

## Chronic tics and Tourette syndrome in patients with obsessive–compulsive disorder

Juliana B. Diniz<sup>a,\*</sup>, Maria Conceição Rosario-Campos<sup>a,b</sup>, Ana Gabriela Hounie<sup>a</sup>,  
Mariana Curi<sup>a</sup>, Roseli Gedanke Shavitt<sup>a</sup>, Antonio Carlos Lopes<sup>a</sup>, Euripedes C. Miguel<sup>a</sup>

<sup>a</sup> Department of Psychiatry, University of São Paulo Medical School, R Dr Ovidio Pires de Campos,  
785, 4º. andar/sala 3, São Paulo, SP 05403-010, Brazil

<sup>b</sup> Department of Psychiatry, Bahia Federal University, São Paulo, SP, Brazil

Received 22 June 2005; received in revised form 6 August 2005; accepted 20 September 2005

### Abstract

Tourette syndrome (TS) and chronic motor/vocal tics (CMVT) are both common disorders in patients with obsessive compulsive disorder (OCD). However, there have been few studies evaluating the differences between the OCD with TS and OCD with CMVT subgroups. This study was conducted in order to further investigate possible differences between the expression of the OCD phenotype in OCD with TS and that seen in OCD with CMVT. One hundred and fifty-nine outpatients referred to an OCD research program were evaluated using the following instruments: the Structured Clinical Interview for DSM-IV; the Yale-Brown Obsessive Compulsive Scale; the Yale Global Tic Severity Scale; and the USP-HARVARD Repetitive Behaviors Interview. Patients were divided into three groups: OCD patients without tics (OCD–TICS,  $n = 98$ ), OCD patients with chronic motor or vocal tics (OCD+CMVT,  $n = 31$ ) and OCD patients with TS (OCD+TS,  $n = 30$ ). OCD+CMVT patients were similar to OCD+TS patients regarding the frequency of intrusive sounds, repeating behaviors, counting and tic-like compulsions (in both cases more frequent than in OCD–TICS patients). For age at obsessive–compulsive (OC) symptom onset, sensory phenomena score, number of comorbidities, frequency of somatic obsessions, bodily sensations and just-right perceptions, OCD+CMVT patients tended to be in between the other two groups. Our results suggest that there are qualitative and quantitative differences in the phenotypic expression of tic disorders in OCD patients, depending on whether the subject has TS or only CMVT.

© 2005 Elsevier Ltd. All rights reserved.

**Keywords:** Tourette syndrome; Obsessive–compulsive disorder; Tic disorders; Psychopathology; Comorbidity

### 1. Introduction

Even though the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and the International Classification of Diseases (ICD-10) define obsessive–compulsive disorder (OCD) as a unitary nosological

entity, recent research has indicated that OCD is in fact a heterogeneous disorder, with a variety of putative clinical phenotypes.

So far, the best-described OCD subgroup is composed of OCD patients with a lifetime history of tic disorders. Many studies have reported that the tic-related OCD subgroup presents specific clinical, comorbidity, neurobiological, genetic and treatment response patterns. For instance, clinical studies have reported that tic-related OCD patients have an earlier age of onset (Miguel et al., 1997; Rosario-Campos et al., 2001; Holzer et al., 1994; Leckman et al., 1995), are more fre-

\* Corresponding author. Present address: Obsessive Compulsive Disorder Project, Institute of Psychiatry of the Clinics Hospital of the University of São Paulo, R Dr Ovidio Pires de Campos 785, 05403010, São Paulo, SP, Brazil. Tel.: +55 11 30696972; fax: +55 11 30697895.

E-mail address: [juliana@protoc.com.br](mailto:juliana@protoc.com.br) (J.B. Diniz).

quently males (Holzer et al., 1994; Leckman et al., 1995), and present higher frequencies of some obsessive-compulsive symptoms (OCSs), such as intrusive violent and sexual images or thoughts, hoarding, counting rituals and tic-like compulsions (Swerdlow et al., 1999; Zohar et al., 1997; Cath et al., 2000; Holzer et al., 1994). Similarly, tic-related OCD has been associated with higher frequencies of sensory phenomena preceding or accompanying their compulsions (Miguel et al., 1997, 2000; Leckman et al., 1994).

Regarding the presence of comorbid disorders, some studies have reported that patients with tic-related OCD present higher rates of trichotillomania, body dysmorphic disorder (BDD), mood disorders, social phobia, other anxiety disorders and attention deficit hyperactivity disorder when compared to patients with non-tic-related OCD (Petter et al., 1998; Coffey et al., 1998).

The association between TS and OCD has received additional support from genetic studies, which have shown not only higher rates of OCS and OCD in relatives of TS patients (Pauls et al., 1986; Comings and Comings, 1987; Robertson et al., 1988; Eapen et al., 1993), but also higher rates of tics or TS in first-degree relatives of OCD patients (Leonard et al., 1992; Pauls et al., 1995; Rosario-Campos et al., 2005).

In summary, the impact of a comorbid tic disorder on the phenotypic expression of OCD has been extensively described. On the other hand, very few studies have investigated whether a comorbid diagnosis of TS would affect the expression of OCD differently than would one of CMVT. Most previous studies have only compared OCD with TS to OCD without TS (De Groot et al., 1994; Miguel et al., 1997; Petter et al., 1998; Cath et al., 2000, 2001), or OCD with tic disorders to OCD without tic disorders (including either CMVT or TS) (Holzer et al., 1994; Leckman et al., 1995; Zohar et al., 1997).

As an exception, Swerdlow et al. (1999) compared patients with OCD alone to OCD patients with CMVT and OCD patients with TS. Patients with OCD and CMVT presented more severe OCD than did patients with OCD plus TS or patients with OCD alone. Religious obsessions, cleaning/washing and counting compulsions, intrusive sounds/images and tic-like compulsions were more common in the OCD with CMVT group than in the OCD with TS group. That study, however, did not evaluate other clinical variables such as psychiatric comorbidity and other psychopathological characteristics (e.g., sensory phenomena, specific subjective sensations preceding repetitive behaviors such as just-right perceptions) preceding repetitive behaviors.

The present study was designed in order to further investigate possible phenomenological differences in the OCD phenotype according to the presence of TS or CMVT. Therefore, we designed a study to compare OCD patients with no history of tic disorders to patients

with OCD and CMVT and patients with OCD and TS using a bigger sample and with a very comprehensive psychopathological evaluation.

## 2. Methods

### 2.1. Subjects

One hundred sixty-eight consecutive outpatients referred to an OCD research program between 1996 and 2001 were assessed. Referrals came from a university hospital ( $n = 96$ ) and two private facilities ( $n = 72$ ). The inclusion criterion was a DSM-IV diagnosis of OCD. Exclusion criteria were history of previous brain trauma ( $n = 1$ ), refusal to complete interview assessment ( $n = 2$ ), comorbid diagnosis of schizophrenia ( $n = 3$ ) and history of a transient tic disorder ( $n = 3$ ). The remaining patients ( $n = 159$ ) were divided into three groups: OCD patients without tics (OCD-TICS,  $n = 98$ ); OCD patients with chronic motor or vocal tics (OCD+CMVT,  $n = 31$ ); and OCD patients with TS (OCD+TS,  $n = 30$ ). This sample has already been described previously elsewhere (Diniz et al., 2004).

This study was approved by the Medical Ethics Committee of the Institute of Psychiatry from University of São Paulo Medical School. All patients gave written informed consent after the study had been thoroughly described and assurance had been given that their decision to participate in the study would not interfere in any way with their clinical treatment.

Interviewers were experienced psychologists and psychiatrists from the OC Spectrum Disorder Project of the Department of Psychiatry of the University of São Paulo Medical School. Each interview was reviewed by the first author and each diagnosis was made according to a best estimate procedure (Leckman et al., 1982) given by two psychiatrists (ECM and RGS) experienced in the evaluation of OCD and TS.

### 2.2. Clinical assessment

Age of onset of OCS was defined as the earliest age that the patient remembered having OCS. When possible, a family member was also interviewed about the age of onset. These data on age at onset were retrospectively assessed by direct interview with the patient as described elsewhere (Rosario-Campos et al., 2001).

The presence and severity of OCS and tics were determined by checklists and rating scales of the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) (Goodman et al., 1989a,b) and the Yale Global Tic Severity Scale (YGTSS) (Leckman et al., 1989), respectively.

Subjects with “tic-like” compulsions were defined as patients who referred the need to perform a behavior similar to a tic in order to relieve the distress and/or anx-

متن کامل مقاله

دریافت فوری ←

**ISI**Articles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات