Patterns of OCD Diagnosis, Accommodation, and Impairment in First-Degree Relatives of Children with OCD
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Background
• Pediatric obsessive-compulsive disorder (OCD) is a common neuropsychiatric illness affecting 1-3% of children with an average onset of 10 years old.
• It is a debilitating illness that is characterized by intrusive thoughts (obsessions) and repetitive actions (compulsions)1,2.
• Pediatric OCD leads to impairments in family functioning2,3.
• Obsessions and compulsions can revolve around family or the home, and family members are often involved in accommodation3,4.
• Lower quality of life is found in both OCD-affected children and their family members1,2,4.
• Given genetic underpinnings, family members of those with OCD are at greater risk of having OCD themselves3,5.

Research Aim
This study aims to assess the cumulative impact of multiple OCD diagnoses on family accommodation and perceived family functioning in families of children with OCD.

Methods
Participants
• 311 families of OCD-affected children and their first degree family members (parents and siblings).
• Probands OCD diagnoses were based on DSM-IV/DSM-5 criteria as confirmed by consensus between a child and adolescent psychiatrist and psychologist.

Measurements
• OCD Family Functioning (OFF) Scale: used to assess family function.
• Family Accommodation Scale (FAS) for OCD: used to assess family accommodation of the proband’s OCD symptoms.
• Florida OCD Inventory (FOCI): used to assess OCD symptom severity

Statistical Analysis
• Pearson bivariate correlations (r), t-tests and multiple linear regression analyses were used to evaluate statistical associations in the data.

Table 1: Characteristics of probands and their families (n=311)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Total (n=311)</th>
<th>Average (±SD)</th>
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<tbody>
<tr>
<td>Proband</td>
<td>311 (100%)</td>
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<tr>
<td>Average age (years)</td>
<td>13.49 ± 3.11</td>
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</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>162 (56.2%)</td>
<td></td>
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<tr>
<td>Male</td>
<td>124 (43.1%)</td>
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<tr>
<td>Family</td>
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<tr>
<td>Number of siblings with report OFF</td>
<td>1.54 ± 1.25</td>
<td></td>
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<tr>
<td>Number of siblings with report FAS</td>
<td>0.71 ± 1.25</td>
<td></td>
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<tr>
<td>Number of parents with report OFF</td>
<td>1.75 ± 0.8</td>
<td></td>
</tr>
<tr>
<td>Number of parents with report FAS</td>
<td>1.75 ± 0.8</td>
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</tbody>
</table>

Results

High Rates of OCD in Families

Figure 1: Rates of OCD diagnosed and/or suspected in first-degree relatives.
A. Percentage of probands with first-degree family member(s) having OCD. B. Percentage of probands having parent(s) having OCD. C. Percentage of families with sibling(s) having OCD.

Average family symptom severity associated with family function and accommodation

Figure 2: Family accommodation (FAS) and function (OFF) as related to average family OCD symptom severity (FOCI).
A. Modest correlation between FAS and parent FOCI (r=0.12, p<0.024). B. No correlation between FAS and sibling FOCI (r=0.02, p>0.45).

Figure 3: Family accommodation (FAS) and function (OFF) as related to average parent symptom severity associated with family accommodation

Average sibling symptom severity associated with family function while average parent symptom severity associated with family accommodation

Conclusions and Clinical Significance:
• Findings of this clinical pediatric OCD sample align with those of past family studies, reflecting high rates of OCD in first degree relatives.
• Suspected rates of OCD may indicate underdiagnosed cases, potentially indicating a need to screen family members.
• Both family accommodation and functioning were modestly associated with mean family OCD symptom severity.
• Results highlight the need for a family-centred approach to OCD treatment.