

COMORBIDITY BETWEEN OBSESSIVE-COMPULSIVE DISORDER AND BIPOLAR DISORDER: AN EXPLORATION OF CLINICAL FEATURES

Ovidiu L. Bumbea

REZUMAT

Obiectiv: Cercetarea de față analizează caracteristicile clinice ale conjuncției dintre tulburarea obsesiv-compulsivă (TOC) și tulburarea afectivă bipolară (TAB) așa cum se prezintă în cadrul practicii clinice obișnuite. **Material și metode:** Eșantionul a fost alcătuit din 28 de pacienți internați cu diagnosticul dual de TOC și TAB conform criteriilor DSM-IV-TR. Stabilirea pacienților s-a făcut folosindu-se Structured Clinical Interview for DSM-IV (SCID-IV) și Yale-Brown Obsessive-Compulsive Rating Scale (Y-BOCS). **Rezultate:** 22 de pacienți au avut TAB tip II și 6 tip I. Vârsta medie actuală a pacienților a fost 36,5 ani. Vârsta medie a debutului TAB a fost 20,2 ani, iar a TOC a fost 12,6 ani. TAB a precedat TOC în cazul a 8 pacienți. Scorul mediu total pe Y-BOCS a fost 27,15 la data interviului. Pacienții ce prezintă comorbiditatea TAB-TOC au demonstrat o înaltă frecvență a obsesiilor sexuale și religioase. Totodată, ei au prezentat o rată crescută a aritmomaniei și a colecționaniei. Obsesiile cu tematică agresivă și de contaminare au fost rar observate. Concomitent, acești pacienți au demonstrat o rată scăzută a ritualurilor de verificare și de ordonare, prezentând însă o frecvență ridicată a atacurilor de panică și a ticurilor. Suplimentar, o tendință spre o deficitară conștientizare maladivă a fost observată la pacienții cu diagnosticul dual TAB-TOC. **Concluzii:** Comorbiditatea dintre TOC și TAB este o problemă clinică semnificativă ce afectează un mare număr de pacienți, având un impact substanțial asupra caracteristicilor clinice ale ambelor tulburări.

Cuvinte cheie: tulburare obsesiv-compulsivă, tulburare afectivă bipolară, comorbiditate

ABSTRACT

Objective: The present investigation deals with the clinical characteristics of the interface between obsessive-compulsive disorder (OCD) and bipolar disorder, (BD) as it appears in a setting of routine clinical practice. **Material and Methods:** The study group comprised 28 inpatients with comorbid OCD and BD according to the DSM-IV-TR criteria. They were assessed with the Structured Clinical Interview for DSM-IV (SCID-IV) and the Yale-Brown Obsessive-Compulsive Rating Scale (Y-BOCS). **Results:** 22 patients had BD type II and 6 had type I. The mean current age of patients was 36.5 years. The mean age of onset of BD was 20.2 years and of OCD was 12.6 years. BD preceded OCD in 8 patients. The mean total score in the Y-BOCS was 27.15 at the time of the interview. These BD-OCD patients showed a high rate of sexual and religious obsessions. They also reported a high rate of counting and hoarding compulsions. Aggressive obsessions and obsessions of contamination were rarely observed. At the same time, these patients showed a low rate of checking and ordering rituals. Furthermore, they reported a high frequency of panic attacks and tics. In addition, a trend towards a poor insight was observed in BD-OCD patients. **Conclusions:** Comorbidity between OCD and BD is a significant clinical problem, affecting a large number of patients, and has a substantial impact on the clinical characteristics of both disorders.

Key Words: obsessive-compulsive disorder, bipolar disorder, comorbidity

INTRODUCTION

Comorbidity is known to occur among various psychiatric disorders. About one third of the patients with OCD have major depressive disorder and anxiety disorders.^{1,2} Previous studies on the comorbidity of OCD have largely focused on the coexistence with

depression, phobias, panic disorder, eating disorders, Tourette's syndrome and alcohol abuse, but the co-occurrence of OCD with BD has been little studied. DSM-IV-TR does not mention BD among the disorders typically associated with OCD. The relationship between OCD and BD is at present a debated subject. The lifetime rate of OCD among subjects with BD is 21% and among subjects with unipolar disorder is 12.2%.³ 16% of OCD patients have an additional diagnosis of BD.⁴ Some data suggest that the episodic course of OCD is more likely to be related to BD (27.4% of OCD patients had an episodic course and 72.6% had a chronic course).⁵ When BD and OCD co-exist, bipolarity should take precedence in diagnosis, course and treatment considerations.⁶ A trend towards

Department of Psychiatry, Alba County Hospital

Correspondence to:
Ovidiu Bumbea, Department of Psychiatry, Alba County Hospital, 1-3 Unirii Street, Alba Iulia, Tel: +40-258-811661
Email: obumbea@yahoo.co.uk

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a lower level of insight was observed in BD-OCD patients in comparison with “pure” OCD patients.⁷ Awareness of illness is poorer when BD-OCD patients show panic attacks, tics or hoarding.⁸⁻¹⁰ The present study was aimed at exploring the clinical features of OCD-BD comorbidity.

MATERIAL AND METHODS

The study included 28 patients (16 females and 12 males) admitted in the Alba Iulia Psychiatric Department with comorbid BD and OCD during a 2-year period (May 2002-April 2004). DSM-IV-TR diagnostic criteria were used. The exclusion criteria were: age under 16, lifetime comorbidity with Axis II diagnosis, with organic mental disorder or with substance abuse/dependence. The subjects were assessed with the following instruments: Structured Clinical Interview for DSM-IV (SCID-IV) and Yale-Brown Obsessive-Compulsive Scale (Y-BOCS). The Y-BOCS is a semistructured interview designed to assess symptom severity and response to treatment for patients diagnosed with OCD.^{11,12} It consists of three sections.

The third section of the Y-BOCS consists of 10 core items and 11 investigational items. Item 11 provides information that has bearing on the “insight into obsessions and compulsions” (0-excellent insight, 1-good insight, 2-fair insight, 3-poor insight, 4-lacks insight).

RESULTS

Twenty two patients (78.57%) had BD type II (13 females and 9 males) and 6 patients (21.42%) had BD type I (3 females and 3 males). The mean current age of patients was 36.5 years. The mean age of onset of BD was 20.2 years and of OCD was 12.6 years. BD preceded OCD in 8 patients – 28.57% (6 females and 2 males).

The mean total score in the Y-BOCS was 27.15 at the time of the interview (severe OCD).

The content of the obsessions and compulsions seems to differ between the patients with “pure” OCD and the OCD-BD patients. (Table 1)

The level of insight into obsessions and compulsions is poorer in the sample which comprised OCD-BD patients in comparison with the patients with “pure” OCD. (Table 2)

The BD-OCD patients reported a frequent current comorbidity with panic disorder (with or without agoraphobia) and with tic disorder. In this study, the

Table 1. Obsessive-compulsive symptoms in BD-OCD Patients

Variable	Number	Percent
Obsessions		
Sexual	15	53.57
Religious	8	28.57
Aggressive	3	10.71
Contamination	2	7.14
Multiple	2	7.14
Compulsions		
Counting	10	35.71
Hoarding	7	25
Checking	2	7.14
Ordering	2	7.14
Multiple	1	3.57

Table 2. Insight into Obsessions and Compulsions in BD-OCD Patients

Insight	Number	Percent
Poor	5	17.85
Fair	6	21.42
Good	4	14.28
Excellent	13	46.42

rate of panic disorder was 25% (7 patients: 5 females and 2 males) and the percent of tic disorders was 21.42 (6 patients: 3 females and 3 males).

OCD tended to persist during the (hypo) manic episodes, when it was frequently accompanied by panic attacks (in 6 patients with BD type II – 21.42% and in 1 patient with BD type I – 3.57%).

The OCD-BD patients revealed a positive family history for mood disorders (19 patients - 67.85% had mood disorders in their family history).

Other characteristics seemed common to these patients: high rates of suicide attempts (15 patients – 53.57%), clear-cut onset of symptoms (15 patients – 53.57%), impulsivity (10 patients – 35.71%).

DISCUSSIONS

This study investigates the clinical characteristics of “bipolar obsessive-compulsive disorder”. The results are concordant with the ones published by Kruger et al., Perugi et al., Issler et al., Masi et al.¹³⁻¹⁷ The finding of greater risk of OCD comorbidity in BD type II, the greater association with panic disorder and with tic disorder, the high rate of sexual and religious obsessions and the low rate of checking and ordering rituals, are all supported by reports of previous

research. Our findings suggest that BD patients should hence be more closely screened for comorbid OCD. We found that BD-OCD patients have a high rate of hoarding compulsions. These patients tend to have a high educational level and a high socioeconomic status. One speculation regarding the educational difference is that hoarders are more likely to read, because many hoarded items included newspapers and books, and that hoarding of those items may facilitate academic performance. The socioeconomic relationship may be due to the fact that many hoarded items must be purchased.

The BD-OCD patients who present a high rate of hoarding were associated with significant morbidity like tics, counting, fear of not saying the right thing, fear of doing something embarrassing, intrusive sexual images and magical thinking and were characterised by a poor insight. This poor insight was also observed in BD-OCD patients with a positive history of repeated manic episodes, with frequent panic attacks and with a high rate of tics. Poor insight was associated with medication non-compliance, poor prognosis, suicide, and decrease of the patients' quality of life. These observations are in concordance with the ones published by Ghaemi et al., McEvoy & Wilkinson and Catapano.¹⁸⁻²⁰

This current study suggests that having an untreated OCD in BD patients has negative implications. Identification and treatment of OCD in patients with BD are likely to have important beneficial effects.

CONCLUSIONS

Patients with concurrent OCD and BD constitute a very intriguing group of individuals. OCD appears to be common in people with BD as well, yet OCD is rarely discussed in the medical literature on bipolar illness. People with BD also commonly have OCD. The co-occurrence of BD and OCD regularly leads to a poorer outcome of both disorders, contributing to greater illness severity and impairment.

It is important to assess OCD in patients with BD and vice versa, and it is crucial to initiate early, rigorous and broad-spectrum interventions in patients with this comorbidity. In patients with single disorder, this kind of treatment is potentially important in reducing the risk of later comorbidity.

This study suggested that "bipolar obsessive-compulsive disorder" could represent a distinct form of OCD. More vigilance is needed toward this entity, which is largely under-recognized in clinical practice.

Future studies are needed to look for possible cause of association between the two conditions.

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