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# Worries and obsessions in individuals with obsessive–compulsive disorder with and without comorbid generalized anxiety disorder

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## Abstract

Participants from the DSM-IV field trial for OCD ( $N = 381$ ) were divided into two groups based on the SCID interview: those who met current criteria for obsessive–compulsive disorder (OCD) but not generalized anxiety disorder (GAD) and those who met current diagnostic criteria for both. The groups were compared on their severity of obsessive and compulsive symptoms, as well as on the percent of individuals who reported excessive worry concerning everyday issues (e.g. health, finances). The comorbidity rate was 20%. While the presence of GAD did not elevate OCD symptoms per se, it was associated with more pathological responsibility and indecisiveness. Excessive worries were significantly more common in those with comorbid OCD and GAD. The relationship between obsessions and worries is discussed. © 1998 Elsevier Science Ltd. All rights reserved.

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## 1. Introduction

The comorbidity of obsessive–compulsive disorder (OCD) with other anxiety disorders has been the topic of several investigations (e.g. Brown et al., 1993; Crino and Andrews, 1996). All studies reveal high comorbidity of OCD with other axis I and II disorders, especially with major depressive disorder and the various anxiety disorders. The comorbidity of OCD with generalized anxiety disorder (GAD) is of particular interest due to the seeming similarity between obsessions in OCD and worries in GAD, which both occupy central positions in the definitions of these disorders. While clinical observations support a distinction between the two

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phenomena, the terms ‘obsession’ and ‘worry’ are often used interchangeably because both refer to repetitive unwelcome thoughts.

The DSM-IV work group on OCD (Foa et al., 1996) noted the potential diagnostic ambiguities that can arise from the resemblance between obsessions in OCD and worries in GAD. They invited Turner et al. (1992) to write a position paper that reviewed the relevant literature and summarized similarities and differences between these two phenomena. Turner et al. (1992) concluded that while both obsessions and worries are associated with negative affect, three important differences do exist. First, worry relates to exaggerated concern over everyday problems whereas the content of obsessions is not about everyday concerns. Second, obsessions are often experienced as more intrusive than worries. Third, obsessions often lead to behavioral or mental compulsions that aim at neutralizing or reducing the distress that they evoke, whereas worries do not give rise to such compulsions. Accordingly, in DSM-IV (APA, 1994, p. 422), the criteria for obsessions were amended to indicate that “the thoughts, impulses, or images [obsessions] are not simply excessive worries about real-life problems”.

The relationship between obsessions and worries in patients with comorbid OCD and GAD has not been examined. The conclusion of Turner et al. (1992) that worry does not produce ritualizing leads to the prediction that such comorbidity would not result in increased severity of obsessions or compulsions. The proposition that worry pertains to everyday life themes whereas obsessions do not, would lead to the prediction that higher rates of concern with everyday matters would be observed in OCD patients with comorbid GAD more than in those with OCD without GAD. The present paper addresses these issues by examining the types of concern exhibited in OCD individuals with and without GAD in the sample of participants in the DSM-IV Field Trial for OCD (Foa and Kozak, 1995).

## 2. Method

### 2.1. Participants

Participants were 381 individuals who were recruited for the DSM-IV OCD field trial at seven sites specializing in the treatment and study of OCD (Foa and Kozak, 1995). The sample included all English speaking individuals who had either (1) contacted the participating clinics for evaluation or treatment of OCD or (2) were currently involved in treatment for OCD and were still symptomatic.

### 2.2. Measures

Interviewers were trained on the assessment instruments by the principal investigator at each site. Each participant received a standardized assessment involving the following measures:

*Structured clinical interview for DSM-III-R* (SCID; Spitzer et al., 1987): This is a standardized interview that was used to determine whether participants met DSM-III-R diagnostic criteria for OCD and GAD.

*Yale-Brown obsessive-compulsive scale* (YBOCS; Goodman et al., 1989a,b): This is an assessor-rated measure of the severity of OCD. It includes 10 items, five for obsessions and five

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