Age of Child Obsessive-Compulsive Disorder Onset and its Relation to Gender, Symptom Severity, and Family Functioning

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Background

OCD is a chronic anxiety disorder that for some is so severe as to be incapacitating.

Obsessive-compulsive disorder involves **both**:

Obsessions, which are thoughts, images, or impulses that are experienced as distressing, and

Compulsions, which are repetitive behaviours or mental acts performed in response to an obsession

Compulsions serve to **reduce the anxiety** caused by the obsessions, but the anxiety reduction is only momentary and serves to **reinforce the ritualistic behaviours**.

Childhood onset is common in cases of OCD.

Issues in Child OCD Research

Is childhood-onset OCD a subtype of the disorder?

Age at Onset linked to Symptom Severity?

Studies of adults with OCD who report a childhood onset: Individuals who experienced an earlier onset of the disorder also experienced more severe symptoms (Lomax, et al., 2009).
BUT Studies of juveniles with OCD demonstrate, at best, a dubious association between age at onset and symptom severity.

Males Experiencing Earlier Age-at-Onset?

Retrospective studies of OCD adults who reported a childhood onset: males report an earlier age of onset (Fontenelle et al., 2003).
BUT Most recent studies of juveniles with OCD have failed to replicate this finding (Mancebo et al., 2008).

Child OCD More Common Among Males?

Adult OCD studies: there is no significant difference in the proportion of male and female adults with OCD (Pauls, et al, 1995).
BUT Some childhood-onset OCD studies found that the disorder is more prevalent in males (Tükel et al., 2005).

Aims and Hypotheses

If early-onset OCD is a subtype, it will have its own unique clinical features. The aim of this study was to further evaluate the potential differences present in early-onset OCD.

Hypotheses:

1. Age at onset will be negatively correlated with symptom severity
2. Males will experience earlier age-at-onset and, thus, more severe symptoms
3. The proportion of male juveniles with OCD will exceed the proportion of female juveniles with OCD

Method

Participants
- 129 parents or guardians provided info. about an OCD child < 16 years

Materials
- Recruitment via Google AdWords
- 36-question survey on SurveyGizmo.com

- A symptom severity scale similar to the Child Yale-Brown Obsessive-Compulsive Scale
- General information about the family
- Family functioning questions
- Crucial age at onset and gender items

Results

Symptom severity as predicted by onset age, gender, and other variables

Table 1

Summary of Regression Analyses for Variables Predicting Overall Symptom Severity (n = 129).

Variable	*B*	*SE B*	*r* with Symptom Severity
Age of Onset	-0.15	0.14	-.06
Gender (male = 0, female = 1)	1.76	1.02	.18
Parent education	-0.19	0.19	-.12
Subjective Social Status	0.13	0.27	-.07
Family Functioning	**-0.96*** **	**0.17**	**-.48*** **
Extraversion	0.18	0.42	-.03
Conscientiousness	-0.28	0.41	-.13
Emotional Stability	-0.25	0.43	-.11
Openness to Experience	0.36	0.49	-.14

Note. $n = 129$
*** $p < .0001$.

No age-of-onset differences. Earlier onset not associated with greater severity.

No gender differences. Males' symptoms were not more severe and their age of onset was not earlier. Also, there was no significant difference in the proportions of males (*n* = 63) and females (*n* = 66) in the sample.

Discussion

We examined the validity of subtyping of childhood-onset OCD through determining whether a relationship existed between age at onset and symptom severity, whether males experienced an earlier age at onset and thus more severe symptoms, and whether a males were over-represented. **None of these relationships were supported.** Males were not over-represented in our sample, they did not show symptoms at an earlier age, and their symptoms were not worse than those reported by the parents of females. Thus, **our findings clearly do not support the differentiation of early-onset and late-onset OCD as two distinct subtypes**.

However, we found an unexpectedly strong negative relationship between family functioning and symptom severity. **Lower levels of family functioning** were associated with **higher levels of symptom severity.**

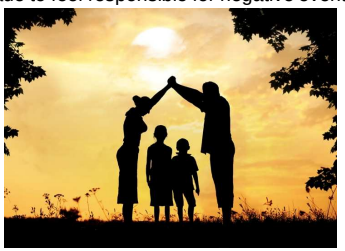
Family functioning decreases as a child's OCD symptoms worsen (Cooper, 1996).

Dysfunctional families can unwittingly maintain symptoms (accommodate) and sabotage treatment efforts (Peris et al., 2008; Peris et al., 2012).

Reverse direction of causality: Dysfunctional family environments might result in the development of more severe symptoms.

E.g. Heightened sense of responsibility (Salkovskis, et al., 1999):

- Assume a lot of responsibility at an early age
- Made to feel responsible for negative events



The role of family dynamics is in need of additional study.

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