.0) was associated with the same predictors and with psychiatric hospitalization. Suicidal behaviors were mainly associated with the Obsession, Hoarding and Washing subscales. It is essential to investigate and treat OCD symptoms in alcoholics, as they are associated with greater severity of dependence, depression and suicidal behaviors. Longitudinal studies are required to assess the impact of OCD treatment on the clinical course of alcoholism.

© 2015 Elsevier Ireland Ltd. All rights reserved.

1. Introduction

Anxiety disorders and alcohol use disorders (AUD), including alcohol abuse and dependence, are among the health problems that result in more years lived with disability, according to the World Health Organization. In 2010, anxiety disorders occupied the 7th place and AUD the 15th place among the 289 general health problems assessed (Vos et al., 2012). Moreover, studies indicate a mutual influence, anxiety disorders favoring the occurrence and persistence of substance use and vice versa (Kushner et al., 2000; Mancebo et al., 2009; Cuzen et al., 2014). There is evidence that obsessive-compulsive disorder (OCD), which in the latest edition of the DSM (American Psychiatric Association (APA), 2013) is classified apart from the other anxiety disorders, is also associated with AUD (Lima et al., 2005; Torres et al., 2006).

OCD is characterized by obsessions and/or compulsions. Obsessions are recurrent and unpleasant thoughts, impulses or mental images that cause relevant anxiety or discomfort, take time and have a negative impact on an individual's life. Compulsions are repetitive behaviors or mental acts that the individual feels the need to perform in response to an obsession or according to strict rules, in order to reduce anxiety/discomfort or to try to prevent some feared event (American Psychiatric Association (APA), 2013). OCD is a very heterogeneous condition, usually presenting early onset. It is also frequently secret, because most patients have preserved insight (Shavitt et al., 2014), feel ashamed and hide their symptoms, prolonging the suffering and delaying help seeking. Even among psychiatric outpatients, OCD is frequently unrecognized and thus untreated by consultants (Wahl et al., 2010).

The current and lifetime prevalence of OCD in the general population is approximately 1% and 2.5%, respectively (Torres and Lima, 2005; Kessler et al., 2005a; 2005b; Fontenelle et al., 2006). However, the prevalence of subclinical obsessive-compulsive symptoms (OCS) is as high as 28% (Ruscio et al., 2010) and even though they do not fulfill OCD diagnostic criteria, they may cause

* Correspondence to: Departamento de Neurologia, Psicologia e Psiquiatria, Faculdade de Medicina de Botucatu (FMB) – UNESP, Av. Prof. Montenegro s/n, Distrito de Rubião Jr., Botucatu, SP 18.618-970, Brazil.

E-mail addresses: torresar@fmb.unesp.br, albinatorres@gmail.com (A.R. Torres).

significant interference, supporting a dimensional view of OCD psychopathology (Fullana et al., 2009; de Bruijn et al., 2010).

Whereas epidemiological studies suggest that 20–40% of OCD patients present AUD (Torres et al., 2006; de Bruijn et al., 2010; Ruscio et al., 2010; Adam et al., 2012), the prevalence of AUD in OCD clinical samples is usually below 10% (Riemann et al., 1992; Rasmussen and Eisen, 1994; Sbrana et al., 2005; Kalra et al., 2008; Gentil et al., 2009). This discrepancy between community and clinical samples suggests that some individuals may use alcohol as 'self-medication' to deal with their OCS instead of seeking professional help, consequently developing alcohol dependence (Karno et al., 1988; Kolada et al., 1994; Sbrana et al., 2005; Torres et al., 2006). In fact, when such comorbidity occurs, in most cases the onset of OCD is prior to the substance use (Kessler et al., 2005a; Mancebo et al., 2009; Blom et al., 2011; de Mathis et al., 2013). However, the relationship between OCD and substance use disorders (SUD) is complex and may vary depending on OCD severity. According to Cuzen et al. (2014), the risk of SUD increases together with OCD severity up to a certain point, beyond which the risk is reduced and severe OCD becomes a protective factor against SUD. In a prospective epidemiological study (Fineberg et al., 2013), the prevalence of alcohol misuse among individuals with OCD was lower than among those presenting subclinical OC symptoms (6.7% vs. 14.9%), suggesting that the progression to full-blown disorder may, indeed, be associated with a move away from substance addiction.

Many OCD sufferers seek help only when symptoms aggravate or when a secondary condition co-occurs, such as depression or SUD (Besiroglu and Agargün, 2006; Torres et al., 2006; Garcia-Soriano et al., 2014). Only half the individuals presenting OCD and SUD seek treatment for OCD (Hasin and Grant, 1987; Mayerovitch et al., 2003) and treatment adherence tends to be lower in this group (Cuzen et al., 2014). Due to their secretive nature, OCS can go unnoticed in individuals with AUD (Hasin and Grant, 1987; Eisen and Rasmussen, 1989; Mancebo et al., 2009). In the study by Fals-Stewart and Angarano (1994), only 1/3 of the 24 alcoholics with OCD had been diagnosed. The lack of identification and specific therapeutic approaches to OCS in alcoholics can negatively impact the prognosis, increasing the chances of relapse (Fals-Stewart and Schafer, 1992). In Fals-Stewart and Schafer's study (1992), patients receiving specific treatment for OCD remained in treatment longer, showed a greater reduction in OCS severity and higher rates of abstinence after 12 months of follow-up, compared with those treated only for substance abuse or with relaxation techniques. Individuals with OCD and AUD also tend to be referred to SUD specialized services (Sbrana et al., 2005; Mancebo et al., 2009; Cuzen et al., 2014). Therefore, comorbidity rates between these disorders may have been underestimated (Mancebo et al., 2009).

Moreover, OCD has been considered a "behavioral addiction" due to the compulsive and repetitive nature of the ritualistic behaviors that can cause important physical and mental harm to patients, similar to that which occurs in SUD (Blom et al., 2011; Cuzen et al., 2014). OCD patients feel the need to engage in compulsive rituals to avoid discomfort, which resemble the craving and withdrawal symptoms of SUD patients (Cuzen et al., 2014). Some authors have suggested common neurobiological mechanisms in OCD and addictions, involving changes in the brain's reward system and in two frontal cortex regions (the anterior cingulate and orbitofrontal cortex) that are critical to inhibitory control over maladaptive behaviors (Lubman et al., 2004). "Shared etiology", i.e. individuals with OCD and AUD presenting common risk factors, is another hypothesis (Mancebo et al., 2009). Assessment instruments that approximate both disorders have been developed, such as the Obsessive-Compulsive Drinking Scale (Anton et al., 1996).

Despite phenomenological similarities and clinical relevance, the literature concerning the comorbidity of SUD and OCD is scarce. To the best of our knowledge, only two studies conducted two decades ago investigated OCD comorbidity in alcoholics undergoing treatment (Riemann et al., 1992; Fals-Stewart and Angarano, 1994). In Brazil, only one study with 36 male alcoholics investigated a range of psychopathological symptoms, including OCS, using the Symptom Checklist 90, according to the severity of alcohol dependence (Lima et al., 2005). A recent review article (Cuzen et al., 2014) stressed the need for research on the prevalence of OCS in SUD patients to further elucidate the mechanisms of comorbidity.

The objectives of this study were to estimate the current prevalence of symptoms suggestive of OCD in alcoholic patients undergoing outpatient treatment in a university hospital and to compare sociodemographic and clinical characteristics of alcoholics with and without 'Probable OCD'. We also aimed to quantitatively evaluate the same outcome, i.e. OCS global and dimensional severity, as well as the predictors of OCS in this population.

The main hypotheses were that the prevalence of probable OCD would be about 10 times higher than in the general population (Riemann et al., 1992; Fals-Stewart and Angarano, 1994), that individuals with probable OCD would have more severe alcohol dependence and that OCD severity would correlate with the severity of dependence (Lima et al., 2005). Additional exploratory hypotheses were that, compared to non-OCD alcoholics, alcoholics with probable OCD would be more frequently unmarried, unemployed, have lower educational and economic status and present more suicidal behaviors (Torres et al., 2011), due to the additional negative impact of OCD on several life domains. No hypotheses were raised regarding specific OCS dimensions, since this is the first study evaluating this clinical aspect.

2. Method

2.1. Subjects

This cross-sectional study included 54 consecutive alcoholic patients, men and women, undergoing treatment at a Brazilian public university hospital (Botucatu Medical School; FMB-UNESP). The inclusion criteria were: being 18 years or older, presenting alcohol dependence according to the DSM-IV criteria (American Psychiatric Association (APA), 1994), undergoing outpatient treatment for alcohol dependence, not being intoxicated and agreeing to participate in the study, after being fully advised of its aims and method. There were no refusals and all patients signed an informed consent form.

2.2. Procedures

The study protocol included a questionnaire on socio-demographic and clinical data and standardized assessment instruments, described below. Data collection was conducted between May 2013 and June 2014 by two medical students (LMC, NTY) trained by psychiatrists, on the same day of the patient's regular appointment. Since 65% of the sample had low educational level (less than 8 years of schooling), the measures were not used as self-report, but as face-to-face interviews. The study was approved by the FMB Ethics and Research Committee in 05.05.2013 (protocol: 264 077).

2.2.1. Assessment instruments

The following structured instruments were applied to the participants by the interviewers:

Download English Version:

<https://daneshyari.com/en/article/6814194>

Download Persian Version:

<https://daneshyari.com/article/6814194>

[Daneshyari.com](https://daneshyari.com)