

Psychiatric Morbidity among Children of Patients with OCD.

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Abstract

Psychiatric disorders often run in families, this could imply either a genetic factors, social or cultural transmission or some combination of both. At the same time living with an obsessive-compulsive patient is a burden for most partners and children leading to distress in the children. In the current study, 40 parent with OCD and their children (99) were examined to detect the psychiatric morbidity among them also they were exposed to Layton obsession inventory child version (L.O.I.ch.V) to detect the presence of OCD or OCS among them. Wechsler Scale estimated the cognitive function of the children. The result showed that anxiety and depression were the most common pathology to be found among the children of OCD parents to be followed by rituals and or rumination and obsessive compulsive disorder. The cognitive function of the children were impaired parallel to the level of obsessive symptoms and disorder among the children..

Introduction

Psychiatric disorders often run in families. This could imply a genetic factor, social or cultural transmission, or some combination of both. At the same time living with an obsessive-compulsive patient is a burden for, most of the children leading to distress in the partner and children (Cantwell, 1991; Dennis, P. Cantwell 1991).

So, environmental factors are very important. Also abnormal personality of the parents is also potent as an environmental cause. The influence of a strict, cruel, over conscientious or obsessional parent should be taken into consideration when discussing those obsessionals states (Okasha, et al., 1988).

Lenane et al, (1990) studied psychiatric disorders in the first-degree relatives of 46 children and adolescents with severe primary OCD. Thirty percent of the probands had at least one first degree relative with OCD. Moreover about 20% of the fathers and mothers had an obsessive-compulsive personality; 13% of the fathers

and 13% of the mothers had subclinical obsessive-compulsive trait and behavior. Also about 5% of the siblings had a diagnosis of definable OCD and 4% had subclinical OCD.

Taken in consideration that the symptoms of OCD. In the probands and their parents were not similar, we can conclude that obsessive personality disorder and obsessive personality traits are the most common diagnosis found in the relatives of OCD patients next to anxiety and depression which are a common finding especially in the partner. The children also may suffer from other neurotic disorders as agoraphobia, social phobia and global phobia. Neurotic depression is also a common finding in the relatives who lives with obsessive compulsive patients (Dennis, P. Cantwell 1991).

Rasmussen and Eisen, (1989) and Tsung (1980) found (5%) of 88 parents of children with OCD met criteria for OCD and (11%) were judged to have a significant OCS. Including ego-syntonic rituals or obsessive

perfectionism, and the need for things to be done just go. However most studies have shown that family data collected from the proband underestimate the actual incidence of illness. This result implies that obsessional families often function in an ineffective manner because members are excessively concerned with getting things right.

Aim of the Work

This work aims to study the children of parents with obsessive compulsive disorder to detect.

The psychiatric morbidity they have and to estimate the effect on their cognitive function.

Subjects and Methods

The patients were selected from those attending the Institute of psychiatry, Ain Shams University, hospital at the out patient unit, from the period March 1995 to December 1997.

40 Patients, who met the DSM III R. Criteria for OCD 20 male, 20 female patients for duration of 5 years and their children, were studied. The children must be currently staying with the parents.

The number of the children was 124 about (99:100) of them was above 9 years old.

35 patients with a history of chronic diabetes mellitus were selected as a control group.

Methods

A diagnosis for the cases was done by a structured clinical interview based on the diagnostic criteria of DSM III. R. (SCID-III-R), patient version. The children were subjected to general health questionnaire to detect any psychiatric morbidity, then the

affected children were subjected to the following: -

Structural clinical interview (SCID family version).

Arabic version of Wechsler intelligence scale for the cognitive function.

LeyTon obsession inventory (LOI-Ch. V) Arabic version. (Self rated scale).

Results

It was found that (Table1) about 40% of the children of OCD father suffered from depressive symptoms. And about 60% of the OCD mother are also having depressive symptoms while about 20% of them having major depressive disorder and 30% if the mother was the patients.

Children of patients (mothers) with OCD showed a high incidence of anxiety symptoms (70%) and (50%) in case of the father's illness.

Children of parent with OCD showed some evidence of both rituals and / or rumination prevalence of psychiatric symptoms in children of chronic Diabetic patients (control group).

Children of chronic OCD male patient had obsessive traits (mainly rituals) in about 30% of them, and 20% in children of affected mothers.

Obsessive rumination was found in our work in about 50% of the children of affected father and 60% of children of the affected mother. 10% of children diagnosed as having G.A.D. (generalized anxiety disorders).

We found that, patients complaining of chronic OCD predominant compulsion produce more distress and anxiety symptoms among their children than

parents with predominant or pure obsessions.

In the current study all the children were exposed to Lay Ton obsession scale (LOI-chv) and the results showed.

7 Children was above 50 and they were diagnosed as having OCD.

Children of high score on LOI. Chv (45-50) and it was 29 children.

Children of moderate score on LOI. Chv (40-45) and it was 28 children

Third group of children with low score on (LOI-chv) (less than 15) an it was 35 subjects.

Table (1): Psychiatric symptoms among OCD patients

Symptoms	Children of male patients	Children of female patients.
Depressive symptoms	40%	60%
Anxiety symptoms	50%	70%
Obsessive rituals	30%	20%
Obsessive rumination	50%	50%
Major depression	20%	30%
Generalized anxiety disorder	10%	10%

Table (1) shows that among the children of patients with chronic OCD, anxiety symptoms and depressive symptoms are the most common morbidity.

Table (2): Prevalence of psychiatric symptoms in children of chronic Diabetics (control group)

Symptoms	Children of male patients	Children of female patients.
Depressive symptoms	20%	10%
Anxiety symptoms	30%	20%
Obsessive rituals	0%	0%
Obsessive rumination	0%	0%
Major depression	0%	10%
G.A.D.	10%	20%

Fig (1) The most distressing symptoms for the patients with OCD

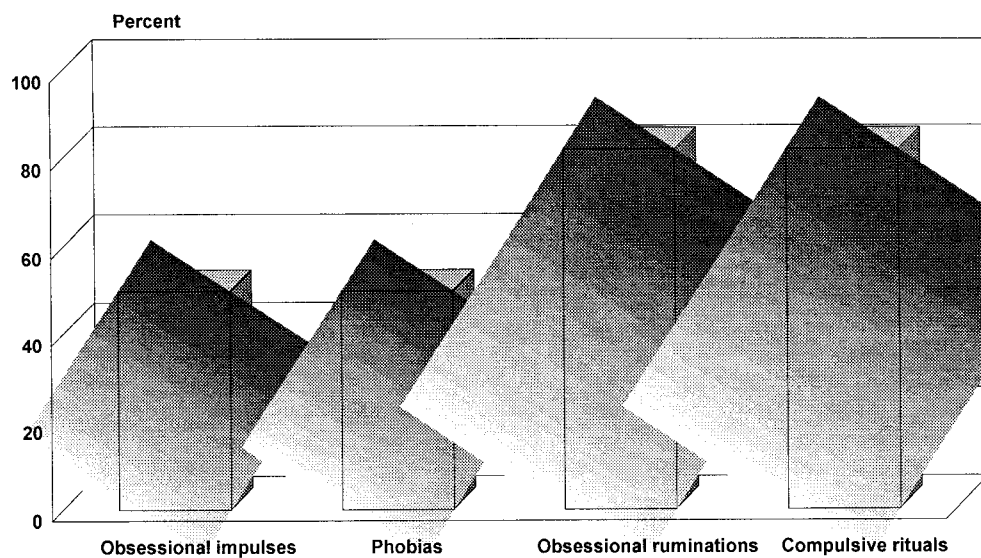


Fig (2) The most distressing symptoms for the relatives of patients with OCD

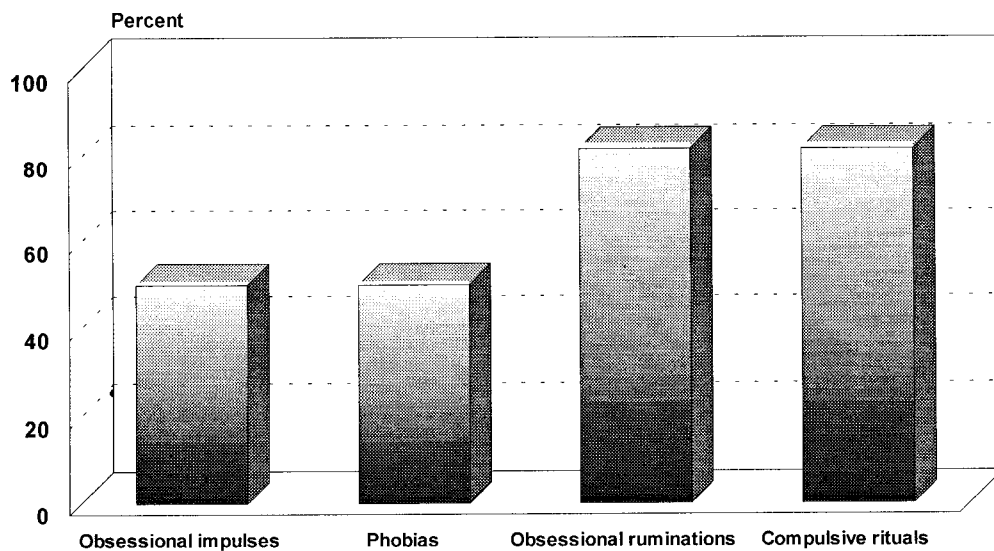


Table (3)

The variable	Cases	High symptoms	Moderate symptoms	Low symptoms score	Total	P
Number of cases	7	29	28	35	99	0.002
Score on (LOI ch.v)	Above 50	(45-50)	40-45	Below 15		

Table (4) : Effect of OCD and OCS on the cognitive function

The variable	Cases N=7		High symptoms N=28		Moderate symptoms N=28		Control N=35		Total N=99	P
	No	%	No	%	No	%	No	%		
Cognitive function										
No impairment	2	28.6	16	55.2	14	50	29	82.9	61	0.0
Impairment	5	13	13	44.8	14	50	6	17.1	38	02

P between cases high symptoms = 0.2 N.S.

P between cases and moderate symptoms = 0.3 N.S.

P between cases and control = 0.003H.S.

The children with a low score on (LOI. Chv) were considered as a control group for the children.

Table (5) : Wechsler intelligence scores

The variable	Cases N=7		High symptoms N=28		Moderate symptoms N=28		Control N=35		Total N=99	P
	No	%	No	%	No	%	No	%		
Scale most affected										
Block design	6	85.7	17	58.6	15	53.6	15	42.9	53	0.2
Picture completion	0		3	20.7	6	21.4	4	11.4	16	
Coding	1	14.3	3	20.7	6	21.4	8	22.9	21	
Digital span	0		0		0		6	17.1	6	
Comprehension	0		0		1	3.6	1	2.9	2	
Similarities	0		0		0		1	2.9	1	

P between cases high symptoms = 0.3.

P between cases and moderate symptoms = 0.4

P between cases and control = 0.4

Table (6): Effect of OCD and OCS on the educational level

The variable	Cases N=7		High symptoms N=28		Moderate symptoms N=28		Control N=35		Total N=99	P
	No	%	No	%	No	%	No	%		
Educational level										
No Deterioration	3	42.9	22	75.9	19	67.9	30	85.7	74	0.8
Deterioration	4	57.1	7	24.1	9	32.1	5	14.3	25	

P between cases high symptoms = 0.8 N.S.

P between cases and moderate symptoms = 0.2 N.S.

P between cases and control = 0.001 H.S.

Effect of OCD and OCS on the cognitive function:

Regarding the finding on the Wechsler scale, it was found that 71.4% (5 cases) of children with OCD had cognitive function impairment and 28.6% (2 cases) had no cognitive function. The most scale affected in Wesch was black design as 85.7% (6 cases), and 14.3 (one case) had coding as the most scale affected in Wesch.

As regards the cognitive function in children with high OCS 44.8% had cognitive function impairment in comparison with children with moderate OCS about 50% had cognitive function impaired and children with low OCS (controls) 17.1% had cognitive function impairment. This results are statistically significant (P = 0.002)

The most scale affected in children with high OCS was block design (58.6%) in children with mild OCS, the most scale affected was block design. This result is statistically non-significant.

Effect of OCD and OCS on the education level

In our study 57.1% (4 cases) of children with OCD had education level deterioration. As regard children with high OCS 24.1 % had education level

deterioration, children with mild OCS showed that 32.1% had education level deterioration, in comparison with controls 14.3% had education level deterioration. This results were statistically insignificant (P = 0.8). But this result is statistically significant between cases and control (P 0.001).

Discussion

Mainly anxiety and depression are the most frequent pathology to be found in the children of a patients with OCD.

This was in accord with the finding of (Patrick of Robin 1987). They found constant fear, anxiety, worry, and apprehension were the typical finding in the families of a patients with obsessive compulsive disorders.

As regards the development of depressive symptoms and/or depressive disorders. Among the children it was found in a higher incidence than it was expected but still to a lesser extent than anxiety symptoms and disorders. This also in accord with many studies, they reported that anxiety symptoms tend to be higher among the relative if the neurotic groups

than the psychotic groups. (Okasha et al. 1993).

The current study showed that rumination and rituals were the most distressing behavior for an OCD patient to be followed by obsessional impulses and phobias.

This is not the same for the children, as we found that ritualistic behavior were perceived as the most distressing behavior for them, even if it was mainly directed or limited to the patient himself and especially if it reflected on the family members. On the other hand rumination were not so distressing for relatives, unless they handicapped the patient completely, this is in agreement with (Graham et al 1989). Who found that patients with predominant compulsion produce more distress and anxiety symptoms among their relatives than patients with predominant or pure obsession.

These findings were accepted because rumination could be considered as self centered symptoms but in case of compulsion, usually the children are involved in the compulsive behavior of the patient e.g. fear of contamination might force the patient to involve the relatives in his rituals as the children might be forced to remove all their clothing before entering the house for fear of contamination by germs or to take a shower several times a day. The consequences for family life of such behavior could be quite disastrous. The family might refuse to participate in rituals leading to a constant atmosphere of disharmony and discord (Graham et al., 1989, Marks, 1987).

On reviewing our results in table 1-2 we found that about 30% of the relatives of male patients and 20% of the relatives of female diabetic control were found to have

anxiety symptoms/ We also found that all those with anxiety symptoms were relative of diabetic patients with unsteady blood sugar levels., frequent complications and admission to hospitals. On the other hand, relative of controlled diabetic patients, were found to have no symptoms of anxiety at all (Rudolf-Moos 1979), reported that many aspect of chronic illness can be source of stress for the relatives especially during the episodes of relapse, special treatment procedures and hospital admission.

The cognitive function were impaired in most of the children with OCS or OCD. The degree of impairment was the highest among those children with OCD to be followed by those with high OCS - finally the children with low OCS, and the control are the least to had cognitive impairment. Although Most studies concluded that OCD patients possess higher than average intelligence. However this conclusion is based on little actual data. Most conclusions were based solely on clinical impressions (Michael et al. 1994).

Coryell, 1981 and Inset et al., 1983 used the Wechsler Adult Intelligence Scale (WAIS) and found only a small and non significant difference in full scale-IQ between OCD patients and a matched normal comparison group of more potential interest is a small but consistent discrepancy in verbal vs. performance IQ scores in OCD patients as well as in neuropsychological tests of frontal lobe dysfunction; these findings have led to a hypothesis that there may be dominant frontal impairment in OCD.

However, this difference could also be explained by patient compulsiveness and obsessional slowness, which might interfere with performance of visuospatial tasks. This was also confirmed by Flament 1993

who reported visuospatial dysfunction in children with OCD.

References

Coryell, W. (1981): Obsessive compulsive disorder and primary unipolar depression: comparisons of back ground, family history, course and mortality. *J. Nerv. Mental. Dis.* (169): 220-224.

Dennis, P; Cantwell (1991): obsessive compulsive disorder in children and adolescents. In current opinion in psychiatry (1991), 4; 532-534.

Flament, M.F. (1993b): Pharmacological treatment of OCD in child and adolescents. *Encephala*. 19 (2): 75-81.

Flament, M.F., (1993a): OCD. *Encephale* Jul. 19 Spec. No. 2. 425-35.

Graham D, Norman T.R., et al (1989): Social aspect of obsessive-compulsive disorder (in understanding O.C.D.) an international symposium held during the 8th world congress of psychiatry. Hogrefe and Huber publishers pp. 24,25,26.

Graham, D; Burrows T.R. (1988): Social aspects of OCD. In understanding OCD. Hogrefe and Huber publishers pp. 24-26.

Insel, T.R. (1992): Towards a neuro anatomy of OCD. *Arch. Gen. Psych.* 49, 739-744.

Insel, T.R., Donnelly, E.G., Halaken, N.L. et al. (1983): Neurological and neuropsychological studies of patients with obsessive compulsive disorder. *biol. Psychiatry*; 18 (741-751).

Lenane M; Swedo, S, Leonard, H (1990): Psychiatric disorders in the first degree relatives of children and adolescents with obsessive compulsive disorder, pp.; 407-412.

Marks I.M. (1997): Fear, phobias and rituals in OCD. Oxford University press. In understanding O.C.D. An international symposium held during the 8th world congress of psychiatry. . Hogrefe and Huber publishers p. 25-26.

Michael, A., Jenike, Lee Baer, William, E. Minichillo, Ed.D. (1994): OCD: theory and management. Ch. 2 epidemiology and clinical features of OCD, A year books.

Okasha A. (1988): Okasha's clinical psychiatry. Chapter 7a. The Anglo Egyptian bookshop-Cairo pp. 335, 342-344.

Okasha A., Zaki A., Mohamed A., (1990): Stress and Neuropsychiatric disorders Frontiers of research, M.S. Essay Ain Shams University, pp. 107-109-124.

Patterson G.R., (1981): Mothers the unacknowledged victims. In Rutter M and Hersove H (1985) (eds) child and adolescence Psychiatry Oxford, London, Edinburg pp. 44.

Rasmussen S, Eisen J (1989): Clinical features and Phenomenology of obsessive compulsive disorder *Psych Annals* 19:67-73.

Rudolf H. Moos. (1979): Coping with physical illnesses plenum medical book company. New York London p. 7-8-193.

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الاضطرابات النفسية بين أطفال عائلات مرضى الوسواس القهري

يرجع انتشار الاضطرابات النفسية بين أطفال عائلات مرضى الوسواس القهري إلى عوامل كثيرة منها الوراثية و الاجتماعية و البيولوجية و هذه العوامل مجتمعة بجانب عامل المعيشة لهؤلاء المرضى جعلت الدراسة تتجه إلى تحديد أهمية هذه الأدوار و كان الهدف الأساسي هو توضيح أهمية دور المعيشة مع الآباء و الأمهات المرضى في انتشار هذه الاضطرابات و تمت الدراسة على ٤٠ أسرة مناصفة في إصابة الأب و الأم و تم تشخيص المرضى مستخدماً المقابلة المقننة للتصنيف الأمريكي الثالث المعدل الخاص بالمرضى و الأسرة و استخدمت عينة ضابطة لأطفال عائلات مرضى البول السكري المزمن و قد أسفرت هذه الدراسة بعد التحليل الإحصائي الدقيق و المناسب عن شيوخ اضطرابات التوتر و الاكتئاب و أعراض الطقوس الحركية و الأفكار الإجترارية بين هؤلاء الأطفال بنسب إحصائية مؤثرة و ذات دلالات و قد أوصت الدراسة بمتابعة هؤلاء الأطفال و المحاولة الجادة لمبادرة مساعدتهم و اكتشاف هذه الاضطرابات مبكراً مما يساعد على منعها و علاجها.

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