

Age at onset and symptom dimensions in adult obsessive-compulsive patients

Clara López-Solà¹, Miquel A. Fullana^{1,3,4}, Pino Alonso^{2,5,6}, Cinto Segalàs², Eva Real², José M. Menchón^{2,5,6}

1. INAD-Hospital del Mar. Anxiety Unit, Barcelona, Spain. 2. OCD Clinical and Research Unit. Department of Psychiatry. Hospital de Bellvitge. Fundació Idibell, Barcelona, Spain. 3. Universitat Autònoma de Barcelona, Barcelona, Spain. 4. King's College Institute of Psychiatry, London, United Kingdom. 5. CIBER en Salud Mental (CIBERSAM). 6. Faculty of Medicine. University of Barcelona.

Introduction

Obsessive-compulsive disorder (OCD) is a heterogeneous condition. Recent studies have identified five symptom dimensions in OCD: symmetry/ordering, hoarding, contamination/cleaning, aggressive/checking and sexual/religious (1).

Two typical ages of onset have been described for OCD: childhood onset (before 10 years) (2) and early adulthood onset (around 17) (3).

Previous data in clinical adult samples suggest that OC (obsessive-compulsive) symptom dimensions are stable. (4,5). However, no studies to date have investigated whether OC symptom dimensions starting in childhood predict OC symptom dimensions during adulthood.

Pediatric OCD seems to be a more "maturational" subtype, which appear to be different from OCD in adults. In pediatric samples, symmetry/ordering and hoarding have been reported to be associated with an earlier age of onset. Scarce data of the pattern of onset of OCD are available for adult patients (6).

Goals

To analyze in a sample of adults with OCD:

- 1) The age of onset of each of the most common OC symptom dimensions.
- 2) Whether the presence of each OC symptom dimension during childhood increases the risk of presenting the same or other dimensions during adulthood.

Method

Participants

225 patients (130 male and 95 female) with a primary diagnosis of OCD recruited from the OCD-Unit at Bellvitge Hospital (Barcelona, Spain). Mean age=34.5 (range: 17-66).

Assessment

Dimensional Yale-Brown Obsessive Compulsive Scale (DY-BOCS). Semi-structured instrument, which includes:

- 88-item *self-report checklist* of obsessions and compulsions divided into six dimensions: contamination/cleaning; hoarding; symmetry/ordering; aggressive; sexual/religious and miscellaneous.
- *Clinician-administered scales* to assess the presence and severity of each symptom dimensions (current and life-time). Each scale consists of 3 items (frequency, distress, and interference) measured on a 0 to 5 scale yielding a total score ranging from 0 to 15 (0=no symptoms, 15=extremely severe symptoms).

Variables' definition

Early onset=participants with interfering symptoms before the age of 10.

Adult onset=participants with interfering symptoms after the age of 18.

Statistical analyses

- One-Way ANOVA (Dependent variable: age of onset. Independent variable: OC dimensions) to compare the mean age of onset across OC symptom dimensions. Significance level: $p < 0.05$.
- Odds ratio with 95% confidence intervals (95% CI) to assess the association between OC symptoms dimensions in childhood and OC symptom dimensions in adulthood.

Results

Table 1. Mean age of onset for each obsessive-compulsive symptom dimension in OCD patients.

	Symmetry/Ordering M (SD) (n=90)	Hoarding M (SD) (n=62)	Harm/ Checking M (SD) (n=169)	Contamination/ Cleaning M (SD) (n=115)	Sexual/Religious M (SD) (n=67)
Age of onset	17.5 (8.2)	17.7 (8)	19.6 (8.7)	19.1 (8.5)	19.1 (9.3)

No significant differences among dimensions ($F=1.32$; $p=0.263$).

Table 2. Association between child and adult OC symptom dimensions in OCD patients (n=225).

Childhood (Age: before 10)	Adulthood				
	Symmetry/Ordering (n=69)	Hoarding (n=40)	Harm/ Checking (n=134)	Contamination/ Cleaning (n=100)	Sexual/Religious (n=53)
Symmetry/ Ordering (n=20)	8.39 (2.91-24.18)	2.15 (0.77-6.01)	1.29 (0.49-3.37)	1.02 (0.41-2.58)	1.09 (0.38-3.15)
Hoarding (n=11)	1.95 (0.57-6.63)	9.6 (2.66-34.6)	1.86 (0.48-7.22)	1.04 (0.31-3.52)	1.92 (0.54-6.85)
Harm/ Checking (n=25)	0.87 (0.34-2.18)	0.87 (0.28-2.68)	2.34 (0.9-6.11)	0.98 (0.42-2.26)	1.03 (0.39-2.72)
Contamination/ Cleaning (n=20)	2.47 (0.98-6.24)	2.15 (0.77-6.01)	1.65 (0.6-4.47)	5.76 (1.86-17.84)	1.86 (0.70-4.94)
Sexual / Religious (n=10)	0.97 (0.24-3.86)	2.06 (0.51-8.34)	2.82 (0.59-13.6)	5.35 (1.11-25.78)	8.57 (2.13-34.5)

Significant results in bold.

Conclusions

- There were no significant differences in age of onset across OC symptom dimensions. However, symmetry/ordering and hoarding dimensions were reported by the patients as beginning at earlier ages than the other symptom dimensions.
- Individuals reporting symptoms in one OC symptom dimension in childhood are more likely to endorse symptoms in the same dimension in adulthood, suggesting that OC symptom dimensions are stable (7).
- Individuals reporting Sexual/religious symptoms in childhood have also an increased risk of presenting Contamination/cleaning symptoms in adulthood.

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