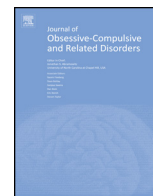




ELSEVIER

Contents lists available at ScienceDirect

Journal of Obsessive-Compulsive and Related Disorders

journal homepage: www.elsevier.com/locate/jocrd

Assessing older adults' Obsessive-Compulsive Disorder symptoms: Psychometric characteristics of the Obsessive Compulsive Inventory-Revised

John E. Calamari^{a,*}, John L. Woodard^b, Kerrie M. Armstrong^a, Alma Molino^a, Noelle K. Pontarelli^a, Jami Socha^a, Susan L. Longley^c

^a Department of Psychology, Rosalind Franklin University of Medicine and Science, 3333 Green Bay Road, North Chicago, IL 60064, USA

^b Department of Psychology, Wayne State University, USA

^c Department of Psychology, Eastern Illinois University, USA

ARTICLE INFO

Article history:

Received 22 October 2013

Received in revised form

1 March 2014

Accepted 4 March 2014

Available online 19 March 2014

Keywords:

Obsessive-Compulsive Disorder

Aging

Older adults

Assessment

Obsessive Compulsive Inventory-Revised

ABSTRACT

The lack of Obsessive-Compulsive Disorder (OCD) symptom measures validated for use with older adults has hindered research and treatment development for the age group. We evaluated the Obsessive-Compulsive Inventory-Revised (OCI-R; Foa et al., 2002) with participants aged 65 and older ($N=180$) to determine if the measure was an effective tool for evaluating obsessional symptoms. Participants completed the OCI-R and a comprehensive assessment battery up to four times over approximately 18 months. Results supported the well-replicated latent structure of the OCI-R (i.e., Washing, Checking, Ordering, Obsessing, Hoarding, and Neutralizing). OCI-R total score was robustly associated with OCD symptoms assessed 18 months later by clinical interview, while scores on self-report measures of worry, general anxiety, and depression were not. Results indicate the OCI-R is an effective OCD symptom measure for older adults, although replication with additional older adult samples is needed.

© 2014 Elsevier Ltd. All rights reserved.

1. Introduction

Obsessive-Compulsive Disorder (OCD) is a common and often debilitating condition characterized by obsessions or compulsions that are time-consuming and cause significant distress or impairment (American Psychiatric Association (APA), 2013). OCD has been extensively studied in adults, adolescents, and children, while in comparison, research on OCD in older adults has been very limited (Wetherell, Lenze, & Stanley, 2005). Although there are several explanations for why OCD has been understudied in late-life (see Carmin, Calamari, & Ownby, 2012, for a review), the absence of well-validated OCD symptom measures for older adults has constrained research and made clinical evaluation more difficult. In their review of psychological assessment instruments for older adults, Edelstein et al. (2008) identified only one measure of OCD symptoms that had been validated with an older adult sample in a study by Stanley, Beck, and Zebb (1996).

1.1. Assessment of older adults' Obsessive-Compulsive Disorder symptoms

Hersen and Van Hasselt (1992) concluded in their review of the assessment of anxiety and related symptoms with older adults that the measures used at the time were of limited value because they had not been directly evaluated with older adult samples. Direct evaluation of symptom measures with older adults is necessary as symptom presentation is often influenced by age cohort attitudes about mental health problems, developmental stage specific stressors (e.g., retirement; death of a spouse), and is often characterized by a greater focus on the somatic symptoms of anxiety (Cully & Stanley, 2008). Ayers, Thorp, and Wetherell (2009) concluded that progress on the assessment of older adults' generalized anxiety disorder (GAD) and posttraumatic stress disorder has been significant, although very limited information was available on the assessment of panic disorder, agoraphobia, specific phobia, social phobia, and OCD.

Stanley et al. (1996) completed the only prior psychometric evaluation of an OCD symptom measure with older adults. Participants completed the Padua Inventory (PI; Sanavio, 1988). An older adult group with GAD scored similarly to younger adults with GAD on all measures, while a nonclinical (NC) older adult group reported lower scores on all measures in comparison to mean scores

* Corresponding author.

E-mail address: john.calamari@rosalindfranklin.edu (J.E. Calamari).

reported by the younger NC adults. Internal consistency estimates for PI total score were high for both older adult groups, although subscale reliability was more variable for the NC older adult group.

1.2. The Obsessive-Compulsive Inventory-Revised

The purpose of the present investigation was to evaluate the Obsessive-Compulsive Inventory-Revised (OCI-R; Foa et al., 2002) with a sample of older adults. The OCI-R is an important measure to evaluate for possible use with older adults because the scale has shown excellent psychometric properties in evaluations of general adult clinical (e.g., Foa et al., 2002) and nonclinical (e.g., Hajcak, Huppert, Simons, and Foa, 2004) samples. Further, the OCI-R measures multiple OCD symptom domains, is a sensitive measure of treatment response (Abramowitz, Tolin, & Diefenbach, 2005), and requires only a few minutes to complete (e.g., Grabbill et al., 2008).

Although no prior psychometric studies have been conducted with the OCI-R with older adults, several investigators have administered the measure to study participants over age 65. Reports have largely been limited to score means and standard deviations. Teachman (2007) administered the OCI-R to a nonclinical community sample of older adults. Older adults' mean OCI-R subscale scores were similar to scores reported in prior evaluations of adult nonclinical samples. Scores on the OCI-R did not differ between Teachman's (2007) older adult group and her general adult sample with the exception of the hoarding subscale score. Older adults had higher scores. Magee and Teachman (2012) also administered the OCI-R to an older adult sample and an adult comparison group. OCI-R total score did not differ between age groups, although subscale comparisons were not reported. Reid et al. (2011) administered the OCI-R to a community sample of older adults (mean age 72.5) and found a mean total score of 14.7 ($SD=12.8$), results comparable to Magee and Teachman's (2012), $M=15.6$ (9.8).

In the present study, we conducted a comprehensive psychometric evaluation of the OCI-R with older adults. An older adult community sample completed the OCI-R and additional measures of anxiety, mood, and general functioning up to four times over approximately 18 months. The study is the first to evaluate the OCI-R longitudinally with older adults. We tested whether the identified latent structure of the OCI-R, well replicated in studies of general adult clinical and nonclinical samples, would emerge in our evaluation of older adults. In addition, we completed multiple reliability and validity analyses, including testing the stability of OCI-R scores over time. We hypothesized that if measurement error was low, OCI-R scores for our nonclinical sample should be strongly correlated across time points. We evaluated the convergent and discriminant validity of OCI-R scores, and our tests included evaluating whether OCI-R scores prospectively predicted obsessional symptoms later assessed via structured clinical interview.

2. Method

2.1. Participants

Participants were older adults recruited as part of a larger longitudinal study examining risk factors for anxiety disorders in late-life ($N=204$; M age=76.7, $SD=6.9$; range 65–93). Recruitment sites included churches, senior centers, retirement communities, and social organizations for older adults located in the Chicago metropolitan and southeastern Wisconsin areas. As part of the larger longitudinal study, participants completed an extensive battery of cognitive functioning assessments, psychiatric disorder symptom measures, and physical functioning and adaptive behavior evaluations.¹ Participants were evaluated up to four times at approximately six-month intervals.

Study inclusion criteria were an age of 65 years or older and an age and education adjusted scaled score on the Mattis Dementia Rating Scale – Second Edition (DRS-2; Jurica, Leitten, & Mattis, 2001) of 5 or higher, as scoring below 5 on the DRS-2 suggests moderate or more significant cognitive impairment. Of the 204 participants who completed time 1 assessment, three participants were excluded from analyses because of low scores on the DRS-2. OCI-R scores were available for 180 of the participants scoring above the DRS-2 cutoff at the time 1 assessment as the measure was added to the evaluation protocol shortly after the study was initiated. One-hundred and twenty-nine of the 180 time 1 participants were women.

Demographic information for the 180 older adults who completed the OCI-R at time 1 is shown in Table 1. Most participants reported their ethnicity as Caucasian, although almost 4% of the sample indicated their ethnicity was African American. Estimated mean income and education levels were higher for our sample in comparison to nationally representative older adult samples (e.g., Heeringa et al., 2007; Okura et al., 2010).

2.1.1. Study attrition

Attrition in the longitudinal study was significant but congruent with other longitudinal studies with older adults (Chatfield, Brayne, & Matthews, 2005). One hundred and fifty-three participants completed time 2 assessments, and 147 scored above the DRS-2 cutoff. OCI-R scores were available for 133 of the cognitively intact participants at time 2. At time 3, 114 participants completed assessment, and 111 scored above the DRS-2 cutoff and OCI-R scores available for 102. At time 4, 97 participants completed assessments, 96 scored above the DRS-2 cutoff, and OCI-R scores were available for 84 participants (participants who also had time 1 OCI-R scores).

2.1.2. Level of independent living

Independent living status was determined at the time participants entered the study (time 1 assessment). Living status was rated using a five-point ordinal scale: 1—continuous living support (i.e., received continuous support within a nursing home or other residential care facility); 2—assisted living (i.e., resided in settings that provided daily assistance with tasks of living such as bathing and dressing, but maintained an independent living space); 3—limited supported living within a retirement community (i.e., maintained an independent living space and

Table 1
Participant characteristics.

	<i>M</i>	<i>SD</i>
<i>Age</i>	76.9	(7.1)
	<i>N</i>	%
<i>Gender</i>		
Male	51	28.3
Female	129	71.7
<i>Ethnicity</i>		
Caucasian	166	92.2
African American	7	3.9
Hispanic	1	.6
Other	6	3.3
<i>Education</i>		
High school not completed	16	8.9
High school degree	40	22.2
One to three years of college	42	23.3
Bachelor's degree	40	22.2
Some graduate study	6	3.3
Master's degree or higher	36	20.1
<i>Income level</i>		
\$0–\$50,000	58	31.7
\$50,000–\$100,000	39	21.7
\$100,001–\$150,000	54	30.0
\$150,001–\$200,000	5	2.8
\$200,000+	24	13.3
<i>Living situation classifications</i>		
5—Independent-community	110	61.1
4—Independent-retirement	12	6.7
3—Support-retirement community	50	27.8
2—Assisted living-retirement-community	7	3.9
1—Continuous support	1	< 1

Note: Demographic information is provided for the 180 participants who completed the *Obsessive Compulsive Inventory-Revised* during the first evaluation session of an 18-month longitudinal study.

¹ A complete list of the assessment battery is available from the corresponding author upon request.

Download English Version:

<https://daneshyari.com/en/article/912252>

Download Persian Version:

<https://daneshyari.com/article/912252>

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