

Repetitive behaviors in Tourette's syndrome and OCD with and without tics: what are the differences?

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Abstract

Gilles de la Tourette Syndrome (GTS) and obsessive–compulsive disorder (OCD) share obsessive–compulsive phenomena. The aims of this study were to compare the OC symptom distribution between GTS and OCD and to investigate whether a subdivision of these phenomena into obsessions, compulsions and ‘impulsions’ is useful in distinguishing GTS and OCD patients. Thirty-two GTS, 31 OCD (10 with tics, 21 without tics) and 29 control subjects were studied using the Leiden repetitive behaviors semi-structured interview to assess GTS as well as OCD-related behaviors. Each reported repetitive thought or action was evaluated on the presence of anxiety and on goal-directedness. This information was used to define whether the behavior was an obsession, compulsion, or ‘impulsion’. Both the GTS and OCD study groups showed higher scores than control subjects on rating scales measuring depression, OC behavior and anxiety. In GTS, Y–BOCS severity scores and trait anxiety were lower than in the OCD groups. Furthermore, GTS patients differed from OCD patients in the distribution of symptoms. Aggressive repetitive thoughts, contamination worries and washing behaviors were reported more frequently by tic-free OCD, while mental play, echophenomena, touching and (self)-injurious behaviors were reported more frequently by GTS. OCD individuals with tics were intermediate, but closer to tic-free OCD. GTS individuals reported significantly more ‘impulsions’ and fewer obsessions and compulsions than OCD individuals with and without tics. Factor analysis

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revealed three factors accounting for 44% of the variance, resulting in an 'impulsive' factor related to GTS, a 'compulsive' factor related to OCD and an 'obsessive' factor related to tic-free OCD. In conclusion, OCD individuals reported more anxiety and goal-directedness associated with their behaviors than did GTS subjects. The distinction between obsessions, compulsions and impulsions is of importance in identifying Tourette-related vs. non-Tourette-related repetitions. © 2001 Elsevier Science Ireland Ltd. All rights reserved.

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1. Introduction

Gilles de la Tourette syndrome (GTS) is characterized by motor and vocal tics. In addition, obsessions, compulsions and 'Tourette-related' repetitions co-occur. The essential features of obsessive-compulsive disorder (OCD) are recurrent and persistent ideas, thoughts or impulses that are experienced as being intrusive and cause marked distress or anxiety (obsessions), and/or repetitive behaviors aimed at the reduction of distress or anxiety (compulsions). Phenomenological and family-genetic studies support an interrelationship between GTS and OCD. Obsessive-compulsive symptoms are found in 28–63% of patients with GTS (Grad et al., 1987; Robertson et al., 1988; Pitman et al., 1987; Apter et al., 1993), and an increased prevalence of OCD is reported in first-degree relatives of GTS probands, independently of concurrent OCD in these probands (Pauls et al., 1986, 1991). Family studies of OCD probands revealed tics in at least 17% of adult patients and increased rates of tics in their first-degree relatives (Holzer et al., 1994; Pauls et al., 1995). However, OCD seems to be etiologically heterogeneous, with only a tic-related form of OCD being associated with GTS (Pauls et al., 1995). Neurochemical data on the relationship between GTS and OCD are contradictory, but GTS and tic-related OCD seem to exhibit a different reaction to serotonin reuptake inhibitors from tic-free OCD (McDougle et al., 1994). The exact delineation of GTS and OCD subgroups is important because the different subtypes might be related to different treatment responses and genetic transmission.

One way to delineate GTS from OCD subgroups is to compare their obsessive-compulsive symptomatology. Mental play, echophenomena,

touching, symmetry behaviors and self-injurious behaviors are found more frequently in GTS and tic-related OCD (Cath et al., 1992a,b; George et al., 1993; Holzer et al., 1994). OCD patients with tics, when compared with OCD without tics, reveal more violent images and impulses, a fear of saying 'inappropriate' things, a need to know/remember, checking, counting, ordering, hoarding, touching, tapping, trichotillomania, and rubbing behaviors. In contrast, OCD patients without tics report more contamination worries and washing behaviors (Leckman et al., 1994a; Holzer et al., 1994; Eapen et al., 1997). Miguel et al. found that OCD patients reported more cognitions and autonomic anxiety, and fewer sensory phenomena were associated with the repetitive behaviors than GTS patients, while tic-related OCD patients scored intermediately between GTS and OCD (Miguel et al., 1995, 1997). The authors suggest that sensory phenomena preceding repetitive behaviors in tic-related OCD are important in distinguishing them from tic-free OCD, while accompanying anxiety and cognitions distinguish tic-free from tic-related OCD.

Underlying behavioral patterns have been studied with the aid of factor analysis. Although OC symptom patterns can change within the patient during the course of the illness (Rettew et al., 1992), specific symptom clusters are possibly related to tic-related vs. tic-free OCD. Baer (1994) performed factor analysis on 107 OCD subjects using the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) symptom checklist, and found that three factors best explained the checklist categories. Leckman et al. (1997) replicated and extended these findings and found four factors. While Baer's results suggest one factor containing symmetry and hoarding behaviors, the findings

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