

S27.2

The art of screening OCD in psychiatry and primary care

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Recognition of Obsessive–Compulsive Disorder (OCD) in every day practice is a difficult task, especially in primary care. In this context, two multi-site surveys were undertaken on a national level in France. In the first survey 243 psychiatrists have participated and included 4300 patients at the condition to be primo-consultant. The results showed an OCD frequency rate of 17%.

The more recent survey was conducted with the participation of ... general physicians. The aim of this survey, called «AR-TOC», was to show the feasibility of screening OCD in patients presenting «Resistant Anxiety». Data are presented in a cohort of 5919 patients. They showed the presence of OCS (obsessive–compulsive syndrome) in 13,9% and of “probable OCD” in 31,2% and of “definite OCD” in 14%. The large samples of OCD cases (respectively n = 615 and n = 3498) allowed the assessment of symptoms structure by doing different principal component analyses on psychometric data. The majority of findings have identified three clinically meaningful separated subtypes, such as “compulsive”, “obsessive” and “mixed”. The French surveys have succeeded to show the feasibility of screening OCD in patients seeking help in psychiatry and in patients suffering from resistant anxiety and seeing by GPs. Moreover, using dimensional analyses had resulted in the characterization of separate subtypes based on the dominant obsessive and/or compulsive symptomatology.

S27.3

Prevalence of OCD in resistant and chronic depression

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Obsessive–Compulsive Disorder (OCD) still not well recognized in practice. However many of patients suffering from OCD will seek help at the stage of complications, such as of depression. In a prior national survey conducted in primary care, it was shown a high OCD prevalence in resistant anxiety to conventional drugs (anxiolytics, sedatives). Classical literature emphasized the frequent comorbidity between unipolar depression and OCD. Some studies have suggested that the presence of persistent anxious neurotic traits and symptoms are predictors of chronic depression (Gornley et al, 1999). In Pisa study (Perugi et al, 1999), the “unipolar OCD” group was characterized by a chronic course of illness, a concomitant generalized anxiety, and by an augmented suicidal risk. In a recent survey conducted by the AFTOC (French Association of patients with OCD), recurrent depression was reported in almost 80% of OCD cases (Hantouche et al, 2001). Until now, there is no systematic survey exploring the frequency rate of OCD in patients treated for resistant, chronic or residual depression. For these reasons, a large multi-site survey was conducted in France, with the participation of hundreds of psychiatrists. The preliminary data of this survey will be presented with a focus on the frequency rate of OCD in chronic and resistant depression as well as the differential characteristics of the comorbid “OCD-chronic depression” in terms of co-existing disorders (such as PTSD, hostility, impulsivity, anger attacks, suicide risk), and affective temperaments.

S27.4

Screening hidden juvenile OCD

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Recognition of early-onset Obsessive–Compulsive Disorder (OCD) in every day practice is a difficult task, especially in primary care. Despite the increasing availability of new treatment strategies, under-diagnosis or a long delay in diagnosis and gross under-treatment continue to plague this field. We'll briefly present new clinical data, a recent survey which was undertaken on a national level with the participation of several hundred clinicians, and original strategies in order to enhance early recognition of this illness, especially the availability in France of a comic-book focused on early-onset OCD (“*Menace d'Anubis*”).

The aim of the survey called « CIA-OCD » was to show the feasibility of screening OCD in young patients presenting « inappropriate behaviors ». Contrary to the generally accepted idea, early onset OCD significantly differs from the adult clinical picture. Plus, our recent works revealed that there could be 2 subtypes of early-onset OCD with dramatic differences in terms of natural course and treatment, based on the presence of specific affective temperamental traits, such as cyclothymic traits.

Current approach of early-onset OCD emphasized the presence of clinical subtypes including one subtype, which is strongly linked to the bipolar spectrum.

- (1) Hantouche EG, Lancrenon S. Modern clinical typology of OCD. *Encephale* 1996; XXII (suppl. 1): 9–22.
- (2) Leckman JF et al. Symptoms of obsessive–compulsive disorder. *Am J Psychiatry* 1997; 154: 911–7.

S27.5

Phenomenology and treatment of complex OCD: at the interface of bipolarity and psychosis

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Obsessive–compulsive disorder can manifest with bizarre phenomenology. Only in the minority of cases where insight is lost and there is a transition from an obsession to a delusion that one can speak of psychotic obsessive–compulsive disorder. Other terms in the literature for these patients include schizotypal OCD or schizo-obsessive disorders. “Spectrum” added as a qualifier implies that patients lie on a continuum of insight, whether they consider the unusual thoughts to be part of their own thinking or being imposed from outside. In both extreme situations, the thoughts are unwanted. Bizarreness *per se* should not be equated with psychotic phenomenology. There also exist complex forms of the disorder in the interface of OCD and bipolar disorder. Finally, there are patients with established schizophrenia who do have obsessive–compulsive symptoms. The treatment in all the above situations does entail the use of serotonergic agents in anti-obsessional doses. This means that patients should be protected from the exacerbation of excitatory or psychotic symptoms with the use of mood stabilizers or atypical neuroleptics. We present the findings from the ongoing French DEPOCC study bearing on the foregoing phenomenologic and therapeutic issues.

- (1) Insel T, Akiskal HS: Obsessive-compulsive disorder with psychotic features: A phenomenologic analysis. *Am J Psychiatry* 143:1527-1533, 1986.
- (2) Dowling FG, Pato MT, Pato CN: Comorbidity of obsessive-compulsive and psychotic symptoms: A review. *Harvard Rev Psychiatry* 3:75-83, 1995.
- (3) Kirli S, Caliskan M: A comparative study of sertraline versus imipramine in postpsychotic depressive disorder of schizophrenia. *Schizophrenia Res* 33:103-111, 1998.
- (4) Perugi G, Toni C, Akiskal HS: Anxious-bipolar comorbidity: Diagnostic and treatment challenges. *Psychiatr Clin North Am* 22: 565-583, 1999.
- (5) McDougle CJ, Epperson CN, Pelton GH, Wasylink S, Price LH: A double-blind, placebo-controlled study of risperidone addition in serotonin reuptake inhibitor-refractory obsessive-compulsive disorder. *Arch Gen Psychiatry* 57: 794-801, 2000.

S28. Research collaboration with developing countries

Chairs: L. Jacobsson (S), E. Hauff (N)

S28.1

Research collaboration in a post-disaster setting: experience from Nicaragua

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In October 1998 the hurricane Mitch struck Central America where Nicaragua together with Honduras were the worst afflicted areas. Around 200.000 of Nicaragua's 4.5 million inhabitants were afflicted by the hurricane, 10.000 people lost their homes and more than 2.000 were killed.

As part of ongoing research collaboration between the universities of Umeå, Sweden, and León, Nicaragua, the psychological consequences of the catastrophe were studied among primary health care patients. In the area where the present study was conducted more than 1.000 people were buried when an entire slope of the volcano El Casita crashed down on 14 villages.

In the presentation the interventional effects from the study are described and discussed with special reference to experiences gained from a collaborative perspective.

S28.2

Developing research competency – examples from Southeast Asia

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The best foundation for research collaboration with developing countries is a certain level of research competency and a culture of inquiry both in the North and in the South. The conditions for such a development vary greatly between countries like Cambodia, Indonesia and the Philippines. The following strategic components are emphasised: a consistent, long-term involvement with a secure funding, sufficient contextual competency among the partners, a systematic identification of relevant and feasible research issues, an integrated ongoing discussion on ethical issues, building research collaboration on educational collaboration, technical assistance in establishing and maintaining databases for mental health monitoring and research. These experiences indicate that the opportunities

for further collaboration between European and Southeast Asian countries in mental health research are good, also with a low-income country in an early phase of rehabilitation after massive destruction, like Cambodia.

S28.3

The Butajira Study – a comprehensive Ethiopian study on mental disorders

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Since the beginning of the 1990s a comprehensive study on mental disorders has been undertaken in the Butajira area 150 km south of Addis Ababa in Ethiopia. In a first wave a study of mental distress using the self reporting questionnaire (SRQ) in a population of about 13 000 persons in 10 purposely selected villages was done. This study included also suicidal behaviour and use of chat and alcohol. In a next wave all psychotic individuals in an area covering more than 70 000 adults were identified through key informants and a screening procedure. A total of 850 persons with psychotic disorders has been investigated and will be followed for a number of years. The stigma mentally ill persons experience has been studied as well as the traditional healers in the area dealing with the mentally ill. The project is an example of research collaboration between researchers in a low in-come country and western industrialized countries. The possibilities and problems in such collaboration will be discussed.

S28.4

Title still to come

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No abstract was available at the time of printing.

S28.5

Ethics of research collaboration with developing countries

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There are many reasons for establishing research collaboration between low in-come countries and the more developed western countries. One is the obvious lack of financial and personal resources in developing countries, another the common interest of increasing our knowledge about the situation in all parts of the world and different kinds of societies. Finally the possibility of comparative studies involving contrasting cultural and bio-social milieus. Such collaboration projects are in many ways rewarding for all parties, but there are also a number of ethical issues, which must be considered, e.g. the risk of research imperialism, the procedure for ethical reviews and the issue of informed consent from illiterate people. Some principles for ethical transcultural research will be proposed based on respect for the individual person irrespective of socio-economic, religious and ethnic background.