ALEXITHYMIA AS PREDICTOR OF TREATMENT OUTCOME IN PATIENTS WITH OBSESSIVE-COMPULSIVE DISORDER : A PROSPECTIVE STUDY.

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Introduction

Obsessive-compulsive disorder(OCD) is a mental disorder consisting persistent and recurrent thoughts, images, or impulses, and compulsions defined as repetitive and irrational behaviors or mental acts. OCD is often regarded as being difficult to treat, at least 10% of patients are refractory to psychopharmacological treatment.

People with OCD usually use isolation of affect as psychodynamic defense to fend off inner aggression and control intolerable emotions. Alexithymia is defined as difficulties in identifying and describing feelings, deficits in the regulation of emotions. Alexithymia may play a critical role in the production and maintenance of obsessive-compulsive symptoms, and probably prognosis of disorder. Alexithymia has been shown to worsen treatment outcome in various psychiatric illness such as panic disorder, posttraumatic stress disorder, and eating disorders.

The objective of this study with a prospective cohort design was to investigate impact of alexithymia and clinical risk factors on treatment response at 4-month follow-up after serotonin reuptake inhibitor (SRI) medication in drug-free patients with OCD.

Methods

Participants

A total of 100 patients with OCD were recruited for this study from the OCD clinic of Severance Hospital. All participants were drug-free status when they were included and had not been treated with pharmacotherapy for at least 8 weeks.

Assessments

Obsessive and compulsive symptom severity were assessed with the Yale-Brown Obsessive Compulsive Scale(Y-BOCS). Alexithymia was assessed using the Toronto Alexithymia Scale, containing the following factors: difficulty identifying feelings, difficulty describing feelings, and externally oriented thinking. Treatment responders were determined by significant reduction (≥35%) of the Y-BOCS scores after 4 months of SRI treatment.

Statistical Analysis

Independent T-test and chi-square test was applied to determine which variables were correlated with treatment response. Multivariate analysis of covariance (MANCOVA) was used to compare alexithymia level between treatment responders and non-responders controlling for confounding variables which were expected to affect treatment response of OCD.

Results

Treatment responders scored significantly lower for alexithymia such as difficulty describing feeling and identifying feeling compared to non-responders, and not significantly different for externally-oriented thinking.

TABLE 1 Demographic and clinical characteristic of OCD patients with or without treatment response

	Treatment response			t/χ2	p
	N (%) or Mean (SD)				
	Total (N=100)	Responder (N=44)	Non- responder (N=56)		
Gender				0.021	0.884
Female	44 (44.0)	19 (19.0)	25 (25.0)		
Male	56 (56.0)	25 (25.0)	31 (31.0)		
Age	28.93 (10.27)	28.95 (10.43)	28.91 (10.23)	-0.021	0.983
Mariatal status				0.709	0.400
Yes	19(19.0)	10(10.0)	9(9.0)		
No	81(81.0)	34(34.0)	47(47.0)		
Education year	13.98 (2.24)	14.02 (2.17)	13.95 (2.31)	-0.169	0.866
Onset age	19.45 (8.98)	21.11 (10.29)	18.14 (7.65)	-1.655	0.101
Duration of illness	9.48 (8.52)	7.84 (6.00)	10.77 (9.94)	1.821	0.065
Depression				4.813	0.028
Yes	32(32.0%)	9(9.0)	23(23.0)		
No	68(68.0%)	35(35.0)	33(33.0)		
Y-BOCS	27.96 (4.96)	28.98 (4.61)	27.16 (5.11)	-1.840	0.069

TABLE 2 Multivariate analysis comparing alexithymia subscales score for treatment response after controlling for age, sex, comorbid depression

	Total (N=100) ^a		F	p	ηp ²
	Responder (N=44)	Non-responder (N=56)			
TAS total	48.68 ± 12.38	55.32 ± 10.88	5.16	0.025	0.052
DDF	13.00 ± 4.81	15.38 ± 3.95	5.04	0.027	0.050
DIF	15.95 ± 6.16	19.54 ± 5.94	5.42	0.022	0.054
EOR	19.73 ± 3.96	20.41 ± 3.73	0.30	0.583	0.003

^a responder - Wilks λ=0.94, F_(3, 93)=2.14, p=0.101, age - Wilks λ=0.87, F_(3, 93)=4.62, p=0.005, sex - Wilks λ=0.93, F_(3, 93)=2.21, p=0.092, comorbid depression - Wilks λ=0.91, F_(3, 93)=3.40, p=0.021

Abbreviations:

TAS= Toronto alexithymia scale

DDF= TAS, Difficulty describing feelings subscale

DIF = TAS, Difficulty identifying feeling subscale

EOR = TAS, Externally-oriented thinking subscale

Conclusion

The present findings indicate that alexithymia, especially the trait that is difficult to describe and identify inner feelings, predicts unfavorable treatment outcome in patients with OCD, regardless of initial clinical severity of disorder. It may be useful for clinicians to be aware that alexithymic patients are resistant to pharmacotherapy, therefore various treatment options would be needed.

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