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Neuropsychological profile and treatment-related features among patients with comorbidity between schizophrenia spectrum disorder and obsessive–compulsive disorder: Is there evidence for a “schizo-obsessive” subtype?

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ABSTRACT

Epidemiological studies have found that obsessive–compulsive disorder (OCD) is estimated to occur in 12% of patients with schizophrenia. Whether this “schizo-obsessive” subgroup may be posited as a clinical entity with a distinct neuropsychological profile and treatment-related features remains unclear. A sample of 30 patients who met DSM-IV criteria for both schizophrenia/schizoaffective disorder and OCD was compared with 30 OCD subjects and with 37 patients with schizophrenia/schizoaffective disorder. Neuropsychological domains were measured by the Wechsler Adult Intelligence Scale - Third Edition (WAIS-III), the Trail Making Test (TMT), and the verbal fluency test (FAS). Treatment-related variables were assessed with the Clinical Global Improvement scale (CGI), the Drug Attitude Inventory (DAI), and dosage/type of antipsychotic medications. One-way analysis of variance revealed statistically significant differences among the three groups in “working memory,” “block design,” “semantic fluency,” TMT-A, and TMT-B. However, the Bonferroni correction showed no statistical differences between both psychotic groups. In addition, there were no significant differences among the three groups in the CGI and DAI, although “schizo-obsessive” patients tended to display slightly higher scores on these variables than the other groups. Overall, these findings do not support the hypothesis that comorbidity between schizophrenia spectrum disorders and OCD may reflect a distinct clinical entity. However, further research with larger sample sizes and a more comprehensive clinical assessment are needed. Our findings also underscore the fact that divergences among assessment instruments, as well as confounding variables, may influence results on neuropsychological domains.

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1. Introduction

Despite having been a research topic since the 19th century, the relationship between schizophrenia and obsessive–compulsive disorder (OCD) has only attained increasing recognition in the last 15 years (Poyurovsky et al., 2012; Schirmbeck and Zink, 2013; Frías et al., 2014). Epidemiological studies have found that obsessive–compulsive symptoms (OCS) are estimated to occur in up to 30% of patients with schizophrenia, while OCD affects roughly 12% of this group (de Haan et al., 2013; Swets et al., 2014). Overall, these prevalences are over five times higher than expected in subjects

without schizophrenia, raising concerns regarding its etiopathogenic mechanisms and nosological status (Crino et al., 2005).

To date, several explanations have been suggested as ways of understanding this co-occurrence. First, OCD/OCS may be part of early stage of psychotic illness, specifically during the ARMS (at-risk mental state) (Schirmbeck and Zink, 2013). Second, both types of mental disorders may represent a comorbid condition due to underlying risk factors such as neuropsychological impairments (Abbruzzese et al., 1995; Kim et al., 2003; Martin et al., 2008) or one disorder being a risk factor for the other (Schirmbeck and Zink, 2013). Finally, some current research postulates that the development of OCS in schizophrenia may be associated with atypical antipsychotic effects (Baker et al., 1996; Lin et al., 2006; Gálvez et al., 2004; van Nimwegen et al., 2008; Sa et al., 2009; Schirmbeck and Zink, 2012).

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Regardless of these possible theories, whether this subgroup of “schizo-obsessive” patients may be considered a clinical entity with a distinct profile remains unclear (Attademo et al., 2012; Docherty et al., 2012). Specifically, data from neuropsychological studies have yielded inconsistent results so far (Meijer et al., 2013; Michalopoulou et al., 2014). It has been suggested that these discrepancies may be partially accounted for by divergences related to neuropsychological test selection as well as confounding variables assessment (Cumill et al., 2013). By improving these methodological constraints, findings from neuropsychological studies may provide reliable evidence that could shed further light on the nosological status of “schizo-obsessive” patients (Poyurovsky et al., 2012). Furthermore, previous studies have failed to assess treatment-related features within this subgroup, which may also provide additional evidence regarding to what extent “schizo-obsessive” patients may be an independent clinical entity.

1.1. Aims and hypotheses

Within this framework, our study seeks to outline the neuropsychological profile of this putative “schizo-obsessive” group and compare it with a control group of patients with a primary diagnosis of schizophrenia spectrum disorder without OCD and another group of subjects with a primary diagnosis of OCD without schizophrenia spectrum disorder. Given the methodological limitations referred in most previous research, we aimed at controlling for the effect of confounding variables on the neuropsychological results. Hence, in accordance with similar studies (Patel et al., 2010; Michalopoulou et al., 2014), we expected to find that “schizo-obsessive” patients exhibited greater impairment in certain neuropsychological outcome measures compared to the other groups after controlling for the modulating effect of both depressed mood and type/dosage of antipsychotic medications. Furthermore, considering the lack of data concerning treatment-related features, a secondary goal was to display the treatment-related features within the “schizo-obsessive” group and compare them with subjects diagnosed with either schizophrenia or OCD alone. As some previous research has pointed out a higher number of hospitalizations among “schizo-obsessive” subjects (Berman et al., 1995; Üçok et al., 2011), we hypothesized that these patients

may be less responsive and reliant on medication than the other groups.

2. Method

2.1. Participants

Patients were referred to us by clinicians from the outpatient and partial-hospitalization services of the Department of Psychiatry at the Hospital of Mataró (Barcelona) between November 2011 and February 2013. Overall, 113 individuals who were potentially suitable for the study were recruited. Sixteen of them did not join it due to personal decisions (Six patients were unwilling to participate) or exclusion criteria (according to clinical chart reviews, 10 patients reported the onset of OCD immediately following atypical antipsychotic prescriptions). Finally, the sample was comprised of 97 patients who were assigned to one of the three groups according to DSM-IV criteria (American Psychiatric Association, 1994): (i) “OCD” (n=30), (ii) “schizophrenia” (n=37, 30 patients with schizophrenia along with seven subjects with schizoaffective disorder), and (iii) “schizo-obsessive” disorder (n=30, 25 patients with schizophrenia plus OCD along with five subjects with schizoaffective disorder plus OCD). According to DSM-IV criteria, for OCD diagnosis in the “schizo-obsessive” group the patients had to recognize that their obsessions or compulsions were excessive or unreasonable at some point during the course of the disorder. Likewise, the content of the obsessions or compulsions could not be restricted to psychotic symptoms, and the disturbance could not be due to the direct physiological effects of antipsychotic treatments. Thus, according to clinical records, “schizo-obsessive” patients who initiated OCD after the psychotic disorder did not evidence their onset immediately following antipsychotic treatment (within the first 6 months). Exclusion criteria for all three groups included mental retardation, pervasive developmental disorder, delusional disorder, bipolar disorder, organic disorders, and substance abuse or dependence (except for nicotine).

Patients from these three groups were 18 to 65 years old and were matched for age, gender, age at the onset of OCD and/or psychosis, and duration of full and untreated psychosis (DUP) (see Table 1). All patients continued to receive treatment as usual.

The study was approved by the hospital's Institutional Review Board, and informed consent was obtained from all patients after a full explanation of the nature of the study.

2.2. Measures

Demographic information was obtained from the patients' charts, as well as via interviews with patients and their families when data were either no longer available or were contradictorily registered in clinical records. Particularly, DUP was operationalised as the time interval between the onset of psychotic symptoms and the onset of treatment (Dell'osso and Altamura, 2010).

Table 1
Sociodemographic comparison among schizophrenia, schizo-obsessive, and OCD patients.

Variables	Schizophrenia (N=37) n/mean (S.D.)	Schizo-obsessive (N=30) n/mean (S.D.)	Schizo-obsessive (N=30) n/mean (S.D.)	Statistics	d.f.	P values
Sex (M/F)	22/15	16/14	12/18	$\chi^2 = 2.567$	2	0.277
Age, years	32.41 (10.09)	37.03 (14.40)	31.9 (8.93)	$F = 1.929$	2	0.151
Age at onset of psychosis, years	20.78 (6.43)	20.03 (8.28)	–	$t = -1.851$	1	0.069
Age at onset of OCD, years	–	20.69 (11.52)	19.04 (7.39)	$t = -0.642$	2	0.523
Duration of psychosis, years	12.19 (8.77)	17.07 (11.52)	–	$t = -1.772$	1	0.081
DUP, years	2.78 (4.49)	6.53 (11.28)	–	$t = -1.514$	1	0.135
Education level						
Primary	13	16	4	$\chi^2 = 23.605$	4	0.000
Secondary	23	13	16			
Tertiary	1	1	10			
Marital status				$\chi^2 = 22.149$	6	0.001
Single	33	22	18			
Married	1	2	11			
Separated	3	5	1			
Widowed	0	1	0			
Occupation				$\chi^2 = 19.882$	6	0.003
Student	5	2	5			
Employee	3	4	12			
Unemployed	10	10	9			
Retired due to disability	19	14	4			

DUP, duration untreated schizophrenia; OCD, obsessive-compulsive disorder; S.D., standard deviation.

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