The Prevalence of Obsessive Compulsive Symptoms in a Sample of Egyptian Psychiatric Patients

Thesis
Submitted for partial fulffilment of the M.D. Degree in Psychiatry

By

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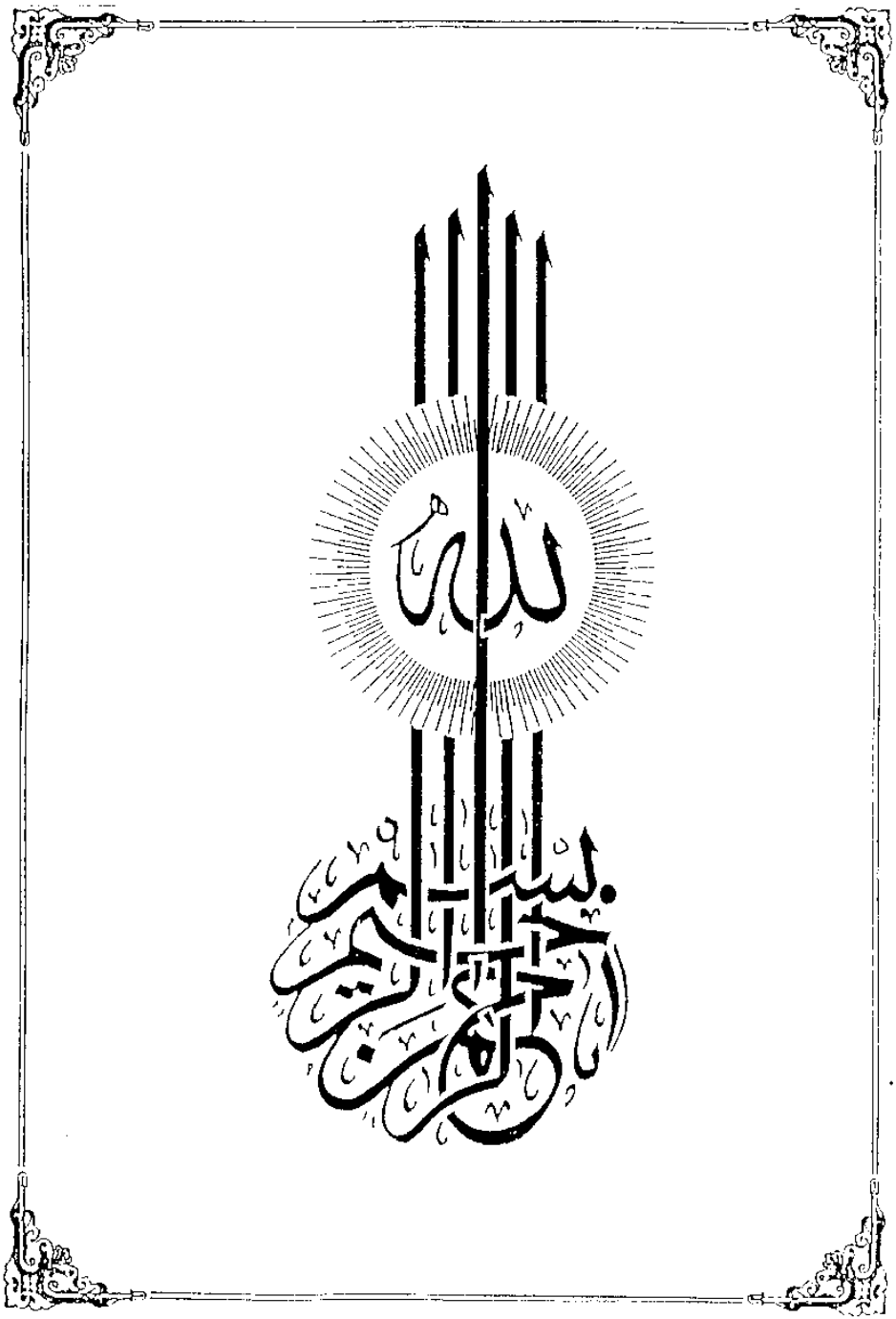


بسم الله الرحمن الرحيم

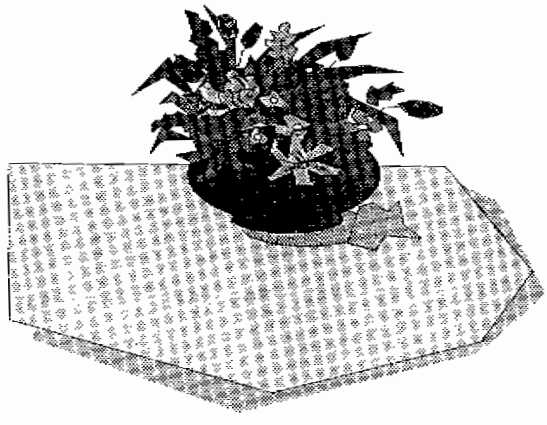
" قالوا سبحانك لاعلم لنا إلا ما علمتنا
إنك أنت العليم الحكيم "

صدق الله العظيم

سورة البقرة – آيه (٣٢)

To The Memory of My Grandmother
To My Family with Lots of Love and Gratitude
To Everyone Who I Love and Respect

Ghada



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Ghada EL Kholy

1997

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☞ LIST OF ABREVIATIONS ☜

5-HT	:	☞ Serotonin
ADAMHA	:	☞ Alcohol Drug Abuse and Mental Health Administration
AN	:	☞ Anorexia Nervosa
BDD	:	☞ Body Dysmorphophobic Disorder
BN	:	☞ Bulimia Nervosa
BZ	:	☞ Benzodiazepines
CDDG	:	☞ Clinical Descriptions and Diagnostic Guidelines
DA	:	☞ Dopamine
DCR	:	☞ Diagnostic Criteria for Research
DEP	:	☞ Depersonalization
DSM-III-R	:	☞ Diagnostic Statistical Manual for Mental Disorders, Version III-Revised
ECA	:	☞ Epidemiological Catchement Area
ECT	:	☞ Electro-Convulsive Therapy
EPI	:	☞ Eysenck Personality Inventory
GABA	:	☞ Gamma Amino Butyric Acid
MCMI	:	☞ Millon Clinical Multiaxial Inventory
MMPI	:	☞ Minnesota Multiphasic Personality Disorder
MOCI	:	☞ Maudsely Obsessive Compulsive Inventory
OCD	:	☞ Obsessive Cmpulsive Disorder
OCP	:	☞ Obsessive Compulsive Personality
OCPD	:	☞ Obsessive Compulsive Personality Disorder
OCPT	:	☞ Obsessive Compulsive Personality Traits
OCRDs	:	☞ Obsessive Compulsive Related Disorders
OCS	:	☞ Obsessive Compulsive Symptoms
OCT	:	☞ Obsessive Compulsive Traits
PANSS	:	☞ Positive and Negative Syndrome Scale
PD	:	☞ Personality Disorder
PDQ	:	☞ Personality Disorder Questionnaire

PSE	:	☞ Present State Examination
SCID-II	:	☞ Structured Clinical Interview for Diagnosis of Axis II disorders
SIDR-R	:	☞ Structured Clinical Interview for DSM-III-Revised
SIPD	:	☞ Structured Interview Personality Disorder
SSRIs	:	☞ Selective Serotonin Releasing Inhibitors
WCST	:	☞ Wisconsin Card Sorting Test
WHO	:	☞ World Health Organization
WPA	:	☞ World Psychiatric Association
YBOCS	:	☞ Yale Brown Obsessive Compulsive Scale

INTRODUCTION

ياست الدنيا يا بيروت ..
يا حيث الدوعر الأول .. والحب الأول ..
يا حيث كتبنا الشعر ..
وخبئناه بأكياس الخمل ..
نعترف الآن .. بأنا كنا يا بيروت ،
نحبك كالبدو الرحل
نعترف الآن .. بأنانا أسيين .
وكنا نجهل ما نفعل .....

• نزار قباني •

Obsessions are embedded in hard circuits in basal ganglia and frontal lobes. They are observed in both animals and human beings. They are part of the evolutionary process. This is consistent with many epidemiological studies assessing obsessions and compulsions in the non-clinical population. A total of 810 adults were examined by psychiatrists in the second stage of the Easten Baltimore Mental Health Survey, using the semistructured standard psychiatric examination . The estimated prevalence of OCS in this population was 1.5% (Nestadt et al,1994). Another recent epidemiological studies were conducted in the general population, showing high rate prevalence of OCD, estimated between 2-3% in the community (Hantouche and Bourgeois, 1995).

The relationship between OCD and different psychiatric disorders takes three models in the literature, the first one is comorbidity between OCD and the different psychiatric disorders, the second one, is Obsessive-Compulsive Related Disorders (OCRDs) , and the third one, is the prevalence of Obsessive-Compulsive Symptoms (OCS) in different psychiatric disorders.

Regarding the first one: the prevalence of comorbid illnesses with OCD is very high. For example, approximately 80% of OCD patients may present with depressed mood, and 30% meet criteria for major affective disorder on admission (Rasmussen and Tsuang 1986). Comorbidity rates of OCD resulting from the ECA study were first published by Karno *et al.,(*1988). On the basis of 468 cases of OCD, the authors found the following rates of overlap of the disorder; with phobia, 46.5%; with major depressive episodes, 31.7%; with panic disorder, 13.8%; with schizophrenia, 12.2%; with schizophreniform disorder, 1.3%; with alcohol abuse and dependence, 24.1%; with other drug dependence or abuse, 17.6%. They concluded that there was no specific diagnostic association for the disorder, the risk of comorbidity was not distinctive. In the majority of the associated cases , schizophrenia, panic disorder , or phobia emerged as the first and OCD as the second disorder (Karno and Golding , 1991); substance abuse tended to follow the onset of OCD , suggesting that "these disorders may develop from efforts at self medication of distressing OCS " (Karno *et*

al., 1988) . Crum and Anthony (1993) found , in a one year follow up of the ECA study , that subjects actively using cocaine and marijuana had an increased relative risk of 7.2 for OCD . In Egypt, Okasha et al., (1995) found OCD associated with OCPD in 6%, schizotypal personality disorders in 5% and psychosis of a non-schizophrenic nature in 8%. Also Okahsa and Raafat (1991) found OCD associated with topographic EEG abnormalities in 90% with evidence of hemispheric lateralization in 70% and generalized cerebral dysfunction in 13.3%.

In their study of children and adolescents , Flament *et al.*, (1988) found OCD associated with anxiety disorders in 35% of cases , with affective disorders 25% , with bulimia in 15% , and with obsessive compulsive personality disorder in 15% of cases . Fifteen out of 20 adolescent subjects (75%) had at least one other lifetime psychiatric diagnosis. In another study of adolescents , Hollander *et al.*, (1994) found an unexpected association between OCD and certain behavioural symptoms (lying , stealing, trouble at school, fights, ect). Moreover, adolescents with OCD displayed more antisocial symptoms and elevated rates of attempted suicide over a lifetime (15.0 vs 3.6%). In the longitudinal Zurich Study of young adults (Degonda *et al.*, 1993), a significant association between OCS and major depressive disorder was found in females but not in males (odds ratios 2.5 and 1.2, respectively), whereas in both sexes the association was clear between OCS and panic disorder, social phobia, and agoraphobia (odds ratio 2.3), dysthymia (2.8), and recurrent brief anxiety (1.9). Life time suicide attempts were found in 16.1% of subjects, with an odds ratios of 1.9 (Angst,1993).

Regarding the second one (OCRDs), this notion was emerged on the basis of shared features with OCD, such as clinical symptoms, associated features (age of onset, clinical course and comorbidity), presumed etiology, familial transmission, and response to selective pharmacological or behavioural treatments (Hollander, 1993). This overlap provides evidence to support a relationship between OCD and OCRDs, but doesn't establish a definitive relationship. Alternatively, the dimension of compulsivity and impulsivity may be viewed as a spectrum of disorders having in