Journal of Psychiatric Research 46 (2012) 1286–1292

Contents lists available at SciVerse ScienceDirect

Journal of Psychiatric Research

journal homepage: www.elsevier.com/locate/psychires

Clinical correlates of social adjustment in patients with obsessive-compulsive disorder

Ana Carolina Rosa [a,*], Juliana Belo Diniz [a], Victor Fossaluza [a,b], Albina Rodrigues Torres [c], Leonardo Franklin Fontenelle [d], Alice Simões De Mathis [a], Maria da Conceição Rosário [e], Eurípedes Constantino Miguel [a], Roseli Gedanke Shavitt [a]

[a] Department & Institute of Psychiatry, University of São Paulo School of Medicine Hospital das Clínicas, São Paulo, Brazil
[b] Mathematics and Statistics Institute, University of São Paulo, São Paulo, Brazil
[c] Department of Neurology, Psychology, and Psychiatry, Botucatu School of Medicine, São Paulo State University, Botucatu, Brazil
[d] Program for Anxiety and Depression, Psychiatry Institute, Federal University of Rio de Janeiro, Rio de Janeiro, Brazil
[e] Department of Psychiatry, Federal University of São Paulo, São Paulo, Brazil

ARTICLE INFO

Article history:
Received 9 March 2012
Received in revised form
29 May 2012
Accepted 31 May 2012

Keywords:
Obsessive-compulsive disorder
Social functioning
Quality of life
Hoarding
Psychiatric disorders

ABSTRACT

Background: Patients with obsessive-compulsive disorder (OCD) frequently show poor social adjustment, which has been associated with OCD severity. Little is known about the effects that age at symptom onset, specific OCD symptoms, and psychiatric comorbidities have on social adjustment. The objective of this study was to investigate the clinical correlates of social functioning in OCD patients.
Methods: Cross-sectional study involving 815 adults with a primary DSM-IV diagnosis of OCD participating in the Brazilian Research Consortium on Obsessive-Compulsive Spectrum Disorders. Patients were assessed with the Social Adjustment Scale, the Medical Outcomes Study 36-item Short-Form Health Survey, the Yale-Brown Obsessive-Compulsive Scale, the Dimensional Yale-Brown Obsessive-Compulsive Scale, and the Structured Clinical Interview for DSM-IV Axis I Disorders. Clinical correlates of social adjustment were assessed with generalized linear models with gamma distribution.
Results: Poor overall social functioning was associated with greater OCD severity ($p = 0.02$); hoarding symptoms ($p = 0.004$); sexual/religious obsessions ($p = 0.005$); current major depressive disorder ($p = 0.004$); current post-traumatic stress disorder ($p = 0.002$); and current eating disorders ($p = 0.02$). Poor social adjustment was also associated with impaired quality of life.
Conclusions: Patients with OCD have poor social functioning in domains related to personal relationships and professional performance. Hoarding symptoms and sexual/religious obsessions seem to have the strongest negative effects on social functioning. Early age at OCD symptom onset seems to be associated with professional and academic underachievement and impairment within the family unit, whereas current psychiatric comorbidity worsen overall social functioning. In comparison with quality of life, social adjustment measures seem to provide a more comprehensive overview of the OCD-related burden.

1. Introduction

Obsessive-compulsive disorder (OCD) is a relatively common disorder, with a lifetime prevalence of approximately 2% (Ruscio et al., 2010). It is characterized by recurrent, unwanted thoughts (obsessions) and repetitive behaviors (compulsions) performed to relieve the anxiety or discomfort associated with obsessions. A diagnosis of OCD implies that such activities consume at least 1 h per day and interfere significantly with daily, family, or social functioning (American Psychiatric Association, 2000). In general, OCD runs a chronic course (Skoog and Skoog, 1999; Micali et al., 2010) and is frequently accompanied by major social and occupational dysfunction (Steketee, 1997).

According to the World Health Organization, OCD is the sixth leading psychiatric disorder in terms of the total number of years lived with disability (World Health Organization, 2010), accounting for a considerable portion of the social and economic costs resulting from mental disorders. The rate of response to the current first-line treatments for OCD is approximately 60% (Pallanti et al., 2002). Although the reasons for this partial treatment success are not fully understood, poorer treatment response has been associated with greater baseline severity (Alarcon et al., 1993; Leonard et al., 1993),

* Corresponding author.
E-mail address: anacfr19@gmail.com (A.C. Rosa).

0022-3956/$ – see front matter © 2012 Elsevier Ltd. All rights reserved.
http://dx.doi.org/10.1016/j.jpsychires.2012.05.019

with the presence of additional psychiatric diagnoses (Baer et al., 1992; McDougle et al., 1993), and with hoarding symptoms (Black et al., 1998).

Individual and family functioning, although addressed by fewer studies, also seem to influence treatment outcome (Buchanan et al., 1996; Ferrão et al., 2006; Skoog and Skoog, 1999). Specifically, impairment in the social sphere has been associated with less improvement (Didie et al., 2007). Most studies, however, have addressed overall quality of life without specifically evaluating social functioning (Eisen et al., 2006).

The concept of social functioning is based on the integration of multiple factors that influence the behavior and interaction of the individual with the social environment, as well as on the ability to perform the daily activities necessary for self-sufficiency and on the efficiency with which such activities are performed (Blairy et al., 2004). According to Schotte et al. (2006), evaluations of social functioning must consider the following aspects: routine, productivity, social relationships, intellectual capacity, emotional stability, and welfare. Although the concepts of quality of life and social functioning share common features, they relate to different phenomena (Bech, 2005). Quality of life is related to the performance of activities of daily living, whereas social functioning, or social adjustment, is related to the impact that given factors—in this case, obsessive-compulsive symptoms (OC symptoms) have on social relationships. When evaluating social adjustment, four specific types of family relationships are assessed (Weissman, 2000): spouse/partner relationships; relationships with extended family; parental relationships; and relationships within the family unit. In quality of life evaluations, the overall effect on family relationships is diluted across various generalized dimensions, such as social functioning and emotional role (Ware and Sherbourne, 1992). The dimension most affected by OC symptoms is that encompassing family relationships (Gururaj et al., 2008; Steketee, 1997; Vikas et al., 2011). Therefore, assessing social adjustment might be a more appropriate method of evaluating the OCD-related burden, and social adjustment might represent an additional target of treatment, beyond symptom improvement (Bech, 2005). In addition, the assessment of social functioning could provide valuable information regarding the degree to which OC symptoms impair social interaction, professional advancement, and academic performance. Such impairment can increase the personal burden of the disorder and lead to higher economic losses due to underachievement. Given that improvements in social adjustment have been shown to be sensitive to changes promoted by the treatment of mental disorders, understanding the therapeutic mechanisms of different interventions might also be helpful (Weissman, 1997, 2000).

Despite its relevance, the assessment of social functioning in OCD patients has been overlooked in the recent literature. However, social adjustment has been associated with greater OCD symptom severity and has been shown to be a sensitive measure of treatment-related change (Khanna et al., 1988; Mundt et al., 2002; Stewart et al., 2006, 2009). In addition, social adjustment has been shown to be impaired in OCD patients who encounter high levels of hostility on the part of family members (Tolin et al., 2008, Chambless and Steketee, 1999). Nevertheless, little is known about the effect that age at onset, specific OCD symptom dimensions, and additional psychiatric comorbidities have on the social adjustment of OCD patients.

This study was designed to investigate the clinical correlates of social functioning in a large sample of OCD patients. We hypothesized that poorer social functioning would be associated with greater OCD severity, lower age at onset, longer duration of illness, hoarding symptoms (higher frequency and greater severity), a higher number of current psychiatric comorbidities, and impaired quality of life.

2. Methods

2.1. Subjects

This was a cross-sectional study involving 815 adult outpatients with a primary DSM-IV diagnosis of OCD. Patients were recruited between March 2009 and March 2010 from the seven specialized outpatient clinics comprising the Brazilian Research Consortium on Obsessive-Compulsive Spectrum Disorders. A thorough description of the Consortium methodology has been published elsewhere (Miguel et al., 2008). In brief, the inclusion criteria were as follows: presenting a Yale-Brown Obsessive-Compulsive Scale (Y-BOCS; Goodman et al., 1989b) minimum baseline score of 16 for obsessions and compulsions together or of 10 for either obsessions or compulsions alone; being literate; and being willing to submit to structured interviews and to treatment for OCD. Patients who were unable to complete the questionnaires were excluded, as were those with a lifetime diagnosis of schizophrenia or pervasive developmental disorder, as well as those with a current diagnosis of psychotic or dissociative disorder. The protocol was approved by each of the local ethics committees, and all subjects gave written informed consent.

2.2. Instruments

Patients were interviewed by postgraduate psychiatrists and psychologists, experienced in evaluating OCD patients and trained in the application of the instruments employed:

- The Social Adjustment Scale (SAS)—The SAS (Weissman et al., 1978) was translated into Portuguese and validated for use in Brazil by Gorenstein et al. (2002). It is a 42-item scale that evaluates social functioning, as it pertains to significant relationships, in the following domains: *work* (employment, school work, or housework); *social/leisure* (activities); *extended family* (relationships with); *marital role* (role as a partner in the primary relationship); *parental role* (own children); *family unit role* (role within the family unit); and *economic situation* (satisfaction with). Scores range from 0 to 5 for each domain and for the total score (calculated as the mean of the scores on all applicable domains), higher scores indicating poorer social functioning. We used the self report version of this scale.
- The Brazilian version of the Medical Outcomes Study 36-item Short-Form Health Survey (SF-36)—The SF-36 (Ware and Sherbourne, 1992) was translated into Portuguese and validated for use in Brazil by Ciconelli (1999). It evaluates quality of life in the previous month and consists of 36 questions. The questions are grouped into eight domains regarding various activities and general limitations: *physical functioning*; *role-physical*; *bodily pain*; *general health*; *vitality*; *social functioning*; *role-emotional*; and *mental health*. The scoring of each domain and the calculation of the total score are based on a T-score transformation with a mean of 50 points and a standard deviation of 10 points (scores are indices that range from 0% to 100%). Domain scores and total scores are comparable on the same basis, lower scores indicating poorer quality of life.
- The Y-BOCS—The Y-BOCS (Goodman et al., 1989a, 1989b) has been used worldwide to evaluate the current severity of OC symptoms. It provides scores that range from 0 to 20 for obsessions and for compulsions, the total score therefore ranging from 0 to 40.
- The Dimensional Y-BOCS (DY-BOCS)—The DY-BOCS (Rosario-Campos et al., 2006) evaluates the presence and severity of specific OC symptom dimensions (*symmetry/ordering*, *contamination/cleaning*, *sexual/religious*, *aggression*, *hoarding*, and