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## IDENTIFICATION OF CUES ASSOCIATED WITH COMPULSIVE, BULIMIC, AND HAIR-PULLING SYMPTOMS

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**Summary** — Subjects with obsessive compulsive disorder, bulimia nervosa, or trichotillomania selected cues which elicited or worsened their symptoms from a 339 item list. Principal components analysis suggested a four-component solution. Each disorder was significantly associated with one of these components. Diagnostic assignment based on component scores yielded 85% correct classification. The diagnostic groups did not differ on a negative feeling state component. The results indicate that both disorder-specific and generic components exist. This approach has potential for defining clinical subtypes, studying the interaction of feeling states and environmental cues in evoking symptoms, and designing treatment strategies.

There is increasing interest in psychopathological states that involve urges to perform repetitive and purposeful behaviors. This phenomenon cuts across a number of diagnostic categories (Jenike, 1989). It can involve, among other things, an urge to clean in response to anxiety about contamination in obsessive compulsive disorder (OCD), an impulse to binge-eat in bulimia nervosa (BN), or an urge to remove hair by pulling in trichotillomania (TM). Despite their commonalities, these disorders have been assigned to different diagnostic categories: anxiety, eating, and impulse control disorders, respectively.

The symptoms typical of these disorders clearly wax and wane, yet empirical study of this variation has been a neglected area. The sources of variance in symptom frequency are of great potential interest in defining the interactions

between the environment and the individual that favor the emergence of symptoms, the delineation of clinical subtypes, and the designing of behavioral treatments.

In the present study, patients with OCD, BN, and TM endorsed from a list cues which would, in their judgment, elicit or worsen their symptoms. In accordance with Barlow's construct, cues were generated by both external objects and internal states (Barlow, 1988). As a result the listed cues associated with a wide range of phenomena, including feeling states, activities, locations, surrounding objects and circumstances. Their essential feature was that the subject recognized them as preceding the elicitation of symptoms.

We have previously demonstrated that coherent patterns emerge when studying cues in specific disorders. In separate analyses of obsessive

compulsive disorder (Ristvedt, Mackenzie, & Christenson, 1993) and trichotillomania (Christenson, Ristvedt, & Mackenzie, 1993), a "negative affect" component was identified. The current study describes a principal components analysis of OCD, BN, and TM, and was undertaken to determine if identified components are disorder specific or cut across diagnostic boundaries.

## Method

### *Subjects*

The study population numbered 196. Their mean age was 31.3 (range 17–68). Eighty-seven percent were female ( $N = 171$ ). The primary diagnosis in all cases was OCD, BN, or TM. None of the patients was psychotic, cognitively impaired, or drug dependent. Concurrent depression, anxiety disorders, or past drug abuse did not lead to exclusion. All subjects with OCD or BN met DSM-III-R (American Psychiatric Association, 1987) criteria for the disorder and had active symptoms at the time of the study. Twenty percent of subjects (15/75) with TM did not meet DSM-III-R criteria due to absence of either tension prior to pulling or tension reduction/gratification following. Since such individuals do not differ on other significant clinical variables from trichotillomaniac subjects fulfilling criteria (Christenson, Mackenzie, & Mitchell, 1991), they were included in the sample.

There were 60 subjects with OCD, of whom 38 were female. They were patients consecutively evaluated in the University of Minnesota OCD Clinic. An analysis of this sample alone has previously been reported (Ristvedt et al., 1993). The 61 BN subjects represented a consecutive sample of subjects recruited for a psychotherapy study of bulimia nervosa restricted to females. There were 75 TM subjects, of whom 72 were female. They were drawn from patients followed in the University's TM Clinic. An analysis of this sample alone has also previously been reported (Christenson et al., 1993).

The percentages of females in each diagnostic group corresponds to the gender distribution characteristic of each disorder (American Psychiatric Association, 1994).

### *Materials and Procedure*

The Cues Checklist (CCL) is a self-report, paper and pencil instrument (available upon request from the first author). It consists of 339 items. Most are a single word, and the longest cue is five words in length (changing lanes in a car). The cues consist of locations (e.g., closets, lakes, supermarkets, your work place, cemeteries, hospitals, intersections), activities (e.g., public speaking, getting out of bed, passing through doors, shopping, washing clothes, counting, studying), objects (e.g., brooms, pins, dirt, faucets, hair, man hole covers, matches), feeling states (e.g., feeling happy, being interrupted, feeling angry, feeling tired, being uncertain, feeling depressed), and circumstances (e.g., being alone, being late, having leisure time).

Checklist items were rationally derived. Cues related to OCD symptoms were considered likely to elicit the ruminations and rituals described in standard psychometric instruments (Allen & Tune, 1975; Cooper, 1970; Freund, Steketee, & Foa, 1987; Goodman, Price, Rasmussen, Mazure, Fleischmann, Hill, Heninger, & Charney, 1989; Hodgson & Rachman, 1977; Sandler & Hazari, 1960). Additional items were drawn from the authors' experience with OCD, BN, and TM patients.

Subjects were asked to circle items on the CCL which, "if encountered," would "elicit or worsen" their "symptoms." At the end of the CCL, subjects were asked to write in any additional cues which might also elicit or worsen their symptoms.

### *Statistical Methods*

The frequency with which each cue was endorsed and the mean number of endorsements per subject were determined, as was the number of cues written-in by subjects.

Principal components analysis was applied to

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