S27.2

The art of screening OCD in psychiatry and primary care

E.-G. Hantouche*. *Mood Center, Pitié-Salpêtrière Hospital, Paris, France*

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 «ARTOC», 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

J.-P. Olié*. *SHU, Hôpital Ste Anne, Paris, France*

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 (Gormley 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 know, 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

F. Kochman[1]*, E.-G. Hantouche[2], H. Akiskal[3]. [1]*Department of Child and Adolescent Psychiatry, EPSM Lille;* [2]*Hôpital Pitié-Salpêtrière, Paris, France*
[3]*International Mood Center, University of California at San Diego, La Jolla, USA*

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.

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S27.5

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

H.S. Akiskal*. *International Mood Center, University of California at San Diego, La Jolla, USA*

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.

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