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ORIGINAL ARTICLE /ÖZGÜN ARAŞTIRMA

Childhood trauma, sexual functions, psychiatric comorbidity and socio-demographic data in obsessive-compulsive disorders with sexual obsessions

Cinsel obsesyonlarla seyreden obsesif-kompulsif bozukluklarda çocukluk çağı travması, cinsel işlevler, psikiyatrik komorbidite ve sosyodemografik veriler

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ABSTRACT

Objective: We compared the childhood trauma, the severity of sexual functions, comorbidity of axis I psychiatric disorder, the types and severity of obsessive-compulsive disorder (OCD) and sociodemographic data of patients with or without sexual obsession in OCD.

Methods: Eighty patients of OCD were recruited from including consecutive admissions to an outpatient clinic. Primary OCD patients assessed each subject using the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I). OCD symptoms and symptoms severity was assessed by the Yale-Brown Obsessive Compulsive Scale (YBOCS). Traumas were assessed by the Childhood Trauma Experiences Questionnaire. Sexual functions severity was assessed by the Arizona Sexual Experience Scale (ASEX). Current depressive and anxiety symptoms score were assessed using the 17-item Hamilton Rating Scale for Depression (HAM-D) and the Hamilton Anxiety Scale (HAM-A).

Results: The frequency of sexual obsession was 15% in our clinical populations diagnosed with OCD. History of emotional abuse and incest were associated with a significantly higher rate of OCD with sexual obsessions. Religious, aggressive, hoarding obsessions and hoarding compulsions were associated with a significantly higher rate of OCD with sexual obsessions. Comorbidity of Somatoform disorder was associated with a significantly higher rate of OCD with sexual obsessions. Subjects who have OCD with sexual obsessions did not significantly differ from those without sexual obsessions on any ASEX scores, Y-BOCS scores, HAM-D, HAM-A and demographic features.

Conclusion: Sexual obsessions were related to religious, aggressive, hoarding obsessions and hoarding compulsions, the emotional abuse, incest and a comorbidy of somatoform disorder.

Key words: sexual obsessions, childhood trauma, comorbidity

ÖZET

Amaç: Bu çalışmanın amacı; cinsel obsesyonlarla seyreden obsesif-kompulsif bozukluk (OKB) hastalarıyla diğer OKB hastalarını çocukluk çağı travması, cinsel işlev bozukluklarının şiddeti, eksen I psikiyatrik bozukluk komorbiditesi, OKB tip ve şiddeti ve de sosyodemografik verileri açısından karşılaştırmaktı.

Yöntemler: Ayaktan tedavi ünitesine ardışık başvuruları içeren 80 OKB hastası alındı. Öncelikle, her bir OKB hastası, DSM IV Eksen I Bozukluklar için Yapılandırılmış Klinik Görüşme (SCID-I) kullanılarak değerlendirildi. OKB semptomları ve semptom şiddeti Yale-Brown Obsesif Kompulsif Ölçek (YBOCS) ile değerlendirildi. Travmalar Çocukluk Çağı Travma Yaşantıları Anketi ile değerlendirildi. Cinsel işlev bozukluğu şiddeti Arizona Cinsel Yaşantılar Ölçeği kullanılarak değerlendirildi. Mevcut depresif ve anksiyete semptomları 17 maddeli Hamilton Depresyon Değerlendirme Ölçeği ve Hamilton Anksiyete Değerlendirme Ölçeği kullanılarak değerlendirildi.

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Bulgular: Bizim klinik populasyonumuzda cinsel obsesyon sıklığı OKB tanısı alanların %15'inde mevcuttu. Duygusal istimar ve ensest belirgin biçimde daha yüksek oranda cinsel obsesyonlarla seyreden OKB ile ilişkili idi. Dini, agresif ve istifleme obsesyonları ile istifleme kompulsiyonları belirgin biçimde daha yüksek oranda cinsel obsesyonlarla seyreden OKB ile ilişkili idi. Cinsel obsesyonu olan OKB hastaları, cinsel obsesyonu olmayanlardan ASEX skorları, Y-BOCS skorları, HAM-D, HAM-A skorları ve demografik özellikler bakımından herhangi bir farklılık göstermedi.

Sonuç: Cinsel obsesyonlar dini, agresif ve istifleme obsesyonları, istifleme kompulsiyonları, duygusal ihmal, ensest ve somatoform bozukluk komorbiditesi ile ilişkili bulundu.

Anahtar kelimeler: Cinsel obsesyon, çocukluk çağı travmaları, komorbidite

INTRODUCTION

Knowledge about obsessive-compulsive disorder (OCD) has significantly increased in the last two decades. Despite this, systematic studies of sexual obsessions, and of the relationship between obsessive-compulsive phenomena, have rarely been performed. Although the epidemiology of OCD appears to be stable across cultures. Sexual obsessions constitute an interesting component of the phenomenology of OCD [1].

The frequency of sexual obsessions in clinical populations diagnosed with OCD is reported to be 6% in Saudi Arabia, 10% in Singapore, 10% in Israel, 12% in India, 19-24% in the United, 13-31% in Turkey, 32% in Bahrain, 47% in Egypt [2-15].

Sexuality has often been thought to play a part in the genesis of some cases OCD. It has been hypothesized that sexual conflict is a causal factor in the development of obsessive compulsive disorder [16].

Childhood trauma is known to predispose to a variety of psychiatric disorders, including mood, anxiety, eating, and personality disorders. However, the relationship between childhood trauma and obsessive-compulsive symptoms has not been well studied [17].

Sexual functions can impact a person's ability to form or sustain intimate relationships and has been found to interact with several psychiatric conditions but there is little empirical information on the comorbidity of sexual dysfunctions and the OCD and OCD symptoms [18-22].

Because little is known about sexual obsessions in individuals with OCD, we compared the childhood trauma, the severity of sexual functions, the Axis I psychiatric disorder comorbidy, the severity of OCD and sociodemographic data of patients with or without sexual obsession in OCD

METHODS

Participants were recruited from including consecutive admissions to an outpatient clinic. Study inclusion criteria were primary diagnosis of DSM-IV OCD current, 18 years or older and able to be interviewed in person. The only exclusion criterion was the inability to understand and consent to the study.

Primary OCD patients assessed each subject using the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) [23,24] OCD symptoms and symptoms severity was assessed by the Yale-Brown Obsessive Compulsive Scale (YBOCS) [25,26] traumas were assessed by the Childhood Trauma Experiences Questionnaire [27-28] sexual functions severity were assessed by the Arizona Sexual Experience Scale (ASEX) [29-30] current depressive and anxiety symptoms score were assessed using the 17-item Hamilton Rating Scale for Depression (HAM-D) [31,32] and the Hamilton Anxiety Scale (HAM-A) [33,34].

Structured Clinical Interview for DSM-IV (SCID-I): SCID-I is a structured clinical interview tool designed to screen for DSM-IV Axis-I disorders. The SCID-I covers those DSM-IV diagnoses most commonly seen by clinicians and includes the diagnostic criteria for these disorders with corresponding interview questions. The SCID-I is divided into six self-contained modules that can be administered in sequence. The Turkish adaptation and reliability of SCID-I were studied by Ozkurkcugil et al.[23,24].

Yale-Brown Obsessive Compulsive Scale (YBOCS): The YBOCS is a reliable and valid, clinician-administered 10-item scale that assesses severity of obsessions and compulsions. Higher scores on the YBOCS indicate greater severity, with total scores ranging from 0 to 40 and scores for the obsessions and compulsions subscales each ranging from 0 to 20. Before the YBOCS, raters adminis-

tered the YBOCS Symptom Checklist (YBOCS-SC) to gather information on specific current symptoms. The YBOCS-SC is composed of 13 separate categories (excluding miscellaneous) of obsessions and compulsions [25,26].

Childhood Trauma Experiences Questionnaire: This self-rating questionnaire has eight items. Items are assessed yes or no by the raters. Items are physical abuse, emotional abuse, physical neglect, emotional neglect, sexual abuse, incest in the childhood/adolescent, previous self-mutilative behavior and suicide attempts [27-28].

The Arizona Sexual Experience Scale (ASEX): The Arizona Sexual Experience is a 5-item self-rating scale that quantifies sex drive, arousal, vaginal lubrication/penile erection, ability to reach orgasm, and satisfaction from orgasm. The ASEX measured the severity of each sexual dysfunction item using a 6-point Likert-type scale that ranged from 1 (little to no impairment) to 6 (complete dysfunction). Possible total scores range from 5 to 30, with the higher scores indicating more sexual dysfunction [29-30].

Hamilton Depression Rating Scale (HAM-D): The HAM-D was created by Hamilton (1960) after investigating depressive patients and factor analyzing their symptoms. The scale, which was revised by Hamilton in 1967, is widely used for assessing the severity of symptoms in patients already diagnosed with depression. The present study used the 17-item version (HAM-D-17) [31]. Items are rated on a Likert scale. Its reliability and validity for the Turkish population were assessed by Akdemir et al.[32].

The Hamilton Anxiety Scale (HAM-A): The HAM-A is a semi-structured scale designed for assessing the severity of anxiety and the effects of psychotherapeutic drugs on symptoms of anxiety in patients with generalized anxiety disorder [33]. Its validity in the Turkish population was assessed by Yazıcı et al.[34].

Statistical analysis: The percentages of subjects who had current sexual obsessions were determined. Subjects who have OCD with current sexual obsessions were compared with subjects who have OCD without sexual obsessions on demographic and clinical variables. Between-group differences were tested using either chi-square or fisher exact test and Mann Whitney U test.

RESULTS

Sociodemographic features: A total of 80 OCD patients, 65 (81.3%) were female and 15 (18.7%) were male. Mean age was 31.5 ± 10.6 years. Mean education time was 8.3± 3.3 years. 21 (26.3%) subjects were single, 54 (67.5%) were married and 5 (6.3%) were divorced or widowed. 14 (17.5%) were unemployed, 16 (20.1) were employee, 42 (52.5%) were house wife, 5 (6.3 %) were student and 3 (3.8 %) were retired. Any medical disorders comorbity were 23 (28.8%), alcohol-drug users were 7 (8.7%), cigarette users were 26 (32.9%). 18 (21.6%) reported a history of induced abortion and 31 (38.8%) immigration. Subjects who have OCD with sexual obsessions did not significantly differ from those without sexual obsessions on any demographic features. (Table 1 - 5)

Obsessions and compulsions

The frequency of sexual obsession was 15% in our clinical populations diagnosed with OCD. Table 2 summarizes other clinical characteristics of subjects who have OCD with and without sexual obsessions. The most common obsessions were religious, contamination and aggressive and the most common compulsions were checking, cleaning, repeating and ordering in OCD with sexual obsessions. Religious, aggressive, hoarding obsessions and hoarding compulsions were associated with a significantly higher rate of OCD with sexual obsessions. Mean Y-BOCS obsession, compulsion and total scores were 15.6±3.5, 12.5±4.2, 27.1±8.1 respectively in OCD with sexual obsessions. Mean Y-BOCS obsession, compulsion and total scores were 13.9±4.1, 13.1±4.9, 27.2±8.2 respectively in OCD without sexual obsessions. Subjects who have OCD with sexual obsessions did not significantly differ from those without sexual obsessions on any Y-BOCS scores.

OCD and current axis I comorbidity

The most common comorbidies were major depression, somatoform disorder, generalized and social anxiety disorder in OCD with sexual obsession group. Comorbidity of Somatoform disorder was associated with a significantly higher rate of OCD with sexual obsessions (p=0.03). Higher rates of major depression, bipolar depression and mania in the sexual obsessions group but there was no sta-

tistically significant difference between the two groups in terms of these variables (p>0.05) and also in other comorbidities there was no statistically significant difference between the two groups. Mean HAM-D was 14.0±9.8 and HAM-A was 17.6±11.9 in OCD with sexual obsession. Mean HAM-D was 12.6±7.3 and HAM-A was 17.3±10.4 in OCD without sexual obsessions. There was no statistically significant difference between the two groups in HAM-D and HAM-A.

Childhood trauma history

The OCD with sexual obsessions group gave histories of childhood/adolescent trauma, including physical abuse 36.4%, emotional abuse 63.6%, physical neglect 27.3%, and emotional neglect 27.3%, sexual abuse 18.2 %, incest 18.2 %, previous suicide attempt 27.3% and previous self-mutilation behavior 36.4%. History of emotional abuse and incest were associated with a significantly higher rate of OCD with sexual obsessions (p=0.007, p=0.02).

Sexual functions

Table 5 reports sexual desire, arousal, vaginal lubrication/penile erection, ability to reach orgasm and satisfaction from orgasm in whole OCD group and OCD with or without sexual obsessions. Subjects who have OCD with sexual obsessions did not significantly differ from those without sexual obsessions on any ASEX scores. (Table 5)

Table 1. Sociodemographic Data

	OCD Group (Total) (n=80)		With Sexual Obsession (n=12)		Without Sexual Obsessions (n=68)		p
	n	%	n	%	n	%	
Age (years)	31.5 ± 10.6		26.5 ± 5.1		32.4 ± 11.1		0.12
Education time (years)	8.6 ± 3.3		8.4 ± 3.02		8.7 ± 3.4		0.71
Gender							
Female	65	81.3	10	83.3	55	80.9	1.00
Male	15	18.7	2	16.7	13	19.1	
Marital status							
Single	21	26.3	5	41.7	16	23.5	0.56
Married	54	67.5	7	58.3	47	69.1	
Widow/Divorced	5	6.3	-		5	7.3	
Occupation							
Unemployed	14	17.5	3	25.0	11	16.2	0.60
Employee	16	20.1	2	16.7	14	20.4	
House Wife	42	52.5	7	58.3	35	51.5	
Student	5	6.3	-	-	5	7.4	
Retired	3	3.8	-	-	3	4.4	
Any Medical Disorder	23	28.8	2	16.7	21	30.9	0.49
Alcohol-Drug Use	7	8.7	2	16.7	5	7.4	0.28
Cigarette Use	26	32.9	3	25.0	23	33.8	0.74
Induced Abortion	18	21.6	-		18	24.4	0.11
Immigration	31	38.5	3	25.0	27	39.7	0.35

OCD: Obsessive-compulsive disorders

Table 2. Clinical characteristics of subjects who have Obsessive-compulsive disorders (OCD) with and without sexual obsessions

	OCD Group (Total) (n=80)		With Sexual Obsession (n=12)		Without Sexual Obsessions (n=68)		
	n	%	n	%	n	%	p
Obsessions							
Sexual	12	15					
Contamination	48	60	6	50	42	62	0.52
Aggressive	26	33	5	42	19	28	**0.04**
Religious	28	35	11	93	17	25	**<0.001**
Doubt	18	23	2	17	16	24	0.58
Ordering	18	23	3	25	15	22	1.00
Somatic	7	9	3	25	4	6	0.06
Hoarding	5	6	3	25	2	3	**0.02**
Other Obsession	14	18	1	8	13		0.61
Compulsions							
Cleaning	47	59	5	42	42	62	0.21
Checking	46	58	6	50	40	59	0.56
Repeating	22	28	4	33	18	27	0.72
Counting	16	20	2	17	14	21	1.00
Ordering	27	34	4	33	23	34	1.00
Hoarding	4	5	3	25	2	3	**0.02**
Other compulsion	3	4	1	8	2	3	0.39
Obsession score	14.2±4.0		15.6±3.5		13.9±4.1		0.23
Compulsion score	13.0±4.8		12.5±4.2		13.1±4.9		0.48
Total score	27.2±8.1		27.1±8.1		27.2±8.2		0.98

Table 3. Obsessive-compulsive disorders and current axis I comorbidity

	OCD Group (Total) (n=80)		With Sexual Obsession (n=12)		Without Sexual Obsessions (n=68)		
	n	%	n	%	n	%	p
Major Depression	43	54	8	67	35	52	0.33
Dysthimia	16	20	1	8	15	22	0.44
Bipolar II Depression	4	5	1	8	3	4	0.48
Bipolar I Mania	1	1	1	8	-	-	0.14
Bipolar II Hypomania	4	5	-	-	4	6	0.7
Mood Disorder NOS	1	1.3	-	-	1	2	0.8
Psychotic Disorder	1	1.3	-	-	1	2	0.8
Alcohol and Drug Disorder	1	1.3	1	8	-	-	0.14
Somatoform Disorder	14	18	5	42	9	13	**0.03**
General Anxiety Disorder	24	30	2	17	22	32	0.33
Panic Disorder	11	14	1	8	10	15	1.00
Social Anxiety Disorder	18	23	2	17	16	24	0.72
Post-Traumatic Stress Disorder	3	4	-	-	3	4	1.00
HAM-D	12.8±7.7		14.0±9.8		12.6±7.3		0.81
HAM-A	17.4±10.6		17.6±11.9		17.3±10.4		0.95

OCD: Obsessive-compulsive disorders

Table 4. Childhood Trauma Questionnaire Items

	OCD Group (Total) (n=80)		With Sexual Obsession (n=12)		Without Sexual Obsessions (n=68)		
	n	%	n	%	n	%	p
Physical abuse	19	24	4	36	15	22	0.4
Emotional abuse	22	27	8	64	14	20	**0.007**
Physical Neglect	11	14	3	27	8	11	0.1
Emotional Neglect	28	35	3	27	25	36	0.7
Sexual abuse	8	11	2	18	6	9	0.5
Incest	2	3	2	18	-	-	**0.02**
Suicide attempt	19	24	3	27	16	24	0.8
Self Mutilation	17	21	4	36	13	18	0.2

OCD: Obsessive-compulsive disorders

Table 5. Sexual functions items (Mean±SD)

	OCD Group (Total) (n=80)	With Sexual Obsession (n=12)	Without Sexual Obsessions (n=68)	p
ASEX				
Sexual Desire	3.7±1.6	3.1±1.5	3.8±1.6	0.19
Sexual Arousal	3.6±1.6	3.4±1.4	3.7±1.5	0.88
Lubrication/Erection	3.4±1.4	3.5±1.6	3.4±1.3	0.88
Reach Orgasm	3.7±1.4	3.5±1.4	3.7±1.4	0.78
Satisfaction from orgasm	3.1±1.5	2.8±1.0	3.1±1.6	0.59
ASEX total score	17.2±6.3	16.1±5.8	17.5±6.4	0.58

DISCUSSION

Several previous studies of sexual obsessions grouped sexual with aggressive and religious obsessions and these analyses may have obscured the unique findings particular to subjects with sexual obsessions [36-38] and little is known about sexual obsessions in individuals with OCD. In our study we compared the childhood trauma, the severity of sexual functions, the Axis I psychiatric disorder comorbidity, the severity and types of OCD, and sociodemographic data of patients with or without sexual obsession in OCD.

The frequency of sexual obsession was 15% in our clinical populations diagnosed with OCD. In other clinical populations reported to be 13-31% in Turkey, 6% in Saudi Arabia, 10% in Singapore, 10% in Israel, 12% in India, 19-24% in the United, 32% in Bahrain, 47% in Egypt [2-15].

Subjects who have OCD with sexual obsessions did not significantly differ from those without sexual obsessions on any demographic features including sexes, marital status, professions, any medical disorder, alcohol-drug-cigarette use, induced abortion and immigration. Contrary to the previous studies, subjects who have OCD with sexual obsessions in our sample were not more likely to be males [39,40]. There was a study to compared with or without sexual obsession in OCD and this study did not find any differences on any demographic features too [41].

The OCD with sexual obsessions group gave histories of childhood/adolescent trauma, including physical abuse 36.4%, emotional abuse 63.6%, physical neglect 27.3%, and emotional neglect 27.3%, sexual abuse 18.2%, incest 18.2%, previous suicide attempt 27.3% and previous self-mutilation behaviour 36.4%. History of emotional abuse and

incest were associated with a significantly higher rate of OCD with sexual obsessions in this study. There was a study examined the relationship between childhood trauma and obsessive-compulsive symptoms in college students and between 13-30% of subjects met criteria for childhood trauma, with emotional neglect the most commonly reported experience. There was a small but significant association between obsessive-compulsive symptoms and childhood trauma, specifically emotional abuse and physical neglect [42]. Another research was a letter report on two children with onset of OCD after sexual abuse/sex play. It appears that the sexual abuse incident was incorporated into OCD symptomatology. They reported that in children presenting with sexual obsessions and OCD, it is important to consider sexual abuse, in cases where abuse is documented or suspected [43]. However a review of [45] studies (impact of sexual abuse on children) has evaluated many children who have sexual obsessions as part of their OCD without evidence of past abuse. They were suggesting that an indirect role for childhood trauma in the development of obsessive-compulsive symptoms may also exist and OCD is not cited among common squeal of child sexual abuse [44]. Childhood trauma is known to predispose to a variety of psychiatric disorders, including mood, anxiety, eating, and personality disorders. The role of stressful events in the genesis of OCD has been recognized for a long time [45-47]. However, it appears that the relation between OCD and stress is far more complex. Moving beyond stress, several recent studies have noted the effects of psychological trauma such as sexual abuse on the development of obsessions and compulsions [48-50]. However, the relationship between childhood trauma and obsessive-compulsive symptoms has not been well studied [17]. This study is suggesting that childhood trauma (emotional abuse and incest) may play a role in the development of OCD with sexual obsessions.

To our knowledge this is the first study to evaluate the severity of sexual functions in OCD with or without sexual obsessions. Subjects who have OCD with sexual obsessions did not significantly differ from those without sexual obsessions on any ASEX scores including sexual desire, arousal, vaginal lubrication/penile erection, ability to reach orgasm and satisfaction from orgasm. There was a study compared subjective appreciation of sexuality and sexual functioning between OCD patients and healthy subjects in women, OCD patients reported significantly more sexual disgust , less sexual desire, sexual arousal and satisfying orgasms than controls. Neither medication nor OCD phenotypes did affect outcome [51]. Aksaray et al found that the women with OCD were more sexually nonsensual, avoidant, and anorgasmic than the women with GAD [52]. Fontenelle et al. found that patients with OCD reported more difficulties to reach orgasm, less frequent effective erections significantly more often than patients with SAD [53]. In the future, clinicians may explicitly ask for sexual function in the assessment of patients in OCD with different phenotypes.

The most common obsessions were religious, contamination and aggressive and the most common compulsions were checking and cleaning in OCD with sexual obsessions. Religious, aggressive, hoarding obsessions and hoarding compulsions were associated with a significantly higher rate of OCD with sexual obsessions. Our findings support other studies that have found an association between sexual, aggressive, and religious obsessions but our study also found that hoarding obsession and compulsion association with sexual obsession [39,54,38].

Mean Y-BOCS obsession, compulsion and total scores were 15.6±3.5, 12.5±4.2, 27.1±8.1 respectively in OCD with sexual obsessions. Subjects who have OCD with sexual obsessions did not significantly differ from those without sexual obsessions on any Y-BOCS scores. Grant also reported subjects who have OCD with sexual obsessions did not report more severe OCD symptoms (evidenced by similar YBOCS total and subscale scores).

The most common comorbidies were major depression, somatoform disorder, generalized and social anxiety disorder in OCD with sexual obsession group. Comorbidity of Somatoform disorder was associated with a significantly higher rate of OCD with sexual obsessions. Contrary to the earlier literature, subjects who have OCD with sexual obsessions in our sample did not have higher rates of bipolar disorder [56]. Our result indicates that clinicians should explicitly evaluate the comorbidity of somatoform disorder in OCD with sexual obsession.

In conclusion, the frequency of sexual obsession was 15% in our clinical populations diagnosed with

OCD. History of emotional abuse and incest were associated with a significantly higher rate of OCD with sexual obsessions in this study. Religious, aggressive, hoarding obsessions and hoarding compulsions were associated with a significantly higher rate of OCD with sexual obsessions. Comorbidity of Somatoform disorder was associated with a significantly higher rate of OCD with sexual obsessions. Subjects who have OCD with sexual obsessions did not significantly differ from those without sexual obsessions on any ASEX scores, Y-BOCS scores, HAM-D, HAM-A and demographic features.

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