



OUTCOME PREDICTORS IN PATIENTS WITH OBSESSIVE-COMPULSIVE DISORDER: A PROSPECTIVE NATURALISTIC STUDY



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Background and Purpose of the Study

Obsessive Compulsive Disorder (OCD) is a prevalent, chronic, highly impairing condition, often comorbid with other mental disorders. Pharmacological treatments for OCD include Serotonin Reuptake Inhibitors (SRIs) as first-line treatment. Nonetheless, up to 40-60% of patients do not completely recover after a single SRI trial¹ and are eligible for second-line treatments (e.g., SRIs + other compounds such as antipsychotics, proserotonergic compounds or i.v. Clomipramine)^{2,3}. However, given that poor response to augmentation strategies and treatment-resistance are not infrequent in clinical practice, it is of great clinical interest to assess outcome predictors in OCD. **The aim of the present study was therefore to investigate predictors of treatment response and remission in a sample of patients with OCD.**

Methods

Study sample included 66 outpatients with OCD (DSM-IV-TR criteria). Diagnoses were made through the SCID-I and SCID-II. Exclusion criteria included: mental retardation, current psychotic symptoms, severe personality disorders (with the exception of **obsessive compulsive personality disorder [OCPD]**), suicidal risk, pregnancy and concomitant psychotherapies. Main demographic and clinical variables were collected during clinical interviews (age, gender, family history, age at onset, age at 1st treatment, 1st prescribed pharmacological treatment including dosages and duration of therapy, **duration of illness (DI)**, **duration of untreated illness (DUI)**, psychiatric comorbidity before and after the onset of OCD, and presence of OCPD). At baseline, all patients had been drug-free for at least 4 weeks and received an open pharmacological treatment consisting of monotherapy (SRI) or polytherapy (SRI + Benzodiazepines, Mood Stabilizers or Antipsychotics). The Yale-Brown Obsessive Compulsive Scale (Y-BOCS) was administered at baseline and after 12 weeks of pharmacological treatment in order to quantify response (see study Flow chart).

Study Flow-chart

66 drug-free outpatients with OCD (SCID)

Administration of Y-BOCS at baseline

12 week open treatment (SSRIs in monotherapy or in augmentation with other treatments)

Follow-up after 12 weeks of open treatment

Treatment response was defined as a decrease > 25% on total Y-BOCS scores compared to baseline², while remission was defined as an endpoint Y-BOCS total score < 10³.

A logistic regression was performed considering age at onset, DI, DUI, gender distribution and comorbidity with OCPD as covariates, and treatment response or clinical remission as dependent variables. A further analysis (chi-square) was performed dividing the total sample in 2 subgroups on the basis of a DUI ≤ or > 24 months in order to assess differences in treatment response. The alpha level of significance was set at 0.05 (not modified).

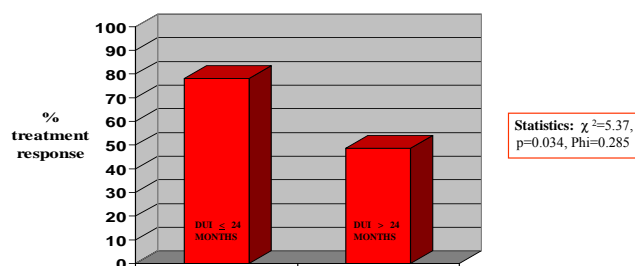
Results

Main clinical and demographic variables of the sample are summarized in Table 1. Gender (p=.362, OR: 1.600), comorbidity with OCPD (p=.360, OR: 1.667), Duration of Illness (DI) (p=.250, OR: 1.002) and Duration of Untreated Illness (DUI) (p= .148, O.R.1.003) were not predictive of treatment response. Of note, **an earlier age at onset was found to be predictive of poor or absent response** (p=.038 OR: .946). Gender (p=.642, OR:1.310), DI (p=.771, OR:1.001), DUI (p=.589, OR:1.001) and age at onset (p=.343, OR:.979) were not related to remission whereas **comorbidity with OCPD was predictive of lack of remission** (p=0.037, OR: 9.323). In addition, the group with a DUI ≤ 24 months showed a greater treatment response ($\chi^2=5.37$, p=0.034, Phi=0.285) (Figure 1).

Table 1. Clinical and demographic variables of total sample

VARIABLES		TOTAL SAMPLE (N=66)
DUI (months)		93.09 (±110.99)
Gender	Males	25 (37.9)
	Females	41 (62.9)
Age (years)		40.20 (±13.81)
Age at onset (years)		24.39 (±11.84)
Age at the 1° pharmacological treatment (years)		32.59 (±13.25)
Baseline Y-BOCS scores		26.58 (±5.37)

Figure 1. Percentages of treatment response in the 2 subgroups divided according to DUI < or > 24 months



Conclusions

According to study results, it was found that:
 -comorbidity with OCPD may be considered a negative prognostic factor in obsessive-compulsive patients and predicted a reduced probability of remission,
 -an earlier age at onset was associated with a lower rate of response.
 - a DUI ≤ 24 months was associated with a greater response.

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*Conflict of Interest: Authors do not have any affiliation or financial interest to disclose in relation to the present Poster.