

SCHIZO- OBSESSIVE SPECTRUM DISORDERS:

A review

Anna Massó Rodríguez, Elena Ribera Bassols, Carlos Cedrón Castro, Ana María Rodríguez Romero

Institut de Neuropsiquiatria i Adiccions, Parc de Salut Mar, Barcelona

Introduction

In clinical practice it is frequent the presence of obsessive-compulsive symptoms (OCS) and obsessive-obsessive disorders (OCD) in schizophrenia. Its relationship can be considered: **1.** Patients after being initially diagnosed with OCD evolve into schizophrenia; **2.** Patients with schizophrenia present obsessive symptoms; **3.** During the course of OCD, transient psychotic episodes appear; **4.** Patients with OCD have little insight.

Objective

Review the comorbidity of obsessive and psychotic symptoms, its implication in illness course and treatment outcomes.

Method

A literature research was performed in Pubmed, MEDLINE and PsycINFO using the search terms "schizophrenia", "psychotic disorders", "schizotypal personality disorder", "schizotypy", "obsessive compulsive symptoms", "OCD", "obsessiv*" OR "compulsiv*", selecting 6 articles published between 2016 and 2018.

Results

The co-occurrence of psychotic and OCS had already been described in the 19th century. A recent metanalysis reported the pooled prevalence rates for OCD was 12% and for OCS of 30%⁽¹⁾, higher than OCD in general population (2%-3%)⁽²⁾ and for schizophrenia in primary OCD (1.7%)⁽³⁾. It has been proposed the clinical entity "schizo-obsessive disorder", with diagnostic criteria as meaningful OCS in addition to positive, negative and cognitive schizophrenia symptoms. This comorbidity is associated with an earlier onset of psychosis, more depressive symptoms and suicide attempts, increased rates of hospitalization, greater dysfunction, social behavior impairment, smaller social networks, poorer quality of life, more social hostility and anxiety⁽⁴⁾. Conflictivity results concerning the clinical profile of positive and negative symptoms as well as cognitive functioning^(5,6). Functional neuroimaging studies showed evidence of a more impaired frontal lobe function in schizo-obsessive patients.

Conclusions

There is sufficient evidence of the schizo-obsessive disorder relevance. Several studies focused to epidemiological and clinical features but little is known about the neurobiology and neurocognitive aspects. About treatment, stabilize first psychotic symptoms and subsequently OCS with pharmacotherapy. Parallel, cognitive- behavioral therapy incorporating exposure and ritual prevention suggest potential benefits⁽⁷⁾.

References

- ¹ Swets M, Dekker J, van Emmerik-van Oortmerssen K, Smid GE, Smit F, de Haan L, Schoevers RA. The obsessive compulsive spectrum in schizophrenia, a meta-analysis and meta-regression exploring prevalence rates. Schizophr Res 2014; 152: 458-468
- ² Fineberg NA, Hengartner MP, Bergbaum CE, Gale TM, Gamma A, Ajdacic-Gross V, Rössler W, Angst J. A prospective population based cohort study of the prevalence, incidence and impact of obsessive-compulsive symptomatology. Int J Psychiatry Clin Pract 2013; 17: 170-178
- ³ de Haan L, Dudek-Hodge C, Verhoeven Y, Denys D. Prevalence of psychotic disorders in patients with obsessive-compulsive disorder. CNS Spectr 2009; 14: 415-417
- ⁴ Scotti-Muzzi E1, Saide OL. (2017) Schizo-obsessive spectrum disorders: an update. CNS Spectr. 22(3):258-272
- ⁵ Soyata AZ, Akisik S, inhanli D, Noyan H, Üçok A (2018). Relationship of obsessive-compulsive symptoms to clinical variables and cognitive functions in individuals at ultra high risk for psychosis. Psychiatry Res. 261:332-337.
- ⁶ Kontis D, Theochari E, Nikolakopoulou M, Andreopoulou A, Vassos D, Grigoriou V, Vassilouli S, Giannakopoulou D, Kouloumbi M, Tsaltas E. (2016). Obsessive compulsive symptoms are associated with better functioning independently of cognition in schizophrenia. Compr Psychiatry.70:32-40.
- ⁷ Tundo A, Necci R. Cognitive- behavioural therapy for obsessive-compulsive disorder co-occurring with psychosis: Systematic review of evidence. World J Psychiatry.22;6(4):449-455.