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Obsessive - Compulsive Disorder and Treatment - One-Year Follow up Study

Lydia Sushevska, Nichola Olumchev, Mirjana Saveska

City Hospital "September 8th - Skopje", Skopje, Macedonia

SUMMARY

Obsessive-compulsive disorder (OCD) is defined by the presence of either obsession or compulsion that is severe enough to be time consuming or to cause marked distress or significant impairment. At some point during the course of the disorder, the person recognizes that the obsessions and compulsions are excessive or unreasonable.

Twenty-one patients which all met the inclusion criteria for the *Diagnostic and Statistical Manual of Mental Disorders-IV* (DSM-IV) for OCD diagnosis were observed in a private polyclinic in Skopje, Macedonia, treated with medications and evaluated on three separate occasions (baseline, after 6 months, and one year after the beginning of therapy). The severity of the obsessive-compulsive symptoms was assessed during each follow-up examination by means of the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS), BDI (Beck depression inventory) and BAI (Beck anxiety inventory).

The aim of the present study was to investigate the changes in the psychiatric condition with the help of medications in patients with obsessive-compulsive disorder (OCD) over a one-year period of pharmacological treatment.

There was a statistically significant improvement of the scores of three subscales of Y-BOCS (obsession, compulsion, and global) in OCD patients during the one-year treatment. There was a statistically significant relationship between the time points and the BDI and BAI scores. They improved significantly between the six months and one-year time points.

Patients and their families should be provided with information on support groups and should have opportunities to discuss the impact the illness has had on their self-experience and their relationships.

Treatment with either selective serotonine re-uptake inhibitors (SSRIs) or cognitive-behavioural therapy (CBT), or both, is successful for OCD, which was confirmed in our study.

Key words: **obsessive-compulsive disorder (OCD), Yale-Brown Obsessive-Compulsive Scale (Y-BOCS), selective serotonine re-uptake inhibitors (SSRI), treatment**

Corresponding author:

Lydia Sushevska•

e-mail: lsusevska@hotmail.com •

INTRODUCTION

Obsessive-compulsive disorder (OCD) is defined by the presence of either obsession or compulsion that is severe enough to be time-consuming or to cause marked distress or significant impairment. At some point during the course of the disorder, the person recognizes that the obsessions and compulsions are excessive or unreasonable (1). Obsessive-compulsive disorder (OCD) is a relatively common, if not always recognized, chronic disorder that is often associated with significant distress and impairment in functioning. Due to stigma and lack of recognition, individuals with OCD often must wait for years to receive a correct diagnosis and indicated treatment. OCD has a wide range of potential difficulties. Many patients with OCD experience moderate symptoms. In severe presentations, this disorder is quite disabling and is appropriately characterized as an example of severe and persistent mental illness. Obsessions and their related compulsions (the latter also referred to as rituals) often fall into one or more of several common categories, as can be seen in the table below (Table 1).

The exact process that underlies the development OCD has not been established. Research and treatment trials suggest that abnormalities in serotonin (5-HT) neurotransmission in the brain are meaningfully involved in this disorder. This is strongly supported by the efficacy of serotonin reuptake inhibitors (SRIs) in the treatment of OCD (2-5). Evidence also suggests abnormalities in dopaminergic transmission in at least some cases of OCD. In some cohorts, Tourette disorder (also known as Tourette syndrome) and multiple chronic tics genetically co-vary with OCD in an autosomal dominant pattern. OCD symptoms in this group of patients show a preferential response to a combination of serotonin specific reuptake inhibitors (SSRIs) and antipsychotics (6). Functional imaging studies in OCD have demonstrated some reproducible patterns of abnormality. Specifically, magnetic resonance imaging (MRI) and positron emission tomography (PET) scanning have shown increases in blood flow and metabolic activity in the orbitofrontal cortex, limbic structures, caudate, and thalamus, with a trend toward right-sided predominance. In some studies, these areas of overactivity have been shown to normalize following successful treatment with either SSRIs or cognitive - behavioural therapy (CBT) (7, 8).

Table 1. *Categorization of obsessions and compulsions*

Obsessions	Commonly associated compulsions
Fear of contamination	Washing, cleaning
Need for symmetry, precise arranging	Ordering, arranging, balancing, straightening until "just right"
Unwanted sexual or aggressive thoughts or images	Checking, praying, “undoing” actions, asking for reassurance
Doubts (eg, gas jets off, doors locked)	Repeated checking behaviours
Concerns about throwing away something valuable	Hoarding

MATERIAL AND METHODS

All patients met the inclusion criteria for the *Diagnostic and Statistical Manual of Mental Disorders-IV* (DSM-IV) for OCD diagnosis. A single psychiatrist performed the diagnostic interviews based on the Structured Clinical Interview for DSM-IV (SCID)(6) at the time of administration. The patients were observed in a private polyclinic in Skopje, Macedonia and had no other psychiatric diagnosis or medical/neurological disorders. Of these patients, 21 completed the neuropsychological tests again at the end of the one-year treatment and were medicated at the time of the one-year follow-up assessment examination. Three of these patients were not medicated at the baseline evaluation. The pharmacological regimen was a low dose of selective serotonin reuptake inhibitor (SSRI) initially and a gradual increase up to a maximum tolerated dosage after six weeks. When the treatment response was not favourable, patients were given cognitive-behavioural therapy (CBT) or were treated with additional pharmacological therapies such as other serotonin reuptake inhibitor or atypical antipsychotics. To control the anxiety or insomnia, benzodiazepines such as clonazepam was administered. The mean daily dosages of medications were 175 mg sertraline, 60 mg fluoxetine, 40 mg paroxetine, and 150 mg clomipramine. Eleven of 13 patients who were given antipsychotic drugs were treated with risperidone at a mean daily dose of 1.5 mg, while the other two were treated with 2.5 mg olanzapine. Ten patients were treated with clonazepam at a mean daily dose of 1.5 mg. Seven of 21 patients were

enrolled in both cognitive-behaviour therapy and pharmacotherapy.

The severity of the obsessive-compulsive symptoms was assessed during each follow-up examination by means of the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS), BDI (Beck depression inventory) and BAI (Beck anxiety inventory) (9).

RESULTS

Repeated measures ANOVA were performed on the Y-BOCS (obsession, compulsion and global scores). There was a statistically significant improvement of the scores of three subscales of Y-BOCS, obsession, compulsion, and global ($F=5.383$, $P<0.01$; $F=8.398$, $P<0.001$; $F=8.466$, $P<0.001$, respectively) in OCD patients during the one-year treatment. An additional analysis was performed to determine the interval at which this statistical significance occurred. The 'obsession' score of Y-BOCS improved significantly between the four months and one-year time points ($F=4.671$, $P<0.05$). The 'compulsion' score improved significantly not only between the baseline and the four months time points ($F=5.043$, $P<0.05$), but also between the four months and one-year time points ($F=5.647$, $P<0.05$). The 'global score' improved significantly between the four months and one-year time points ($F=6.131$, $P<0.05$).

In order to assess the depression and anxiety levels in the OCD patients, the Beck depression inventory (BDI) and Beck anxiety inventory (BAI) tests were administered at these three time points as well. There was statistically significant relationship between the time points and the BDI and BAI scores ($F=5.779$, $P<0.05$; $F=6.120$, $P<0.05$, respectively). While both BDI and BAI scores failed to improve over the six-month treatment period, they improved significantly between the six months and one-year time points (Table 2).

Table 2. *Mean scores of the Y-BOCS, BDI, BAI for the OCD patients (n=21) at the first administration and the follow-ups*

	Baseline	6-month follow-up	12-month follow-up
• Y-BOCS, Yale-Brown obsessive compulsive scale; BDI, Beck depression inventory; BAI, Beck anxiety inventory.			
• Effect of the time of testing; $P<0.01$, SD in parentheses.			
Y-BOCS			
Obsession	14.11 (3.09)	13.67 (5.83)	10.17 (4.66)
Compulsion	12.83 (4.07)	10.44 (4.30)	8.39 (4.81)
Global	26.94 (6.62)	24.11 (9.00)	18.56 (8.89)
BDI	20.89 (10.88)	16.89 (10.01)	11.88 (12.10)
BAI	26.89 (15.26)	18.78 (12.74)	14.78 (12.59)

DISCUSSION

OCD is a chronic disorder with a wide range of potential difficulties. Without treatment, symptoms may wax and wane in intensity, but they rarely remit spontaneously. Education about the nature and treatment of OCD is essential. Patients should also be informed about the ways that reduce the intensity of symptoms until they disappear. The treatment requires persistence and perseverance from the patiens with OCD and the people that surround them. With the help of cognitive-behavioral therapy, the basic patterns of thinking and basic thoughts can be changed. (8). As with many psychiatric disorders, patients and their families often have misconceptions about the illness and its management. Information should be provided about the neuropsychiatric source of the symptoms, as opposed to having families unnecessarily blame themselves for causing the disorder. Patients and their families should be provided with information on support groups and should have opportunities to discuss the impact the illness has had on their self-experience and on their relationships.

CONCLUSION

Research and treatment trials suggest that abnormalities in serotonin (5-HT) neurotransmission in the brain are meaningfully involved in this disorder. This is strongly supported by the efficacy of serotonin reuptake inhibitors (SRIs) in the treatment of OCD, which was confirmed in our study. The obsessive-compulsive symptomatology was improved after six months and after one

year. Treatment with either SSRIs or cognitive-behavioural therapy (CBT), or both, is successful for OCD.

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OPSESIVNO-KOMPULSIVNI POREMEĆAJ I TRETMAN - JEDNOGODIŠNJA PROSPEKTIVNA STUDIJA

Lidija Suševska, Nikola Olumčev, Mirjana Saveska

Gradska bolnica "8. septembar-Skoplje", Skoplje, Makedonija

Sažetak

Opsesivno-kompulsivni poremećaj je definisan kroz prisutnost opsesija i/ili kompulsija koji su toliko česti da izazivaju značajan distres. Ličnost sa opsesivno-kompulsivnim poremećajem prepoznaje da su opsesije i kompulsije iscrpljujuće i bezrazložne.

Dvadeset jedan bolesnik koji je zadovoljavao inkluzione kriterijume za dijagnostikovanje opsesivno-kompulsivnog poremećaja DSM-IV, bio je opserviran u privatnoj poliklinici u Skoplju, Republika Makedonija. Bolesnici su bili tretirani lekovima i evaluirani na dan prijema, posle šest meseci i posle godinu dana. Opsesivno-kompulsivna simptomatologija bila je merena skalom Y-BOCS, a kao pomoćne skale korišćene su BDI i BAI.

Cilj sadašnje studije bio je da se prouči promena psihičkog stanja bolesnika sa opsesivno-kompulsivnim poremećajem sa psihofarmakološkim tretmanom za vreme jednogodišnjeg perioda.

Statistički značajno poboljšanje javilo se na bodovima kod tri subskale (opsesije, kompulsije i globalna subskala). Takođe, došlo je do poboljšanja u bodovima između 6 i 12 meseci.

Bolesnici i njihove porodice bi trebalo da budu informisani o postojanju grupa za podršku gde će imati mogućnost da diskutuju o problemima koji proizlaze iz opsesivno-kompulsivnog poremećaja.

Tretman selektivnim inhibitorom ponovnog preuzimanja serotonina (SSRI) ili kognitivno-bihejvioralnom terapijom, ili i jednim i drugim, uspešan je u lečenju pacijenata sa opsesivno-kompulsivnim poremećajem, što je našom studijom i potvrđeno.

Ključne reči: **opsesivno-kompulsivni poremećaj (OCD), tretman, selektivni inhibitor preuzimanja serotonina (SSRI), Yale Brown obsesivno-kompulzivna skala**