

## Compulsive personality and serotonergic drugs

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### Summary

Based on the evidence that serotonergic antidepressants are effective in obsessive-compulsive disorder, we found that major depressive patients with an underlying compulsive personality responded significantly better to fluvoxamine than major depressive patients without personality disorder.

### Introduction

A large body of evidence suggests that 'serotonergic' antidepressants, such as clomipramine, fluvoxamine, or fluoxetine, represent the most effective pharmacological agents in the treatment of obsessive-compulsive disorders (Jenike, 1990). In the traditional psychoanalytic explanation of obsessional disorders, obsessional personality has been seen as a predisposing feature of obsessional neurosis, with the two conditions existing side by side along a continuum. On this continuum, persons with obsessional personality differ from those with obsessive-compulsive symptoms only in that they are asymptomatic (Baer and Jenike, 1990). The 'classical' biochemical theory of major depression hypothesizes disturbances in serotonergic and/or catecholaminergic neurotransmission. In this context, we recently tested the hypothesis that major depressive patients with an underlying compulsive personality would preferentially exhibit a serotonergic depression and then preferentially respond to a serotonergic antidepressant, such as fluvoxamine (Ansseau et al., 1992).

### Methods

Forty-six outpatients who fulfilled DSM-III criteria for a major depressive episode (American Psychiatric Association, 1980) were included in the study. Twenty-two patients exhibited a compulsive personality, according to DSM-III criteria; in contrast, the other 24 patients did not exhibit more than one compulsive feature. These compulsive and noncompulsive depressive groups did not differ with regard to age ( $46.8 \pm 10.9$  years vs.  $41.3 \pm 10.8$  years,  $F = 3.00$ ,  $df = 1,44$ , NS), gender distribution (12 males and 10 females vs. 12 males and 12 females,  $\chi^2 = 0.10$ ,  $df = 1$ , NS), weight, duration of current depressive episode, previous therapy, medical or psychiatric history, and the baseline level of depressive symptomatology. The duration of the study was 8 weeks, with assessments at baseline and after 2, 4, and 8 weeks of treatment using the 24-item Hamilton depression scale, including an endogenomorphy subscale (Thase et al., 1983). All side-effects were recorded. The initial dose of fluvoxamine was 100 mg at bedtime and could be increased up to 200 mg from the third week of treatment. Other psychotropic drugs were excluded throughout the study, except a low dose benzodiazepine anxiolytic and/or hypnotic if needed. Finally, the protocol was approved by the Ethical Committee of the University of Liège Medical School and all patients gave their informed consent.

Statistical analysis used  $\chi^2$ , one-way analysis of variance (ANOVA), and two-way ANOVA with repeated measures.

### Results

A total of 10 patients dropped out the study for lack of efficacy or side-effects: three patients in the compulsive group and seven patients in the noncompulsive group ( $\chi^2 = 0.84$ ,  $df = 1$ , NS).

The comparison of changes over time in Hamilton depression scores showed significantly better improvement in the compulsive subgroup after 8 weeks of treatment:  $F = 10.65$ ,  $df = 3,32$ ,  $P = 0.0001$  (Table 1). This difference was even more marked using the endogenomorphy subscale:  $F = 7.09$ ,  $df = 3,32$ ,  $P = 0.0009$ , which was already significantly different after 4 weeks of treatment ( $P = 0.05$ ). No significant differences were present between the two groups with regard to the number of reported side-effects, mainly of digestive type: 12 patients in the compulsive group and 12 patients in the noncompulsive group ( $\chi^2 = 0.01$ ,  $df = 1$ , NS).

Finally, the mean final dose of fluvoxamine did not differ between the two groups:  $168.4 \pm 50.6$  mg in the compulsive group vs.  $179.4 \pm 39.8$  mg in the noncompulsive group ( $F = 0.52$ , NS).

Table 1. Changes over time in Hamilton depression scores with fluvoxamine in major depressive patients with or without underlying compulsive personality (mean and SD)

	Week 0	Week 2	Week 4	Week 8
Compulsive personality (n = 22)	29.4 (5.8)	23.7 (8.9)	16.9 (8.7)	9.6 (5.1)
No compulsive personality (n = 24)	27.2 (3.4)	22.0 (4.2)	18.5 (5.0)	15.9 (4.9)

## Discussion

The results of the present study suggest that depressive patients with an underlying compulsive personality more preferentially exhibit a 'serotonergic' depression as compared to depressive patients without personality disorder. These findings support a biochemical link between obsessive-compulsive disorder and compulsive personality, in agreement with psychoanalytic theories (Baer and Jenike, 1990). In contrast to psychoanalytic theories, however, recent studies using more objective criteria have shown that compulsive personality is less common than previously thought in obsessive-compulsive disorder and is not a necessary condition for its development (Baer and Jenike, 1990).

An alternative interpretation for the differences in outcome with fluvoxamine is that the improvement shown in the patients with compulsive personality is due as much to the antidepressant treating the personality disturbance as to it treating the depressive one (Pollit and Tyrer, 1992). This throws open the possibility that at least some elements of personality disturbance have a biological component. A definitive answer to this interesting challenge should come from a controlled study of the therapeutic usefulness of serotonergic drugs in compulsive personality disorder without associated depression.

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## Is long-term treatment effective in OCD?

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*Key words:* Obsessive-compulsive disorder; Long-term treatment

## Summary

OCD is generally a long-term chronic illness and we therefore need to know if treatments that have been shown to be effective in short-term studies maintain their efficacy over the longer term. The efficacy of serotonin reuptake inhibitors has