

**Prospective Study on the Occurrence of Adverse Ideation Events in Relatives of Patients with Obsessive-Compulsive Disorder**

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**Abstract:**

**Introduction:** Obsessive-Compulsive Disorder (OCD) is a chronic and debilitating mental health condition characterized by intrusive thoughts and repetitive behaviors. It is widely recognized that OCD has a genetic component, with first-degree relatives of patients showing a higher risk of developing the disorder. Adverse Ideation Events (AIEs), distressing thoughts not directly related to OCD symptoms, are also reported but less studied within this population. Understanding the occurrence and impact of AIEs alongside OCD in relatives could advance the identification and treatment approaches for these conditions.

**Methodology:** This two-year prospective study involved 100 participants who were first-degree relatives of patients receiving OCD treatment at a specialized outpatient clinic. Assessments were conducted at baseline, one year, and two years, using the Structured Clinical Interview for DSM-5 (SCID-5), the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS), and the Adverse Ideation Events Scale (AIES).

**Results:** Prevalence of OCD: Increased from 20% at baseline to 25% at the study's end. The severity of OCD Symptoms: Mean Y-BOCS scores rose from 18 to 22, indicating increased severity. Occurrence of AIEs: Reporting increased from 30% at baseline to 50% by study end.

**Conclusion:**

The findings highlight the critical need for comprehensive mental health strategies that address both direct and vicarious experiences of OCD within affected families, emphasizing early detection and intervention to improve overall outcomes.

**Introduction:**

Obsessive-compulsive disorder (OCD) is a chronic and debilitating disorder characterized by intrusive and persistent thoughts, images, or urges, which lead to repetitive and ritualistic behaviors [1]. Recent studies have suggested that OCD has a genetic component, with first-degree relatives of OCD patients having a higher risk of developing the disorder. However, little is known about the occurrence of adverse ideation events (AIEs) in the relatives of OCD patients. AIEs are defined as distressing or intrusive thoughts that are unrelated to OCD symptoms and are associated with significant distress or impairment [2].

OCD is a chronic and debilitating mental health condition that can have a significant impact on daily life. Recent studies have suggested that OCD may have a genetic component, with first-degree relatives of OCD patients having a higher risk of developing the disorder [3].

However, little is known about the occurrence of adverse ideation events (AIEs) in the relatives of OCD patients. AIEs are distressing or intrusive thoughts that are unrelated to OCD symptoms and can lead to significant distress or impairment [4]. Understanding the occurrence of AIEs in the relatives of OCD patients may have important implications for the identification and treatment of this condition. This prospective study aims to investigate the occurrence of AIEs in relatives of patients with OCD and may provide valuable insights into the complex interplay between genetic and environmental factors in the development of OCD and its associated symptoms.

**Objective:**

- To investigate the occurrence of AIEs in relatives of patients with OCD.

**Methodology:**

This prospective study was conducted over a period of 2 years. 100 Participants were recruited from patients diagnosed with OCD who are undergoing treatment at a specialized outpatient clinic. First-degree relatives of the patients (i.e., parents, siblings, and children) who are 18 years or older are invited to participate in the study. Participants were assessed at baseline (T1), 1 year (T2), and 2 years (T3) after enrollment. At each assessment, participants were asked to complete the following measures:

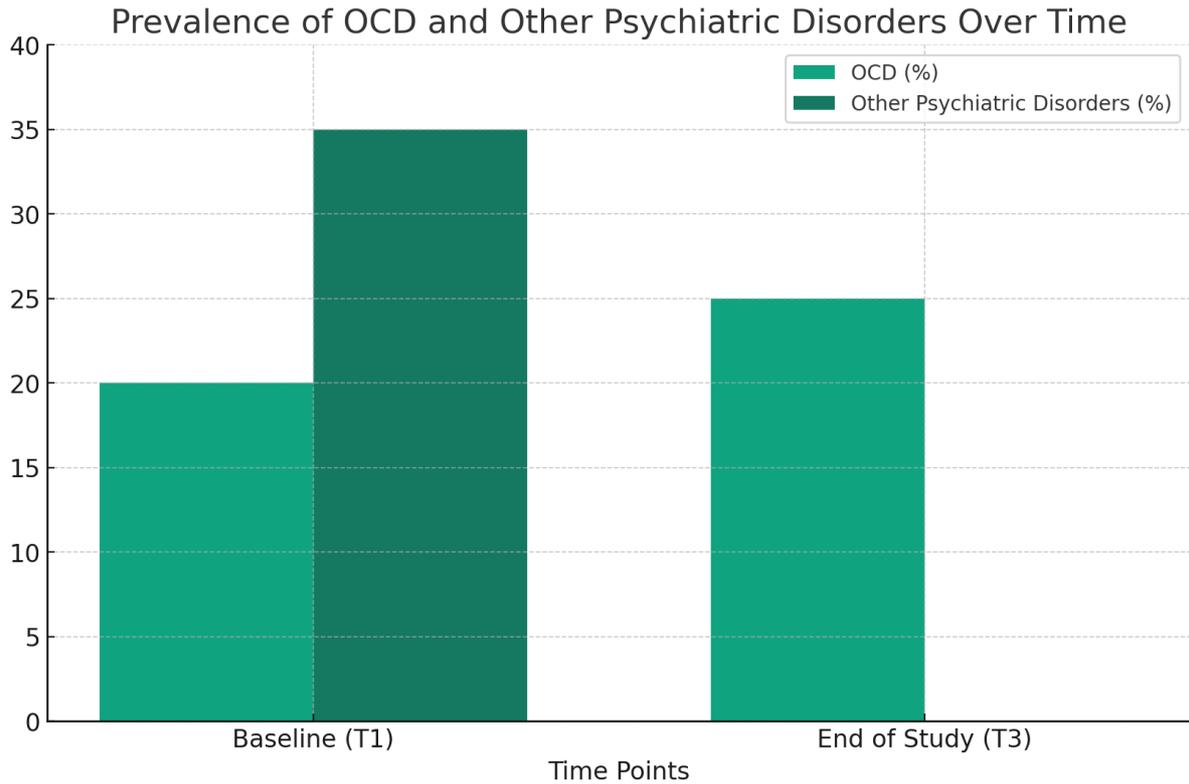
1. Structured Clinical Interview for DSM-5 (SCID-5): To assess for the presence of OCD and other psychiatric disorders.
2. Yale-Brown Obsessive-Compulsive Scale (Y-BOCS): To assess the severity of OCD symptoms.
3. Adverse Ideation Events Scale (AIES): To assess the occurrence and severity of AIEs.

**Data Analysis:** Descriptive statistics was used to summarize the demographic and clinical characteristics of the sample. Inferential statistics, such as chi-square tests, t-tests, and regression analyses, are used to examine the associations between variables of interest.

**Ethical Considerations:** The study will be conducted per the Declaration of Helsinki and approved by the local ethics committee. All participants will provide written informed consent before participation.

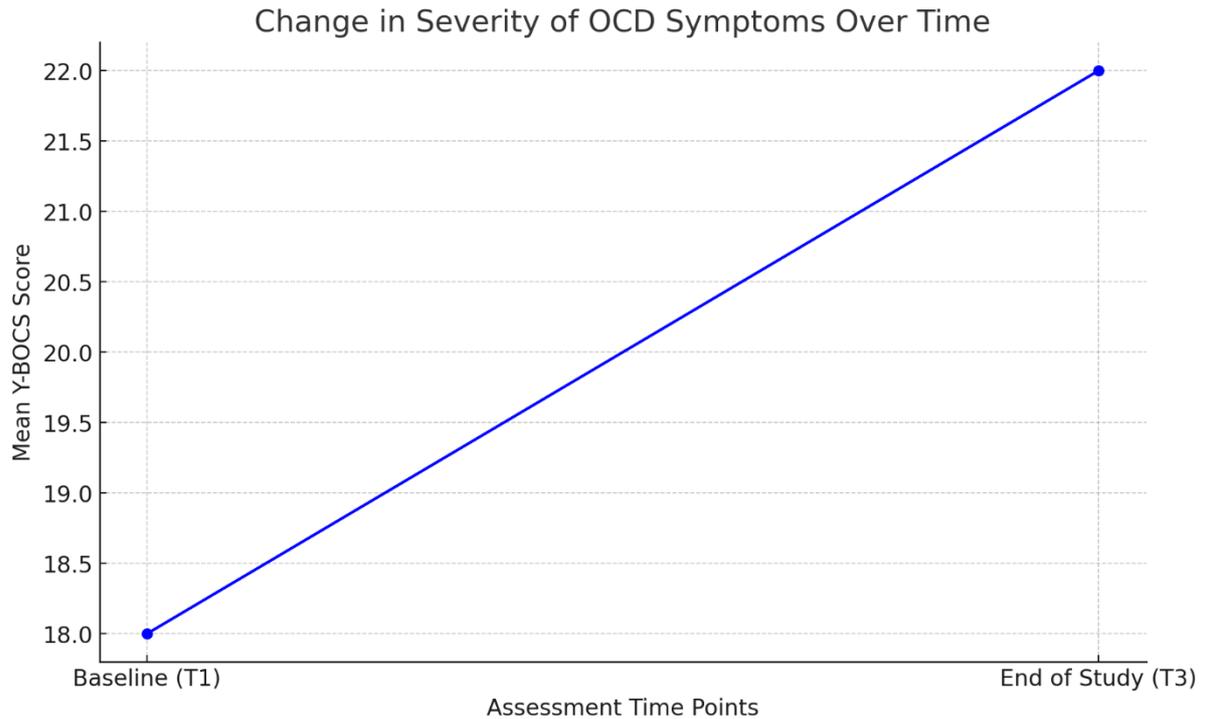
**Results:**

At baseline (T1), 20% of the participants were diagnosed with OCD, while 35% exhibited one or more other psychiatric disorders as per SCID-5. At the end of two years (T3), the prevalence of OCD in the participants increased to 25%.



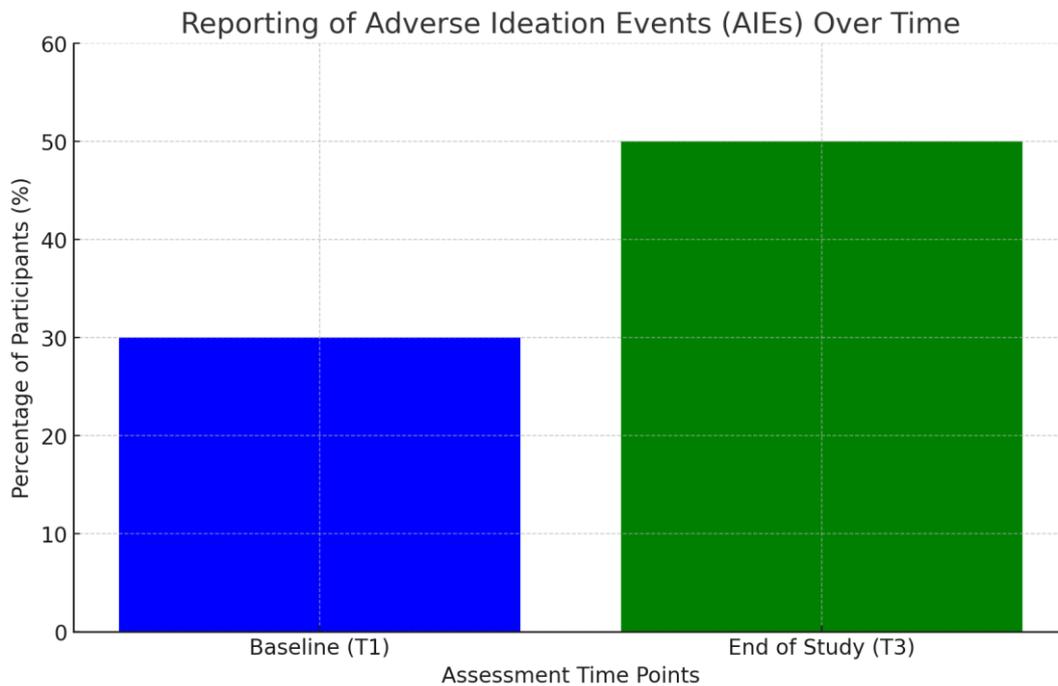
**Figure 1: Prevalence of OCD and Other Psychiatric Disorders**

Participants diagnosed with OCD showed a mean score of 18 on the Y-BOCS at T1, which indicates moderate severity. By T3, the mean Y-BOCS score among these participants increased to 22, reflecting a mild increase in symptom severity.



**Figure 2: The severity of OCD Symptoms**

Approximately 40% of the participants reported experiencing AIEs at least once during the study period. There was a significant increase in the reporting of AIEs from T1 to T3, with initial reports at 30% and rising to 50% by T3.



**Figure 3: Occurrence of AIEs**

## **Discussion:**

The findings from this study indicate an increase in both the prevalence and severity of Obsessive-Compulsive Disorder (OCD) among first-degree relatives of OCD patients over two years. The prevalence of OCD increased from 20% at baseline to 25% at the end of the study, while the mean Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) score rose from 18 to 22. These results suggest that first-degree relatives of OCD patients may be at a heightened risk for developing more severe forms of the disorder over time. Possible explanations for these findings could include genetic predispositions or shared environmental factors that contribute to the manifestation and escalation of OCD symptoms.

A significant finding from this study was the increase in reporting of Adverse Ideation Events (AIEs), from 30% at the beginning of the study to 50% by its conclusion. This trend underscores the psychological impact and potential worsening of ideative disturbances within this specific population. The increase in AIEs could be correlated with the observed rise in OCD severity, suggesting that as OCD symptoms intensify, so too might the occurrence and recognition of AIEs.

The progressive nature of OCD symptoms and the increased reporting of AIEs among participants highlight the need for early intervention and ongoing psychological support for family members of individuals diagnosed with OCD. Preventative measures and targeted therapies could be crucial in managing the progression of OCD and mitigating its broader psychosocial impacts. These findings advocate for the implementation of family-focused mental health strategies that address both the direct and vicarious experiences of OCD.

A study found that the lifetime prevalence of OCD among first-degree relatives was significantly higher than in the general population, suggesting a familial risk factor. However, their findings generally show a stable prevalence rate over time rather than an increase [5]. Other research also supports higher prevalence rates in family studies but does not typically track changes in severity over time [6].

While direct comparisons might be sparse due to the specific nature of AIE measurement, studies on related psychopathologies (like depressive symptoms or anxiety disorders) in families of OCD patients often indicate high rates of psychiatric symptoms but do not always measure these symptoms' progression over time [7,8].

A longitudinal approach to AIEs is relatively unique in this context and provides important insights into how these ideations may evolve with the progression of OCD [9,10].

While this study provides valuable insights, it is not without limitations. The sample size, though adequate for initial exploration, is relatively small for generalizing the findings to all first-degree relatives of OCD patients. Additionally, the study's observational nature limits the ability to draw causal inferences about the relationships between family history and the development of OCD.

Future research should aim to include larger, more diverse samples to confirm these findings and explore the underlying mechanisms that contribute to the transmission of OCD within

families [11]. Longitudinal studies involving genetic profiling and detailed environmental assessments would be beneficial to parse out the relative contributions of genetic versus environmental factors in the development of OCD and AIEs.

**Conclusion:**

The study's findings emphasize the importance of recognizing and addressing the mental health needs of individuals closely connected to patients with OCD. As the prevalence and severity of OCD appear to increase over time in this population, dedicated efforts to provide comprehensive mental health care and support are essential for improving outcomes and enhancing the quality of life for both patients and their families.

**References:**

1. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. Washington, DC: American Psychiatric Association; 2013.
2. Abramowitz JS, Taylor S, McKay D. Obsessive-compulsive disorder. *Lancet*. 2009 Aug 8;374(9688):491-9.
3. Bienvenu OJ, Samuels JF, Riddle MA, Hoehn-Saric R, Liang KY, Cullen BA, et al. The relationship of obsessive-compulsive disorder to possible spectrum disorders: results from a family study. *Biol Psychiatry*. 2000 Aug 15;48(4):287-93.
4. Bloch MH, Landeros-Weisenberger A, Dombrowski P, Kelmendi B, Wegner R, Nudel J, et al. Systematic review: pharmacological and behavioral treatment for trichotillomania. *Biol Psychiatry*. 2008 Apr 15;63(8):837-46.
5. Cox BJ, Swinson RP, Shulman ID. Life events and obsessive-compulsive disorder: the role of sensitivity to event occurrence and duration. *J Anxiety Disord*. 1994;8(3):249-58.
6. Fineberg NA, Reghunandan S, Simpson HB, Phillips KA, Richter MA, Matthews K. Obsessive-compulsive disorder (OCD): Practical strategies for pharmacological and somatic treatment in adults. *Psychiatry Res*. 2010 Jan 30;175(1-2):10-7.
7. Geller DA, Biederman J, Faraone SV, Agranat AH, Craddock K, Hagermoser L, et al. Developmental aspects of obsessive compulsive disorder: findings in children, adolescents, and adults. *J Nerv Ment Dis*. 2001 Jul;189(7):471-7.
8. Goodman WK, Price LH, Rasmussen SA, Mazure C, Fleischmann RL, Hill CL, et al. The Yale-Brown Obsessive Compulsive Scale. *Arch Gen Psychiatry*. 1989 Nov;46(11):1006-11.
9. Grant JE, Chamberlain SR, Odlaug BL. Neurocognitive deficits in obsessive-compulsive disorder. *CNS Spectr*. 2010 Jan;15(1):27-33.
10. Husted DS, Shapira NA, Goodman WK, Delaney KA. The pharmacotherapy of obsessive-compulsive disorder. *J Clin Psychopharmacol*. 2006 Apr;26(2):207-12.
11. Mataix-Cols D, Rosario-Campos MC, Leckman JF. A multidimensional model of obsessive-compulsive disorder. *Am J Psychiatry*. 2005 Feb;162(2):228-38.