

Impulse control disorders in adults with obsessive compulsive disorder

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Abstract

Little is known about impulse control disorders (ICDs) in individuals with obsessive compulsive disorder (OCD). Although studies have examined ICD comorbidity in OCD, no previous studies have examined clinical correlates of ICD comorbidity in a large sample of individuals with a primary diagnosis of OCD. We examined rates and clinical correlates of comorbid ICDs in 293 consecutive subjects with lifetime DSM-IV OCD (56.8% females; mean age = 40.6 ± 12.9 years). Comorbidity data were obtained with the Structured Clinical Interview for DSM-IV. ICDs were diagnosed with structured clinical interviews using DSM-IV criteria. OCD severity was assessed with the Yale-Brown Obsessive-Compulsive Scale. Quality of life and social/occupational functioning were examined using the Quality of Life Enjoyment and Satisfaction Questionnaire and the Social and Occupational Functioning Assessment Scale. All variables were compared in OCD subjects with and without lifetime and current ICDs. Forty-eight (16.4%) OCD subjects had a lifetime ICD, and 34 (11.6%) had a current ICD. Skin picking was the most common lifetime (10.4%) and current (7.8%) ICD, followed by nail biting with lifetime and current rates of 4.8% and 2.4%, respectively. OCD subjects with current ICDs had significantly worse OCD symptoms and poorer functioning and quality of life. These preliminary results suggest that there is a low prevalence of ICDs among individuals with OCD, although certain ICDs (skin picking) appear to be more common. © 2005 Elsevier Ltd. All rights reserved.

Keywords: Obsessive compulsive disorder; Impulse control disorders; Comorbidity; Prevalence

1. Introduction

Approximately 10 years ago, researchers suggested that one way to understand impulse control disorders (ICDs) was as part of an obsessive compulsive spectrum (McElroy et al., 1994; Hollander, 1993). This conceptualization of ICDs was based on what was then known about the clinical characteristics of these disorders, familial transmission, and response to both pharmacological and psychosocial treatment interventions. Although the last five years has seen a dramatic increase

in research concerning ICDs (Grant and Potenza, 2004), little attention has been paid to the rates of comorbid ICDs among individuals with obsessive compulsive disorder (OCD).

The ICDs are characterized by repetitive behaviors and impaired inhibition of these behaviors. The irresistible and uncontrollable behaviors characteristic of ICDs suggest a possible similarity to the frequently excessive, unnecessary and unwanted rituals of OCD (Blanco et al., 2001). There are, however, clear differences between ICDs and OCD. For example, unlike people with OCD, people with ICDs may report an urge or craving state prior to engaging in the problematic behavior and a hedonic quality during the performance of the behavior (Grant and Potenza, 2004). Whereas individuals with ICDs score high on measures of risk-taking

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and sensation-seeking (Moreyra et al., 2004), individuals with OCD are generally harm avoidant with a compulsive risk-aversive endpoint to their behaviors (Hollander, 1993; Kim and Grant, 2001).

If a relationship exists between ICDs and OCD, one would expect evidence that ICDs are overrepresented in patients with OCD. Studies of ICD prevalence among subjects with OCD, however, have been hampered by inconsistency in the disorders classified as ICDs and relatively small sample sizes. One study of 153 Japanese adults with OCD found that 29% suffered from an ICD (the study included personality disorders and self-injury in the category of impulsive disorder) (Matsunaga et al., 2005). Another study found that 35.5% of a small sample of subjects with OCD ($n = 45$) suffered from an ICD (the study included alcohol abuse as an ICD) (Fontenelle et al., 2005). The prevalence of ICDs among individuals with OCD is therefore unclear given the range of disorders assessed and the relatively small sample sizes of these studies.

2. Objectives of the study

The objectives of the current study was to assess rates of ICDs among subjects with OCD and to examine whether certain ICDs were more likely to co-occur with OCD. In addition, the study sought to examine how the co-occurrence of an ICD would affect the severity of psychiatric symptoms and overall occupational and social functioning.

3. Materials and methods

3.1. Subjects

Individuals who met lifetime DSM-IV criteria for OCD agreed to participate in an ongoing prospective study of the course of OCD. Study inclusion criteria were: (1) primary diagnosis of DSM-IV OCD lifetime; (2) age 19 or older; and (3) able to be interviewed in person. The only exclusion criteria was the presence of an organic mental disorder or inability to understand and consent to the study. The investigation was carried out in accordance with the latest version of the Declaration of Helsinki. The Institutional Review Boards of Brown University and Butler Hospital approved the study and the consent statement. All study participants provided voluntary written informed consent. Subjects were recruited from a variety of sources, including consecutive admissions to a hospital-based OCD specialty clinic, inpatient psychiatric units, private practice outpatient clinics (general psychiatry and OCD specialty), psychiatric outpatient clinics, community mental health centers, advertisements, and the Obsessive Compulsive Founda-

tion. Subjects were referred for treatment or for consultation. Only those individuals with a primary diagnosis of OCD were included.

3.2. Assessments

Participants were interviewed by trained research assistants and completed a semi-structured clinical interview, rater-administered assessments, and self-report questionnaires. Narrative summaries of psychiatric symptoms were prepared for all participants, and DSM-IV diagnoses were assigned. Interview data were rigorously edited and reviewed by senior staff members for clinical and clerical accuracy.

Raters assessed each subject using the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) (First et al., 1995) and the Structured Clinical Interview for Personality Disorders (SCID-II) (First et al., 1997). Additional SCID-like modules based on DSM-IV criteria were included to assess the rates of ICDs and childhood disorders (Nestadt et al., 2000). ICDs are characterized by an impaired ability to resist impulses to engage in ultimately self-destructive behaviors (or ones with deleterious long-term consequences) (Grant and Potenza, 2004). There has been no agreement, however, on which disorders should be grouped in this category. Because several impulse control disorders have been hypothesized to have similarities to OCD (Hollander, 1993), we chose to examine a broad range of ICDs to better understand which disorders may have some commonality with OCD. Toward that end, we examined both behaviors characterized by both reward-seeking and impulse dysregulation (pathological gambling, pyromania, kleptomania, and binge eating) and behaviors characterized largely as compulsive habit disorders (trichotillomania, skin picking, and nail biting).

Detailed information on demographic characteristics, clinical features, and treatments received were ascertained using the Butler Hospital OCD Database, a semi-structured rater administered questionnaire. This instrument has been used in previous phenomenological studies (Rasmussen and Eisen, 1992). Current medications were verified using chart records or consultation with treatment providers.

OCD symptom severity was assessed by the Yale-Brown Obsessive Compulsive Scale (YBOCS) (Goodman et al., 1989a,b). The YBOCS is a reliable and valid, clinician-administered 10-item scale that assesses severity of obsessions and compulsions. Higher scores on the YBOCS indicate greater severity, with total scores ranging from 0 to 40 and scores for the obsessions and compulsions subscales each ranging from 0 to 20.

The psychosocial functioning of participants was quantified using the Social and Occupational Functioning Assessment Scale (SOFAS), a reliable and valid scale

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