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Obsessive Compulsive Disorder in Children

An Epidemiological Study

A thesis submitted for fulfillment of PhD Childhood Studies
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(Child Health and Nutrition)

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معهد الدراسات العليا للطفولة
قسم الدراسات الطبية

دراسة وبائية لإضطراب الوسواس القهري في الأطفال

رسالة مقدمة

للحصول على درجة دكتوراه الفلسفة في دراسات الطفولة
(قسم صحة وتغذية الطفل)

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Abstract

Objectives: to study risk factors attributed to OCD disorder, its prevention and control and guide line planning for health information system from available MD, PhD and master thesis.

Methodology: This study included 67 children (31 cases were screened from 500 children with psychiatric disorders and 36 as a control group) attended outpatient clinic of childhood psychiatry of Ain Shams University, El Mataria Hospital and Institute of Postgraduate Childhood Studies. Using Yale Brown scale for severity and phenomenology of OCD, Bick depressive scale for all subjects and sociodemographic sheet for cases is applied.

Results: The mean age of cases was 11.42 ± 2.4 years, the mean total YBOCS is 12.51 ± 9.7 , the mean Beck scale score of male and female cases was 43.1 ± 13.9 and 43.2 ± 13.6 , respectively ($P < 0.05$). There was a significant relation between high and low residence ($p < 0.02$).

Conclusion: OCD could be prevented and controlled by certain measures such as better development of assessment for early evaluation and management, health education program for parents and children.

List of Abbreviations

5-HIAA:	5-Hydroxy Indol Acetic Acid.
AIDS:	Acquired Immune Deficiency Syndrome
AN:	Anorexia Nervosa.
BDD:	Body Dysmorphic Disorder.
CSF:	Cerebro Spinal Fluid.
DSM IV:	Diagnostic statistical manual of mental diseases classification IV (American type)
EPIC:	Egyptian Psychiatric Information for Children
GH:	Growth hormone
ICD 10:	International classification diagnostic 10
JTCI:	Junior Temperament and Character Inventory
LEC:	Life Events Checklists.
OCD:	Obsessive Compulsive Disorder
OCS:	Obsessive compulsive symptoms
PANDAS:	Pediatric Autoimmune Neuropsychiatric Disorders Associated Symptoms.
SRI:	Serotonin Reuptake Inhibitors.
TS:	Tourette's Syndrome.
USA:	United States of America
YBOCS scale:	Yale Brown obsessive compulsive scale

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✎ Aim of the Study ✎

Aim of the Study

Studying the risk factors attributed to OCD disorder, its prevention and control and guide line planning for health information system from available MD, PhD and master thesis.

INTRODUCTION

Obsessive–compulsive disorder (OCD) is characterized by the presence of recurrent unwanted thoughts (obsessions) that increase subject's anxiety, often accompanied by persistent and distressing ritualized acts (compulsions) that decrease the anxiety (*American Psychiatric Association, 2000*). These symptoms represent a severe disabling condition and significantly interfere with the patient's daily life. The importance of better understanding psychological and neural mechanisms involved in this disorder is justified by the fact that, at present, OCD is the fourth most common psychiatric disorder (*El-Sayegh et al., 2003*) and is considered one of the most disabling medical conditions (*Murray and Lopez, 1996*), with a progressively increasing need for effective intervention strategies.

Current approaches to OCD suggest that neurobiological abnormalities play a crucial role in its etiology and course and provide biological models based on direct and indirect investigations of the possible brain circuits involved in the

✎ Introduction ✎

expression of obsessive–compulsive symptoms. In particular, both direct observations, usually performed via neuro-imaging techniques (*Baxter et al., 1987; Kim et al., 2001; Perani et al., 1995; Swedo et al., 1989;*), and indirect observations from a variety of neuropsychological studies (*Greisberg and McKay, 2003*), provide growing evidence for involvement of a fronto-subcortical circuit, including orbito-frontal cortex (OFC), basal ganglia, and thalamus, in the expression of OCD.

From a neuropsychological aspect, the integrity of this orbitofrontal–striatal–thalamic–orbitofrontal loop is believed to be specifically related to the cognitive functions termed executive, which are the higher-level mental processes that modulate sensory, motor, cognitive, memory, and affective abilities (*Chamberlain et al., 2005*).

Through executive functions we plan future actions, monitor our behaviour, and alter it in response to specific feedback and changes in environmental contingencies. Thus, executive functions depend on the intact functioning of many of the more fundamental cognitive operations, such as memory and attention.