

Prevalence of Obsessive Compulsive Symptoms among Patients with Schizophrenia

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Abstract

Background: Obsessions and compulsions are common phenomena in schizophrenia, the presence of OCD or significant OCS in patients with schizophrenia has been associated with more severe psychosis and depression, poorer social functioning, lesser likelihood of being employed, and poorer prognosis.

Aim of the study: The aim of the study is to determine the prevalence of obsessive compulsive symptoms in schizophrenic patient.

Material and Methods: 120 schizophrenic patients diagnosed according to DSM-IVTR criteria were included in this study. Yale –Brown obsessive compulsive scale was applied to detect the prevalence and the content of obsessive compulsive symptoms among these patients.

Results: The results of this study were 26.7% of schizophrenic patients had obsessive compulsive symptoms, according to type of schizophrenia, the obsessional symptoms were more frequent in paranoid schizophrenic disorders, 26 (21.6%) and 28(23.3%) in the age group between seventeen and thirty seven years.

Conclusion: findings of this study are 26.7% of schizophrenic patients had obsessive compulsive symptoms. Type of obsessions and compulsions experienced by the patients are similar to those found in classical obsessive compulsive disorder.

Keywords: Prevalence; Symptoms; Obsessive-compulsive; Schizophrenia

Introduction

Obsessive –compulsive disorder (OCD) is classified according to the Diagnostic and Statistical Manual of Mental Disorders fourth edition text revised (DSM-IVTR) as anxiety disorder.¹ It is characterized by obsessions that provoke anxiety, and compulsions that reduce it.² It has been shown that most

people with OCD experience both obsessions and compulsions and that in up to 90% of the cases, the compulsions are seen as functionally related to obsessions.³ Obsessive – compulsive disorder (OCD) is the fourth most common psychiatric diagnosis with a life time prevalence of 2 to 3 percentage.⁴ Obsessions and compulsions are common phenomena

in schizophrenia, and subcortical frontal pathway damage has been reported both in schizophrenia and OCD.⁵ In multiple studies, the prevalence of obsessive compulsive symptoms (OCS) and OCD in patients with schizophrenia have been reported from 7.8 to 64 percent and from 2 to 36 percent respectively.⁶⁻⁸ In contrast, prevalence rates of 1-2% for OCD in the general population are considerably lower⁹, and patients suffering from primary OCD carry a relatively low risk (1.7%) to develop comorbid psychotic symptoms.¹⁰ Both disorders have early age onsets. Both disorders have a chronic course and affect males and females similarly. Both disorders are characterized by disturbing thought and bizarre behavior.¹¹ Initially, obsessive-compulsive symptoms were thought to occur in a minority of schizophrenic patients (1%-3.5%) and were considered to be a protective factor.¹² A seminal work by Fenton and McGlashan challenged this "positive" view by showing a considerable rate of obsessive-compulsive symptoms in schizophrenic patients (12.9%), with a poorer outcome for schizo-obsessive patients.¹³ The presence of OCD or significant OCS in patients with schizophrenia has been associated with more severe psychosis and depression, poorer social functioning, lesser likelihood of being employed, and poorer prognosis.¹⁴ Many patients with schizophrenia can distinguish the egodystonic OC symptoms, perceived as coming from within, from the egosyntonic delusions perceived as intruding from outside.¹⁴ Due to the different (poorer) prognosis of patients with schizo-obsessive symptoms, as

well as preliminary data regarding their response to specific therapeutic intervention (i.e., the combination of antipsychotic and antiobsessive medications), and taking into account the high prevalence of this presentation, several researchers have suggested that a "schizo-obsessive" category may be considered.¹⁴

The onset of OCS has been described at different stages during the course of the psychotic disorder¹⁵:

- (1) Before psychosis as an independent, coexisting syndrome and diagnosed as OCD;
- (2) Prior to psychotic manifestation as part of the at-risk mental state (ARMS);
- (3) In parallel to the first manifestation of psychosis;
- (4) After the first psychotic episode during the course of chronic schizophrenia;
- (5) As de novo OCS after initiation of antipsychotic treatment.

Compared with schizophrenic patients, schizo-obsessive patients have distinct clinical features, schizo-obsessive patients exhibit an earlier age at onset, more depressive symptoms and suicide attempts, increased rates of hospitalization, decreased likelihood of being employed or married, lower quality of life, greater disability^{16,17}, and associated with higher global, positive and negative schizophrenia symptoms severity.¹⁸ Schizo-obsessive patients show a different

pattern of comorbidity, with a preferential aggregation of OCD-spectrum disorders, namely body dysmorphic disorder, eating disorders and tic disorders, but not of major depressive, substance abuse or anxiety disorders.¹⁹ Important differences are also found in first degree relatives of patients with schizo-obsessive disorder. They had a significantly higher morbid risk for schizo-obsessive disorder, obsessive – compulsive personality disorder and, at a trend level, for an increased rate of obsessive-compulsive disorder.²⁰ The aim of this study is to determine the prevalence of obsessive compulsive symptoms in schizophrenic patient

Material and Methods

A descriptive case study consists of 120 with the diagnosis of schizophrenia based on Diagnostic and Statistical Manual of Mental Disorder Fourth Edition Text Revision (DSM-IV-TR) 1 criteria were studied. The sample consisted of 80 male patients and 40 female patients, aged between 17-58 years, who were attending either a private clinic or a psychiatric unit at Azadi Teaching Hospital, between January 2014 and January 2015 were participate in this study. Cases with substances dependency, personality disorders, and organic disorders or other psychiatric disorders, were excluded. The duration of illness was at least two years and should have an attitude of collaboration in regards to the interview. In each patient, age, sex, level of education, marital status, and family history of psychiatric

disorders, was recorded. The patients were interviewed in detail. Patients who endorsed having persistent unwanted ideas not related to their delusions were considered to have obsessions. Obsessive compulsive symptoms were evaluated by Yale-Brown Obsessive Compulsive Scale for identification of the content of obsessive compulsive symptoms.²¹ The scale is a clinician – rated 10-item scale. Each item is rated 0 (not significant) to 4 (extreme symptoms). Verbal consent was obtained from all subjects (patients and their guardians) after full explanation of the study procedure. Descriptive statistical analysis was done by, mean \pm standard deviation (SD), frequency and percentage.

Results

The sample under study consisted of 120 patients with mean age 30.7 years (standard deviation; SD=2.04), of which 80 (66.7% were male patients and 40(33.3%) were female patients. The sociodemographic characteristics of the patients were shown in table (1). The majority of the patients were single 70(58.3%), 80 (66.7%) between the age groups, 17-37, 66 (55%) with educational level of intermediate and secondary schools, and 90 (75%) of the patients being unemployed.

Table (2) showed the frequency obsessive –compulsive symptoms in relation to age. The more frequent symptoms (23.3%) were in age group between seventeen and thirty seven years while 3.3% were in age group between thirty eight and fifty eight. As total, 32 (26.6%) of schizophrenic

patients were with obsessive – compulsive symptoms.

Table (3) showed the frequency of obsessional symptoms according to the types of schizophrenic disorders. More frequent of obsessive-compulsive symptoms were among paranoid (21.3%) while 5% were among other types of schizophrenia.

Table (4) showed the type and frequency obsessional symptoms. The most frequent were contamination (31.25%), aggression (31.25%), and sexual (25%).

Table (5) showed the type and frequency of compulsive symptoms. Need to ask or confess (37.5%), washing / cleaning (31.25%), and repeating rituals (18.75%) symptoms were the more frequent.

Discussions

Higher percentage of young and male patients with schizophrenia is consistent to other study (Hemrom et al.).²² Most of the cases were unemployed and unmarried; these are similar with study of Berman et al.²³ The deterioration of patients' behavior prevent them from marriage or leading to broken of the already married ones, also these deterioration prevent them from getting a job or leading them to leave their job.

Thirty two (26.7%) schizophrenic patients have obsessive compulsive symptoms as scored on Y-BOCS. These findings are similar with the results of (Jaydeokar S, et al.,)²⁴ and (Berman et al.).²⁵

The prevalence of obsessive compulsive symptoms is more in age group 17-36 years. This finding is in the line with that of (Berman et al)²³ and (Jaydeokar S, et al)²⁴. Fenton and McGlashan¹³ in a long term retrospective review of schizophrenic patients with obsessive –compulsive symptoms found that these patients suffer from a worse outcome when compared to a match sample of schizophrenics without obsessive-compulsive symptoms. High prevalence of obsessive-compulsive symptoms in young schizophrenia probably explains this.

Our finding of high percent of obsessive –compulsive symptoms in paranoid schizophrenia. Regression to anal stage can be considered a psychodynamic etiopathogenic factor behind schizophrenia (McGlashman,).²⁶ Obsessive compulsive disorder is also proposed to be associated with anal fixation (Jenike).²⁷ This probably explains a high incidence of obsessive – compulsive symptoms in paranoid schizophrenics in our study.

Obsessional symptoms such as contamination, aggressive , sexual, pathological doubt, and need of symmetry / exactness and compulsive symptoms such as need to ask or confess, washing /cleaning, repeating rituals, checking, hoarding/ saving and symmetry were similar to other previous studies. Previous studies have also mentioned that types of obsessions and compulsions experienced by patients with schizophrenia are similar to those

found in classical obsessive compulsive disorder (Tibbo et al., 28 and Turkcan et al. 29)

Conclusion

findings of this study are 26.6% of schizophrenic patients had obsessive compulsive symptoms. The obsessive symptoms take the form of contamination; aggressive; sexual; pathological doubt; and need of symmetry themes, with or without accompanying compulsions such as need to ask or confess; cleaning/washing; repeating rituals of prayer and asking God forgiveness and pray for the removal of sins; checking; hoarding/ saving and symmetry.

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Table (1): Sociodemographic of patients

Variables	No.	%
Sex		
Male	80	66.7
Female	40	33.3
Marital state		
Single	70	58.3
Married	30	25
Divorced	20	16.7
Age (years)		
17-37	80	66.7
38-58	40	33.3
Education level		
Illiterate and primary schools	40	33.3
Intermediate and secondary schools	66	55
Institutions and University	14	11.7
Employment		
Employed	30	25
Unemployed	90	75

Table (2): Frequency of obsessive –compulsive symptoms in relation to age

Age group	Total number 60 (%)	Fr. of patients with obsessive-compulsive symptoms	%
17-37	80 (66.7%)	28	23.3
38-58	40 (33.3%)	4	3.3
17-58	120 (100%)	32	26.6%

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Table (3): Frequency of obsessional symptoms according to types of schizophrenia

Type of schizophrenic disorders	Frequency	Fr. (%) of schizophrenia with obsessional symptoms
Paranoid schizophrenia	80	26 (21.6)
Other types of schizophrenia	40	6 (5)
Total	120	32 (26.6)

Table (4): Type and frequency of obsessional symptoms (16)

Type	Frequency(16)	Percentage
Contamination	10	31.25
Aggression	10	31.25
Sexual	8	25
Pathological doubt	6	18.75
Need of symmetry/ exactness	4	12.5

Table (5): Type and frequency of compulsive symptoms

Type	Frequency	Percentage
Need to ask or confess	12	37.5
Washing / cleaning	10	31.25
Repeating rituals	6	18.75
Checking	4	12.5
Hoarding/ saving	2	6.25
Symmetry	2	6.25