



Research paper

Obsessive-compulsive symptoms and their links to depression and anxiety in clinic- and community-based pediatric samples: A network analysis

Matti Cervin^{a,*}, Luisa Lázaro^b, Agustin E. Martínez-González^c, José A. Piqueras^d,
Tíscar Rodríguez-Jiménez^e, Antonio Godoy^f, Kristina Aspvall^g, Barbara Barcaccia^h,
Andrea Pozzaⁱ, Eric A. Storch^j

^a Lund University and Skane Child and Adolescent Psychiatry, Lund, Sweden

^b Hospital Clínic, IDIBAPS, CIBERSAM, University of Barcelona, Barcelona, Spain

^c University of Alicante, Alicante, Spain

^d University Miguel Hernandez de Elche, Alicante, Spain

^e Catholic University of Murcia, Murcia, Spain

^f University of Malaga, Malaga, Spain

^g Karolinska Institutet and Stockholm Health Care Services, Stockholm, Sweden

^h Sapienza University of Rome, Rome, Italy

ⁱ University of Florence, Florence, Italy

^j Baylor College of Medicine, Houston, TX, United States

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ABSTRACT

Background: Symptoms of depression and anxiety are common in children with obsessive-compulsive disorder (OCD) and associated with more severe OCD, greater impairment, and worse treatment outcome. Beyond twin studies showing that genetic factors contribute to the high co-occurrence, few studies have examined how OCD, depression, and anxiety are linked in youth, and current studies often fail to account for OCD and anxiety heterogeneity.

Methods: Network analysis was used to investigate how OCD were linked to depression and anxiety in multinational youth diagnosed with OCD (total $n = 419$) and in school-recruited, community-based samples of youth (total $n = 2991$).

Results: Initial results aligned with earlier work showing that severity of obsession-related symptoms are important in linking OCD to depression in youth with OCD. However, when symptom content of OCD (e.g., washing, ordering) was fully taken into account and when measures of anxiety were included, specific OCD symptom dimensions (primarily obsessing and doubting/checking) were linked to specific anxiety dimensions (primarily panic and generalized anxiety) which in turn were linked to depression. These results were replicated in three separate community-based samples from Chile, Italy, and Spain using different measures of anxiety and depression.

Limitations: Cross-sectional data were analyzed which precludes causal inference. Self-report measures were used.

Conclusions: Youth with OCD with symptoms related to doubting/checking and obsessing should be carefully assessed for symptoms of panic and generalized anxiety. Non-responders to standard OCD treatment may benefit from interventions targeting panic and generalized anxiety, but more research is needed to test this hypothesis.

1. Introduction

Obsessive-compulsive disorder (OCD) is an impairing condition that typically onsets during childhood or adolescence (Fineberg et al., 2013; Kessler et al., 2005). Frequent comorbidities in youth with OCD are

neurodevelopmental disorders (e.g., attention-deficit/hyperactivity disorder, autism spectrum disorder, tic disorders) and disruptive behavior disorders (Peris et al., 2017). Furthermore, a large proportion of youth with OCD fulfill diagnostic criteria for anxiety and depressive disorders, with major depression being prevalent in 4% to 73% and

* Corresponding author.

E-mail address: matti.cervin@med.lu.se (M. Cervin).

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