

OBSESSIVE COMPULSIVE SYMPTOMS IN PATIENTS WITH EPILEPSY

Abhishek Kumar*, M. Aleem Siddiqui, Shantanu Bharti.

Department of Psychiatry,

*Central Institute of Psychiatry (CIP), Ranchi, Jharkhand, India – 834006.

Era's Lucknow Medical College & Hospital, Sarfarajganj, Lucknow, U.P., India-226003

Received on : 06-04-2017

Accepted on : 15-05-2017

ABSTRACT

Obsessive Compulsive Symptoms in Patients with Epilepsy. To find out the prevalence of obsessive compulsive symptoms / disorder among patients of epilepsy. Patients with epilepsy diagnosed clinically at psychiatric out patients department were selected for the study. Yale-Brown Obsessive Compulsive Scale was applied to find out the prevalence and nature of obsessive compulsive symptoms. A total of 93 patients were participated and it was found that 20.4 % of epilepsy patients had obsessive compulsive symptoms. The prevalence of obsessive compulsive symptoms among the patients of epilepsy was found to be 20.4%.

Address for correspondence

Dr. M. Aleem Siddiqui

Associate Professor,,

Department of Psychiatry

Era's Lucknow Medical College,
Lucknow-226003

Email:docaleem@gmail.com

Contact no: +91-7607358897

KEYWORD: Compulsion, Obsession, Prevalence, epilepsy.

INTRODUCTION

Obsessive Compulsive Disorder (OCD) is common psychiatric illness with a lifetime prevalence of up to 3%.(1) Adults with epilepsy had a very high prevalence of psychiatric problems as for example mood disorders, including depression and anxiety, are frequent. Specially for anxiety it may be upto 25%.(2,3) These data suggests that the prevalence of Obsessive-compulsive symptoms (OCS) may be found much higher. Some studies found an increased prevalence of OCS or OCD among patients of epilepsy which has ranged from 11% to 34.5%, when compared to healthy control.(4- 8) In this view the aim of this study was to look for prevalence of Obsessive compulsive symptoms and disorders in patients of epilepsy.

METHODOLOGY

Participants were patients of either gender between the ages of 18 and 60 years visiting at Psychiatry outpatient department of Era's Lucknow Medical College and Hospital, with presenting complains of seizure and diagnosed as epilepsy. All consenting patients were provided with self reporting personal and socio demographic detail containing datasheet. Further they were screened with Y-BOCS checklist. The exclusion criteria included patients with unstable or life-threatening cluster or status attacks, co morbid medical conditions like Hypertension, Diabetes, co morbid diagnosis of Alcoholism or any psychoactive substance abuse or dependence, personality disorders, organic disorders or psychotic illness.

PROCEDURE AND DESIGN

The current study was cross-sectional in design and did not include data collected at follow-up time points.

TOOLS

Socio-demographic Data Sheet The socio demographic data sheet included age, gender, religion, Years of education and socio economic class of the patients. It also recorded provisional medical diagnosis for epilepsy.

Yale-Brown obsessive compulsive scale (9) This scale rates the severity of obsessive compulsive symptoms. The scale is a clinician-rated 10-item scale. Each item is rated 0 (not significant) to 4 (extreme symptoms). Separate total for severity of obsession and compulsion is calculated. The result can be interpreted as 0-7, subclinical; 8-15, mild; 16-23, moderate; 24-31, severe; and 32-40, extreme severity.

Statistical Analyses The collected data of all patients was statistically analyzed, using Statistical Package for Social Sciences (SPSS, Inc., Chicago, Illinois) version 10.0. Data analysis included means and standard deviations for complete sample. Frequency analysis was used to determine the prevalence of Obsessive compulsive symptoms.

RESULT

A total of 93 patients (51 [54.8%] male and 42 [45.2%] female) were included for the study, Table.1 summarizes the sample characteristics. The mean age of the complete sample (n= 93) was 35.80 ± 9.04 years, the mean years of education were 10.13 ± 2.04 years and majority were belonging to Hindu religion (n=77, 82.8%) where as others were only 17.2% (n=16). On semiological classification of the epilepsy, there was 36 patients had primary GTCS, constituting 38.7%, but the majority was partial onset seizure with secondary generalization that consisted with 57

patients (61.3%). The mean duration of the Epilepsy was found to be 11.04 months ± 6.86 months. The main aim of the study was prevalence of OCD, and we found 19 patients with obsession and or compulsive symptoms among patients of epilepsy, that constituted 20.4%. However none of them crossed diagnostic threshold for disorder level, as all these patients scored below 8 on Y-BOCS. Out of total 19 patients 13 patients had mixed obsession and compulsive symptoms (13.98%), 4 patients had predominantly symptoms of compulsions (4.30%) and 2 patients had predominantly symptoms of obsessions (2.15%). We categorized the sample as per Y – BOCS symptoms checklist. The majority was of obsession were counting (n=6), followed by aggressive, sexual and symmetry (n= 3 for each), and lastly somatic and religious obsessions (n=2 each). Similarly, on compulsive check list the checking compulsion was found among 5 patients, followed by cleaning (n=4), counting (n=2) and repeating compulsions (n=2). (table 1)

DISCUSSION

The aim of the study was to find out the prevalence of obsessive-compulsive symptoms among patients with epilepsy. We did not find a single case above diagnostic threshold i.e. scoring above 8 on Y-BOCS. A total of 19 patients scored subclinical scores (0-7) on Y-BOCS, out of a total 93 patients of epilepsy that

reflects a symptoms prevalence of 20.4%. The lifetime prevalence of obsession and compulsions among general non clinical population is reported as around 3%.¹ Thus finding symptoms prevalence of 20.4 % indicates a higher inclination of OC symptoms among patients of epilepsy, however they did not affected at disorder level. The found prevalence of ours study is in accordance to the various previous studies reporting from 11 to 34.5% of symptoms and or disorder prevalence.

The neurobiological basis of OCD often implicates a dysfunction of frontostriatal and amygdala-cingulate networks.¹⁰ Thus the patients with neurological disorders or seizure disorders affecting these networks may express as OC symptoms, specially temporal lobe epilepsy.¹¹

Many interictal behavior syndrome and personality features are described phenomenologically as religious, hypergraphic, and circumstantiality in epilepsy patients. These externally obvious phenomenological expression, which may have various underlying psychopathological basis that leads to a low quality of life for epilepsy population.¹²⁻¹³

There is lack of studies about symptom subtyping of OCD patients by their principal obsessive or compulsive behavior (e.g., checking or washing in behaviors). In our study, we showed subtyping in

		Mean ± SD	
	Age (in Years)	35.80 ± 9.04	
	Years of Education (in Years)	10.13 ± 2.04	
	Duration of Epilepsy (in Months)	11.04 ± 6.86	
		n	%
Gender	Male	51	54.8
	Female	42	45.2
Religion	Hindu	77	82.8
	Others	16	17.2
Seizure Type	Primary GTCS	36	38.7
	Partial Onset	57	61.3
OC Symptoms	Mixed Obsessive Compulsive symptoms	13	13.98
(n=19; 20.4%)	Predomanatly Compulsive symptoms	4	4.30
	Predominantly Obsessives ymptoms	2	2.15

Table 1: Sample Characteristics and Findings.

obsessive concerns and compulsions among epileptic patients. The limitations of this study include relatively small sample size, lack of comparison group and not assessing premorbid personality or temperament. We expect that future studies will overcome these limitations.

CONCLUSION

In conclusion prevalence of obsessive-compulsive symptoms among the epilepsy patients were found to be 20.4 %.

REFERENCES

1. Karno M, Golding JM, Sorenson SB, Burnam MA. The epidemiology of obsessive-compulsive disorder in five US communities. *Arch Gen Psychiatry*. 1988;45:1094-1099.
2. Ertekin BA, Kulaksizoglu IB, Ertekin E, Gurses C, Bebek N, Gokyigit A, Baykan B. A comparative study of obsessive-compulsive disorder and other psychiatric comorbidities in patients with temporal lobe epilepsy and idiopathic generalized epilepsy. *Epilepsy Behav*. 2009;14:634-639.
3. Swinkels WAM, Kuyk J, De Graaf EH, Van Dyck R, Spinhoven PH. Prevalence of psychopathology in Dutch epilepsy inpatients: a comparative study. *Epilepsy Behav*. 2001;2:441-447.
4. Hamed SA, Elserogy YM, Abd-Elhafeez HA. Psychopathological and peripheral levels of neurobiological correlates of obsessive-compulsive symptoms in patients with epilepsy: a hospital-based study. *Epilepsy Behav* 2013;27:409-415.
5. Ertekin BA, Kulaksizoglu IB, Ertekin E, Gurses C, Bebek N, Gokyigit A, et al. A comparative study of obsessive-compulsive disorder and other psychiatric comorbidities in patients with temporal lobe epilepsy and idiopathic generalized epilepsy. *Epilepsy Behav* 2009;14:634-639.
6. Isaacs KL, Philbeck JW, Barr WB, Devinsky O, Alper K. Obsessive-compulsive symptoms in patients with temporal lobe epilepsy. *Epilepsy Behav* 2004;5:569-574.
7. Monaco F, Cavanna A, Magli E, Barbagli D, Collimedaglia L, Cantello R, et al. Obsessionality, obsessive-compulsive disorder, and temporal lobe epilepsy. *Epilepsy Behav* 2005;7:491-496.
8. de Oliveira GN, Kummer A, Salgado JV, Portela EJ, Sousa-Pereira SR, David AS, et al. Psychiatric disorders in temporal lobe epilepsy: an overview from a tertiary service in Brazil. *Seizure* 2010;19:479-484.
9. Goodman WK, Price LH, Rasmussen SA, Mazure C, Fleischmann RL, Hill CL, Heninger GR, Charney DS. The Yale-Brown Obsessive Compulsive Scale. I. Development, use, and reliability. *Arch Gen Psychiatry*. 1989 Nov;46(11):1006-11.
10. Insel TR. Toward a neuroanatomy of obsessive-compulsive disorder. *Arch Gen Psychiatry* 1992; 49:739-744
11. Berthier ML, Kulisevsky J, Gironell A, et al: Obsessive compulsive disorder associated with brain lesions: clinical phenomenology, cognitive function and anatomic correlates. *Neurology* 1996; 47:353-361
12. Ritaccio AL, Devinsky O. Personality disorders in epilepsy. In: Ettinger AB, Kanner AM, eds. *Psychiatric Issues in Epilepsy*. Baltimore, MD: Lippincott Williams & Wilkins; 2001:147-162.
13. Waxman SG, Geschwind N. The interictal behavior syndrome of temporal lobe epilepsy. *Arch Gen Psychiatry*. 1976;32:1580-1586.

