Background/Objectives:
Neuropsychiatric disorders are common in children with bowel and bladder dysfunction (BBD), a syndrome associated with incomplete relaxation of pelvic floor muscles during voiding or stooling. Common BBD symptoms include incontinence, urinary frequency, urgency, and holding. We evaluated BBD symptom severity in children and youth with OCD attending a tertiary care OCD clinic.

Methods:
112 consecutive patients attending the BCCH Provincial OCD Program between 2016 and 2020 were invited to participate. Diagnosis of OCD and comorbidities (DSM-IV) was established by structured clinical interview. OCD severity and impact were assessed with the Children's Yale-Brown Obsessive-Compulsive Scale (CY-BOCS) and the Child Obsessive Compulsive Impact Scale (COIS-R; self-report), respectively. BBD symptoms were evaluated with the Vancouver Symptom Score (VSS), a previously validated self-report measure.

Results:
112 consenting participants completed the VSS. Based on a cut-off score of 11 corresponding to pediatric urologist-diagnosed BBD, 30.4% of participants screened positive, including more females than males (39.3% versus 21.4%; p=0.04). The mean score (9.0 ± 5.4) was greater than that of previously described control samples. Daytime urinary incontinence was present in a greater proportion of participants with OCD forbidden thoughts (34.8% versus 8.2%, p=0.002), major depressive disorder (38.5% vs. 6.8%, p=0.001), and somatization disorder (60% versus 9%, p=0.001) compared to those without. A regression model including CY-BOCS, COIS-R, psychiatric comorbidities, medications, age, and gender explained 52.2% of the variance in VSS; COIS-R and tic disorder were significant predictors.

Conclusions:
BBD symptoms are common and associated with high OCD-related impairment and psychiatric comorbidities. Standardized assessment may facilitate identification of BBD symptoms in this population and is critical to mitigating long-term physical and mental health impacts. Further studies are required to assess BBD treatment outcomes.