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Treatment-Resistant Obsessive-Compulsive Disorder: Clinical and Personality Correlates

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Abstract

The objective of the present study was to establish a clinical/personality profile of Turkish patients with treatment-resistant obsessive-compulsive disorder (TR-OCD). Methods. A neurocognitive/clinical test battery was administered to 17 patients with TR-OCD. Results. TR-OCD patients presented with major psychiatric syndromes (especially mood and generalized anxiety disorders) and personality disorders (particularly paranoid, avoidant, obsessive-compulsive, histrionic), and obtained higher scores on measures of core OCD symptoms (i.e., obsessional ideation, compulsive cleaning/washing, mental neutralizing), depressive symptoms, schizotypal personality features, and impulsiveness relative to normative controls. TR-OCD patients did not differ significantly from normative controls on checking, doubting, ordering, and hoarding subscales, and on measures of venturesomeness and empathy. Conclusions. Lack of insight, suspiciousness, and rigidity associated with schizotypal, paranoid, and obsessive-compulsive personality features may have contributed to treatment failure.

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Keywords: obsessive-compulsive disorder (OCD); treatment-resistance; comorbidity; major mental illness; personality disorders.

1. Introduction

Investigators have reported that a subset of patients with obsessive-compulsive disorder (OCD) fail to demonstrate a favorable response to cognitive-behavioral interventions and pharmacotherapy. The principal objective of the present study was to establish a clinical/personality profile of Turkish patients with treatment-

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resistant obsessive-compulsive disorder (TR-OCD).

2. Method

A neurocognitive/clinical test battery including measures of axis-I and axis-II disorders and related personality features was administered to patients with TR-OCD. Study inclusion criteria included a primary diagnosis of OCD, history of cognitive-behavioral and medication treatment failure, OCD symptom duration of 5 years or greater, ability to provide informed consent, and a full-scale IQ estimate of 70 or greater. Patients presenting with treatment-resistant obsessive-compulsive disorder (TR-OCD) were identified and screened by clinicians at Bakirkoy Research and Training Hospital for Psychiatry in Istanbul, Turkey. Patients meeting study inclusion criteria underwent neurocognitive testing and further clinical/personality assessment at Istanbul University (IU). Neurocognitive test findings will be described in a separate publication. Our goal was to establish a neurocognitive/clinical profile of Turkish patients with TR-OCD in order to more fully understand the phenomenon of therapy resistance. The Fatih University Ethics Committee approved the present study and written informed consent was obtained from all participants.

2.1 Participants

Psychiatrists (co-authors EAY and MH) at Bakirkoy Hospital identified 17 patients (10 female and 7 male) with TR-OCD meeting study inclusion criteria. The mean age of the TR-OCD patient sample was 40.35 ($SD = 11.7$) (minimum = 24, maximum = 62) and the mean educational level was 8.76 years of formal education ($SD = 4.68$). Mean OCD symptom duration was 19.12 years ($SD = 10.95$). A semi-structured interview revealed that all patients had undergone pharmacotherapy. Medications included (n = number of TR-OCD patients undergoing pharmacotherapy with specific agents, current or past) selective serotonin reuptake inhibitors (n = 17), atypical antipsychotics (n = 12), non-SSRI antidepressants such as clomipramine (n = 7), anticonvulsant mood stabilizers (n = 1), an anxiolytic (n = 1), and a homeopathic substance (n = 1). Normative controls (female = 257, male = 233) were free of psychiatric illness (as determined by the MINI, described below) and did not report a history of traumatic head injury with loss of consciousness or current psychoactive medication use. The mean age of the normative control sample was 43.18 ($SD = 11.77$) (minimum = 24, maximum = 62). Note that a subset of normative controls (n = 452) completed the Obsessive-Compulsive Inventory (OCI) (mean age = 43.3, $SD = 11.8$) (238 females, 214 males). In addition, a 2nd normative control group (n = 95) (mean age = 32.95, $SD = 10.21$) (52 females, 43 males) was used to determine whether TR-OCD patients differed from control subjects on the I₇ Impulsiveness Questionnaire. Both the OCI and the I₇ Questionnaire are described below.

2.2 Measures

A Turkish version of the Mini International Neuropsychiatric Interview (MINI) (Ornek & Keskiner, 1998) was used to determine whether participants fulfilled diagnostic criteria for major psychiatric disorders. TR-OCD patients also completed a number of self-report measures including Turkish-language versions of the Obsessive-Compulsive Inventory (OCI) (Turkish translation of Foa et al., 1998), Beck Depression Inventory (BDI) (Hisli, 1988), Schizotypal Personality Questionnaire-B (SPQ-B) (Aycicegi, Dinn & Harris, 2005), I₇ Impulsiveness Questionnaire (Aycicegi, Aricak & Dinn—modified Turkish version based on Eysenck, Pearson, Easting, & Allsopp, 1985), and the SCID-II Patient Questionnaire (SCID-II PQ) (Sorias et al., 1990). The OCI and BDI are dimensional measures of OC and depressive symptoms, respectively. OCI scores reflecting current symptom severity (i.e., over the past month) are reported below. The SPQ-B was used to determine whether patients presented with schizotypal personality features. The SCID-II-PQ is a self-report measure of axis-II disorders and was used to ascertain whether TR-OCD met diagnostic criteria for personality disorders. The I₇ Impulsiveness Questionnaire is a dimensional measure of three personality characteristics: impulsiveness, venturesomeness, and empathy.

3. Results

Structured psychiatric interviews (MINI) were conducted at Istanbul University and TR-OCD patients met *DSM-IV* diagnostic criteria for major depression-current (n=9/17), dysthymia-current (n=2/17), panic disorder-current and

lifetime ($n=1/17$), agoraphobia-lifetime ($n=4/17$), social anxiety disorder ($n=2/17$), and generalized anxiety disorder ($n=10/17$). TR-OCD patients did not fulfill diagnostic criteria for post-traumatic stress disorder or substance abuse disorders (both alcohol and non-alcohol drug abuse/dependence). A significant number of TR-OCD patients met criteria for personality disorders (as determined by scores on a self-report measure) including: paranoid ($n=13/17$), schizoid ($n=8/17$), schizotypal ($n=6/17$), narcissistic ($n=4/17$), histrionic ($n=11/17$), borderline ($n=3/17$), avoidant ($n=12/17$), dependent ($n=4/17$), and obsessive-compulsive ($n=14/17$) personality disorders. Not a single TR-OCD patient fulfilled criteria for antisocial personality disorder. A nonparametric test (the Mann-Whitney U-test) was used to compare TR-OCD patients to Turkish normative controls on dimensional measures (see Table 1). As expected, TR-OCD patients obtained significantly higher total scores on the OCI, a dimensional measure of OCD symptoms. Analysis of OCI subscales revealed that TR-OCD patients scored significantly higher on subscales assessing core OCD symptom clusters including obsessional ideation, compulsive cleaning/washing, and mental neutralizing; however, TR-OCD patients did not differ significantly from normative controls on compulsive checking, doubting, ordering, and hoarding subscales. As shown in Table 1, TR-OCD patients also achieved significantly higher scores on instruments assessing schizotypal personality features and depressive symptoms relative to normative controls. The mean SPQ-B score of the TR-OCD group was 11.0 ($SD = 4.89$) and scores ranged from 4 - 20. The mean BDI score of TR-OCD patient sample was 21.0 ($SD = 8.66$) (moderate depressive symptom severity) with scores ranging from 8 - 38. Note that one control subject did not complete the BDI. TR-OCD patients obtained significantly lower scores on a measure of venturesomeness. TR-OCD patients did not, however, differ significantly from normative controls on measures of impulsiveness and empathy. TR-OCD patients were significantly older than control participants in the 2nd normative sample. After controlling for age, group differences on the venturesomeness scale were no longer significant ($p = .094$); however, TR-OCD patients obtained significantly higher impulsiveness scores relative to control subjects ($p < .02$).

Table 1. Clinical and personality variables: Mean (SD), Mann-Whitney U-test values.

Variable	TR-OCD	Normative Control	<i>U</i>	<i>p</i>
Beck Depression Inventory	21.00 (8.66)	7.19 (4.52)	569.5	.000
Schizotypal Personality Questionnaire-B	11.00 (4.89)	6.60 (3.58)	2024.5	.000
<i>I</i> ₇ Impulsiveness Questionnaire*				
Impulsiveness	3.88 (2.75)	2.87 (2.11)	651.5	.199
Venturesomeness	3.58 (2.91)	5.34 (2.84)	527.0	.022
Empathy	7.00 (1.87)	6.89 (1.69)	759.5	.691
Obsessive-Compulsive Inventory (past month)				
Obsessional Ideation	19.23 (15.19)	7.80 (8.31)	1878.5	.000
Compulsive Washing	30.58 (20.50)	12.97 (11.68)	1916.5	.000
Mental Neutralizing	11.47 (9.81)	6.35 (5.79)	2668.0	.031
Doubting	6.64 (7.74)	3.71 (4.42)	3123.0	.175
Checking	18.76 (18.23)	15.07 (12.41)	3598.5	.667
Ordering	13.41 (9.53)	13.07 (8.56)	3832.0	.998
Hoarding	3.00 (6.76)	3.09 (3.73)	2889.5	.069
Total OCI Score (past month)	103.1 (59.27)	61.9 (44.07)	2048.0	.001

* Note. As described in the text, after controlling for age, TR-OCD patients obtained significantly higher scores on the Impulsiveness scale; however, group differences on the Venturesomeness scale were no longer significant.

4. Conclusions

Patients with TR-OCD presented with major psychiatric syndromes (especially mood and generalized anxiety disorders) and personality disorders (particularly paranoid, avoidant, obsessive-compulsive, and histrionic), and

obtained elevated scores on measures of OC and depressive symptoms, and schizotypal personality. Early work on treatment responsiveness among OCD patients revealed that the presence of schizotypal personality was associated with treatment failure. Moreover, prior studies have revealed that patients with OCD often present with personality disorders, especially cluster A and C disorders (Aycicegi, Dinn & Harris, 2004; Bejerot, Ekselius & von Knorring, 1998; Diaferia et al., 1997; Matsunaga et al., 1998; Mavissakalian, Hamann & Jones, 1990; Rodrigues-Torres & Del Porto, 1995). As expected, a significant number of patients with TR-OCD met criteria for mood and anxiety disorders as well as cluster A and cluster C personality disorders, and scored significantly higher on self-report measures of OC and depressive symptom severity. TR-OCD patients did not differ significantly from normative controls on compulsive checking, doubting, ordering, and hoarding subscales. The latter finding supports the assertion that compulsive hoarding and primary OCD are discrete clinical conditions. However, compulsive checking and doubting are core OCD symptom clusters and the finding that TR-OCD patients did not obtain significantly higher scores on the OCI checking and doubting subscales relative to normative control was surprising. In the present study, lack of insight, suspiciousness, and rigidity associated with schizotypal, paranoid, and obsessive-compulsive personality features may have contributed to treatment failure among OCD patients.

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