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Predictive validity of the overvalued ideas scale: outcome in obsessive–compulsive and body dysmorphic disorders

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Abstract

Overvalued ideas have been theoretically implicated in treatment failure for obsessive–compulsive disorder (OCD). Until recently, there have not been valid assessments for determining severity of overvalued ideas. One recent scale, the Overvalued Ideas Scale (OVIS; Neziroglu, McKay, Yaryura-Tobias, Stevens & Todaro, 1999, *Behaviour Research and Therapy*, 37, 881–902) has been found to validly measure overvalued ideas. However, its predictive utility has not been determined. Two studies were conducted to examine the extent to which the OVIS predicts treatment response. Study 1 examined the response to behavioral therapy in a group of participants diagnosed with OCD. Residual gain scores showed a significant correlation between treatment outcome for compulsions and pretreatment OVIS scores (28.1% variance accounted). Pretreatment OVIS scores were not significantly correlated with residual gains in obsessions (1.7% variance accounted). The predictive utility of the OVIS was superior to a single item assessment of overvalued ideas available on the Yale–Brown Obsessive Scale in predicting outcome for compulsions. For this item, the variance accounted for compulsions was 6.3% and for obsessions was 3.9%. Study 2 examined the response to behavioral therapy in a group of participants diagnosed with body dysmorphic disorder (BDD), a condition ostensibly linked to OCD and presumed to present with higher levels of overvalued ideas. Residual gains scores showed a significant relationship between obsessions and OVIS (accounting for 34.8% of the variance), but not for compulsions (10.2% variance accounted). As in Study 1, the predictive utility of the OVIS was superior to the single item assessment (with 0.2% variance accounted for compulsions, 2.4% variance accounted for obsessions). Taken together, the studies reported here show that this OVIS is predictive of treatment outcome, and the predictive value depends on which symptoms are used to assess outcome. Further, the scale is more effective in predicting outcome than a widely used single item assessment. © 2001 Elsevier Science Ltd. All rights reserved.

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1. Introduction

Obsessive–compulsive disorder (OCD) is a major psychiatric condition affecting approximately 2.5% of the general population (Reiger, Boyd & Burke, 1988). Although the theories guiding the etiology and maintenance of the condition have changed over time, the descriptive psychopathology has remained essentially unchanged (LeGrand du Salle, 1875; Westphal, 1878). The major symptoms include obsessions (intrusive and unwanted thoughts) and compulsions (repetitive behaviors typically aimed at alleviating the obsessions), as well as doubting. Secondary symptoms such as depression, anxiety, and social or occupation dysfunction often accompany OCD. Typically, the primary symptoms as viewed by patients with OCD are senseless yet uncontrollable.

In an effort to identify prognostic variables that predict treatment outcome, it has been concluded that individuals with OCD who view their symptoms as sensible and reasonable are likely to have poorer treatment response (Kozak & Foa, 1994). The most recent revision to the Diagnostic and Statistical Manual (DSM-IV; American Psychiatric Association, 1994) has added the identifier ‘with poor insight’ for diagnoses of OCD. This is intended to denote persons with OCD who view their symptoms as reasonable. In the research literature on OCD, this has been termed *overvalued ideation* (Foa, 1979; Kozak & Foa, 1994). It is important to distinguish insight from overvalued ideas, as the two connote different psychological phenomena. In the case of insight, this is a term describing a gradation of personal awareness into one’s disorder as giving rise to disorder specific beliefs. Overvalued ideas, on the other hand, refer more to an idea or belief regarding the sensibility of one’s pattern of thinking. There have been different positions adopted regarding the relation between overvalued ideas and psychopathology. For example, Wernicke (1906) determined that overvalued ideas were the source of attention disturbance and impaired judgement. Jaspers (1913) on the other hand, felt that overvalued ideas were associated with righteousness or behaviors that had societal gain at personal cost. Kozak and Foa (1994) more recently suggested overvalued ideas lie on a continuum between rational thoughts and delusions, with fluctuations along this continuum over time. Although theoretically linked to poorer treatment outcome (Basoglu, Lax, Kasvikis & Marks, 1988; Lelliot, Noshirvani, Basoglu, Marks & Monteiro, 1988), and identified in individual and small group case analyses (Insel & Akiskal, 1986), assessment tools for quantifying overvalued ideas have been few, and with undetermined psychometric properties. Most assessments of overvalued ideas have been single item assessments (as in the Yale–Brown Obsessive Compulsive Scale; Goodman et al., 1989), dichotomous ratings based on clinical criteria but without established psychometric properties (Foa et al., 1995), and a scale that assesses delusions in a variety of distinct disorders (Eisen et al., 1998). Either because the scales have not established reliability and validity or because they do not specifically measure overvalued ideas, the Overvalued Ideas Scale (OVIS) was developed (Neziroglu, McKay, Yaryura-Tobias, Stevens & Todaro, 1999). Although the OVIS has been shown to have acceptable test–retest and interrater reliability, and acceptable convergent validity with measures of OCD and psychotic experiences, there has not yet been a determination of whether and how well this

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