



PERGAMON

Behaviour Research and Therapy 37 (1999) 919–925

**BEHAVIOUR
RESEARCH AND
THERAPY**

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Obsessions and compulsions: normative data on the Padua Inventory from an Italian non-clinical adolescent sample

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Accepted 26 October 1998

Abstract

In the present study the structure of obsessive–compulsive phenomena in non-clinical adolescents was investigated by ‘The Padua Inventory’ (PI). The PI is a self-report measure of obsessive and compulsive symptoms which is used in clinical and research settings. The use of PI in adolescents has been limited by the lack of normative data. Consequently, adolescent validation has both theoretical and practical implications.

PI was administered to 566 normal Italian high school subjects, ranging in age from 15 to 18 years.

The mean total score of PI and the mean score of ‘mental activities’, ‘becoming contaminated’ and ‘urges and worries’ sub-scales points to significant differences between males and females. Females reported more obsessions and cleaning rituals than males. Males show more urges and fears than females. Moreover, our data underline that younger subjects get higher mean scores than older subjects in all scales. © 1999 Elsevier Science Ltd. All rights reserved.

Keywords: Obsessive–compulsive disorder; Adolescent; Padua Inventory; Italian

1. Introduction

Recent research has shown that the obsessive–compulsive disorder (OCD) is not so infrequent as was believed up to only 15 years ago. The numerous epidemiological studies carried out on adolescent subjects have produced a wide range of different prevalence values: Flament et al. (1988) found an OCD point prevalence of 1.0% ($\pm 0.5\%$ S.D.) and a lifetime

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prevalence of 1.9% ($\pm 0.7\%$ S.D.); Zohar et al. (1992) found a much higher point preference than Flament, namely 3.56% ($\pm 0.72\%$ S.D.); Valleni-Basile et al. (1994) found a prevalence of 2.95%, higher for males (3.26%) than for females (2.64%).

The results of the various studies are not always in agreement with regard to the expression of OCD symptoms in children and adolescents. Some authors consider that in most cases both obsessions and compulsions are present in both sexes (Flament et al., 1988; Swedo, Rapaport, Leonard, Lenane & Cheslow, 1989; Riddle et al., 1990), while Zohar et al. (1992) found that 50% of adolescents with OCD display only obsessions. On the other hand, Valleni-Basile et al. (1994), who studied young adolescents, found that compulsive symptoms prevailed in females and obsessive symptoms in males.

Analysis of the literature (Hollingsworth, Tanquay, Grossman & Pabst, 1980; Flament et al., 1988; Swedo et al., 1989; Rapaport, 1989; Burke, Burke, Regier & Rae, 1990; Riddle et al., 1990; Zohar et al., 1992; Valleni-Basile et al., 1994; Ravizza, Bogetto & Maina, 1997) reveals a high scatter of experimental data, particularly as far as onset, manifestation and trend of obsessive–compulsive symptoms are concerned, as well as both a quantitative and qualitative difference between the sexes. Furthermore, while considerable attention seems to be focused on the clinical manifestations of OCD, there is little apparent interest in the description and observation of obsessive and compulsive symptoms, above all in adolescent populations, although the epidemiological studies converge towards a prevalent onset of OCD in adolescence.

Current models of OCD (Rachman & de Silva, 1978; Rachman & Hodgson, 1980; Salkovskis, 1989) propose the existence of a continuum between normal intrusive thoughts and clinical obsessions which would enable the study of obsessive phenomena in non-clinical populations. Salkovskis's model begins with the assertion that clinical obsessions represent the extreme end of a continuum of normal, unpleasant, unwanted, intrusive cognition.

The first aim of the present study is to highlight trends of obsessive and compulsive traits in non-clinical Italian adolescents, with special reference to their phenomenological expression both between the sexes and with variations in age.

A number of self reported measures of obsessive–compulsive symptoms have been developed, including the Maudsley Obsessive–Compulsive Inventory (MOCI, Hodgson & Rachman, 1977), the Leyton Obsessional Inventory (LOI, Cooper, 1970) and the Compulsive Activity Checklist (CAC, Philpott, 1975). The limitation of these measures consists in the difficulty in generalizing the results as each of them measures mainly only a small number of OCD sub-types. Sanavio (1988) has developed the Padua Inventory (PI), which has the advantage of allowing the most important types of obsessive–compulsive disorders to be measured. The PI is a 60-item self-report inventory, which measures intrusive thoughts, doubts, checking and cleaning behaviours, urges, repetitive thinking about low-probability dangers and recurrent repugnant images. Sanavio (1988) reported a factor analysis of data 967 non-clinical adults. Factor analysis identified 4 factors which were used to derive 4 sub-scales: (1) impaired control over mental activities; (2) becoming contaminated; (3) checking behaviours and (4) urges and worries.

In recent years a number of studies have been carried out to analyse and verify the dimensional structure and the convergent and divergent validity of the PI (van Oppen, 1992; Kyrios, Bhar & Wade, 1996). Some research (Sternberger & Burns, 1990; van Oppen, 1992;

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