



PREVALENCE OF OBSESSIVE COMPULSIVE SYMPTOMS IN HEADACHE.

Dr. Abhishek Kumar	M.B.B.S., M.D., Assistant Professor, Department of Psychiatry, Central Institute of Psychiatry (CIP), Ranchi, Jharkhand, India – 834006.
Dr. Subhas Soren*	M.B.B.S., M.D. Additional Professor, Department of Psychiatry Ranchi Institute of Neuropsychiatry and Allied Sciences, Ranchi, Jharkhand, India – 834006 *Corresponding Author
Dr. Ashok Kumar Prasad	MBBS, MD, DPM., Professor and Head, Department of Psychiatry, Rajendra Institute of medical sciences, Ranchi, Jharkhand, India-834009
Dr. Ajay Kumar Bakhla	M.B.B.S., M.D, DPM., Associate Professor of Psychiatry, Department of Psychiatry, Rajendra Institute of Medical Sciences (RIMS), Ranchi, Jharkhand, India-834009

ABSTRACT

Aim: To find out the prevalence of obsessive compulsive symptoms / disorder among patients of headache.

Methodology: Patients with headache 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.

Results: A total of 120 patients were participated and it was found that 6.67% of headache patients had obsessive compulsive disorder.

Conclusion: The prevalence of obsessive compulsive disorder among the patients of headache was found to be 6.67%.

KEYWORDS : Compulsion, Obsession, Obsessive compulsive symptoms, headache.

Introduction

There is a well-established association between anxiety and various somatic and chronic pain complaints including headache [1]. In a study on Prevalence of obsessive-compulsive trait in patients with chronic migraine and medication overuse, 21 % of the patients had shown prevalence of items in childhood/adolescence domain; 79 % in doubts in lifetime domain; as for other five domains, 10.5 % of patients had prevalence of pathological answers among hypercontrol, 5.2 % in spending time, 23.7 % in perfectionism, 29 % in repetition and automation, and 31.5 % in specific themes (obsessive thoughts) [2].

In yet another study, shows obsessive-compulsive symptoms as predictors of poor response to treatments in patients with chronic migraine and medication overuse [3]. Patients with headache diagnosed as migraine (MH) and Tension headache (TH) have a high frequency of psychiatric comorbidity or psychopathological traits, the presence of which may have important implications for the course of the MH and the TH, both for response to treatment and possible relapses. Overuse of symptomatic drugs is regarded as one of the most important risk factor for the transformation of episodic migraine into CM and drug-seeking tendency due to fear of headache in chronic migraine patients shares with obsessive-compulsive disorder (OCD) the compulsive quality of the behavior. In this view the aim of this study was to look for prevalence of Obsessive compulsive symptoms in patients of headache, and compare their occurrence in between migraine and tension type headache.

Methodology

Participants were 120 patients of either gender between the ages of 18 and 60 years visiting at psychiatry outpatient department with presenting complains of headache. All consenting patients were provided with self reporting personal and socio demographic details. Further they were screened with Y-BOCS checklist. The total sample was subdivided into two groups, first group was consisted with patients diagnosed as migraine, another group was consisted with patients who were diagnosed as tension headache. The exclusion criteria included patients with unstable or life-threatening medical conditions, Hypertension, secondary causes of headache, like sinusitis, fever, infective illness etc. Other exclusion conditions were comorbid diagnosis of substance dependence,

personality disorders, organic disorders or other psychiatric disorders.

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 headache.

Yale-Brown obsessive compulsive scale [4]

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 120 patients (32.5% male and 67.5% female) were included for the study, Table 1 summarizes the sample characteristics. We categorized the sample as per diagnosis of headache as into a migraine group (MG) and another group of tension headache (TH). Out of 120 total sample size, 54 and 66 constituted the MG and TA group respectively. The mean age of the migraine group (n= 54) was 36.27 ± 8.73 years, and for tension headache group (n= 66) was 37.23 ± 9.28 years ($t=-.461$, $df=84$, $p=.656$). The mean years of education were 9.17 ± 2.83 years for migraine group and for tension headache group it was 10.12 ± 1.94 years ($t=-.223$, $df=84$, $p=.828$) (table -1). Majority of the sample were belonging to Hindu religion (89.6%).

Out of total 120 sample size on total Y-BOCS only 8 patients scored above diagnostic cut off of 8 (6.67%) (4 patients each belonged to MG and TH group), all scored within range of mild severity level of 8-15 score. On comparing mean Y-BOCS scores for obsession and compulsions separately, the mean Y-BOCS Obsession score was 2.02 ± 0.82 and 3.83 ± 0.13 was for MG and TH group respectively ($t = 3.373$, $df = 84$, $p = .017$). Whereas the mean Y-BOCS Compulsions score was 2.11 ± 0.14 and 2.18 ± 1.06 was for MG and TH group respectively ($t = -.973$, $df = 84$, $p = .641$). (table 1)

Discussion:

The aim of the study was to find out the prevalence of obsessive-compulsive symptoms among patients with headache. Eight (6.67%) patients scored above cut off point on Y-BOCS total score. Result also shows almost equal prevalence among migraine group and tension headache group. However, significantly varied range of prevalence rate is reported in few other studies.

The lifetime prevalence of obsession and compulsions among general non clinical population is reported as 2.3% and 12-month prevalence of 1.2% [5]. Thus finding a prevalence of 6.67% indicates a higher occurrence of OC symptoms among patients of headache. However the disorder level of obsession and compulsion were equally distributed among tension type headache and migraine in our sample. When compared with prevalence of obsession and compulsions among other psychiatric diagnostic entity, Few studies reported low prevalence of comorbid obsessive compulsive symptoms in schizophrenia, viz., 1.1% to 50% [6-9] Depression is a well known condition in which patients had very high obsessive compulsive symptoms. In a recent STAR*D study sample, excluding patients with primary obsessive-compulsive disorder reported 53% of 1 or more obsessive compulsive symptoms and 14% endorsed 4 or more obsessive compulsive symptoms [10].

In our study we found that the mean Obsessive symptoms score on Y-BOCS was significantly higher for tension headache compared to migraine; but compulsive scores were almost similar for both group.

There are possible pathogenic mechanisms, which may be common to migraine and mood disorders have been implicated, that includes a decrease of platelet serotonin concentrations, an increase of urinary 5-hydroxytryptamine, and a possible increase of 5-hydroxyindole acetic acid [11]. However, the mechanisms underlying the purported association between migraine and mood disorders are complex, as indicated by the results of prospective studies, which showed a bidirectional influence [12].

In conclusion prevalence of obsessive-compulsive disorder among the headache patients were found to be 6.67%, and there was higher mean obsessive score for the group of tension headache type, in comparison to migraine.

Table:1

		Migraine (n=54)	Tension Headache (n= 66)	chi square	df	Sig. (2- tailed)
Gender	Male	17	22	.798	1	.443
	Female	37	44			
		Migraine (n=54)	Tension Headache (n= 66)	t	df	Sig. (2- tailed)
Age		36.27 ± 8.73	37.23 ± 9.28	-.461	84	.656
Years of education		9.17 ± 2.83	10.12 ± 1.94	-.223	84	.828
Total Y-BOCS Obsession Score		2.02 ± 0.82	3.83 ± 0.13	3.373	84	.017
Total Y-BOCS Compulsion Score		2.11 ± 0.14	2.18 ± 1.06	-.973	84	.641

REFERENCES

- Ginsburg, G. S., Riddle, M. A., & Davies, M. (2006). Somatic symptoms in children and adolescents with anxiety disorders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 45, 1179-1187.
- Curone M, Tullo V, Lovati C, Proietti-Cecchini A, D'Amico D. Prevalence and profile of obsessive-compulsive trait in patients with chronic migraine and medication overuse. *Neurol Sci*. 2014 May;35 Suppl 1:185-7.
- Curone M, D'Amico D, Bussone G. Obsessive-compulsive aspects as predictors of poor response to treatments in patients with chronic migraine and medication overuse. *Neurol Sci*. 2012 May;33 Suppl 1:S211-3.
- 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.
- Ruscio AM, Stein DJ, Chiu WT, Kessler RC. The epidemiology of obsessive-compulsive disorder in the National Comorbidity Survey Replication. *Mol Psychiatry*. 2010 Jan;15(1):53-63.
- Berman I, Merson A, Viegner B. Obsessive and compulsions as a distinct cluster of symptoms in schizophrenia: A neuropsychological study. *Journal of Nervous and Mental Diseases*. 1998;186:150-156.
- Chakraborty R, Chatterjee A, Bakhla A, Singh A. R, Chakraborty P. K. Obsessive compulsive symptoms in major psychoses. *Indian Journal of Clinical Psychology*. 2004;31:145-146.
- Jharrreiss W. Obsessions during schizophrenia. *Archives of Psychiatry*. 1926;77:740-788.
- Hemrom S, Pushpa, Prasad D, Jahan M, Singh AR, Kenswar DK. Prevalence of obsessive compulsive symptoms among patients with schizophrenia. *Ind Psychiatry J*. 2009 Jul;18(2):77-80.
- Baer L, Trivedi MH, Huz I, Rush AJ, Wisniewski SR, Fava M. Prevalence and impact of obsessive-compulsive symptoms in depression: a STAR*D report. *J Clin Psychiatry*. 2015 Dec;76(12):1668-74.
- Ferrari MD, Odink J, Tapparelli C, Van Kempen GM, Pennings EJ, Bruyn GW (1989) Serotonin metabolism in migraine. *Neurology* 39:1239-1242.
- Shechter AL, Lipton RB, Silberstein SD (2001) Migraine comorbidity. In: Silberstein SD, Lipton RB, Dalessio DJ (eds) *Wolff's headache and other head pai*, 7th edn. University Press, Oxford, pp 108-118.