integration of biologic and psychotherapeutic interventions which act on these pathways – sometimes with contradictory effects. Thus the action of methylphenidate for ADD may exacerbate tics and TS by facilitating dopamine release and counteracting the effects of dopamine blockers used to treat the TS. Combinations of serotonin reuptake inhibitors for OCD with dopamine blockers both of which stimulate prolactin release may exacerbate gynecomastia and galactorrhea in adolescents.

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Are SSRIs useful in obsessive-compulsive personality disorder?

M. Ansseau

Psychiatric Unit, C.H.U. du Sart Tilman, B-4000 Liège, Belgium

Key words: Obsessive-compulsive personality disorder; Selective serotonin reuptake inhibitors; Serotonin; Fluvoxamine

Summary

We previously reported that in depressive patients, the presence of an underlying compulsive personality predicted a particular benefit with selective serotonin reuptake inhibitors (SSRIs). A possible interpretation for these findings was that SSRIs improved the personality disorder. To test this hypothesis, we treated four outpatients with obsessive-compulsive personality disorder with fluvoxamine over a 3-month period. Results using the ratings of DSM-IIIR individual criteria showed significant improvement, supporting a role for serotonergic dysfunction in obsessive-compulsive 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). In a recent study, we tested the hypothesis that major depressive patients with an underlying compulsive personality would preferentially exhibit a serotonergic depression and then better respond to a serotonergic antidepressant, such as fluvoxamine (Ansseau et al., 1991, 1993). Forty-six DSM-III major depressive outpatients were included in this trial: 22 patients exhibiting a compulsive personality according to DSM-III criteria and 24 patients exhibiting no more than one compulsive feature. The duration of the study was 8 weeks, with assessments at baseline and after 2, 4, and 8 weeks using the Hamilton depression scale. The initial dose of fluvoxamine was 100 mg at bedtime and could be increased up to 200 mg from the third week of treatment. The comparison of changes over time in Hamilton depression scores showed significantly better improvement in the compulsive subgroup after 8 weeks of treatment: from 29.4 (5.8) to 9.6 (5.1) in the compulsive subgroup and from 27.2 (3.4) to 15.9 (4.9) in the noncompulsive group ($F = 10.65$, df = 3,32, $P = 0.0001$).

The results of this study suggested 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). However, studies using diagnostic criteria such as DSM-III or DSM-IIIR found a low prevalence of compulsive personality disorder in patients with obsessive-compulsive disorder (Table 1). Changes in the diagnostic criteria from DSM-III to DSM-IIIR have moved the diagnostic entity of compulsive personality disorder somewhat closer to the traditional concept; as a result, the mean prevalence of this personality disorder has increased from 17 to 53%.

Table 1. Prevalence of obsessive-compulsive personality disorder in patients with obsessive-compulsive disorder

Authors	DSM-III	DSM-IIIR	n	%
Pollit, 1959			55	18
Ingram, 1961			31	32
Rasmussen and Tsuang, 1986	X		44	55
Joffe et al., 1988	X		27	4
Steketee, 1988	X		28	4
Black et al., 1989	X		21	0
Cottraux, 1989		X	59	81
Baer et al., 1990a	X		96	6
Baer et al., 1990b		X	60	25
Mavissakalian et al., 1990	X		31	4
Pfohl et al., 1990	X		37	30
Black et al., 1993	X		32	28
Cassano et al., 1993	X		31	19

In contrast to major depression, the presence of an underlying compulsive personality was not related to improvement with clomipramine or fluoxetine in obsessive-compulsive disorder (Baer and Jenike, 1990).

An alternative interpretation for the differences in outcome with fluvoxamine was that the improvement shown in the patients with compulsive personality was due as much to the antidepressant treating the personality disturbances as to it treating the depressive one (Pollit and Tyrer, 1992). Therefore, the purpose of the present preliminary study was to test the therapeutic usefulness of serotonergic drugs in compulsive personality disorder without associated depression.

Methods

Four outpatients who fulfilled DSM-IIIR criteria for obsessive-compulsive personality disorder were recruited for the study through referrals from psychotherapists. All were men, aged 34–51 years (mean 43.7 ± 6.5) and devoid of any significant depressive symptomatology, as evidenced by scores of less than 7 on the 17-item Hamilton depression scale. The subjects received fluvoxamine at an initial dose of 50 mg during the first week and 100 mg throughout the remainder of a 3-month study period. Monthly assessments were performed by rating each of the nine features of DSM-IIIR obsessive-compulsive personality disorder on a 5-point scale (0 = absent, 1 = mild, 2 = moderate, 3 = severe, 4 = very severe). Statistical analysis used paired Student *t*-test.

Results and discussion

All four patients completed the trial. The mean total score of obsessive-compulsive personality disorder features improved statistically during the study, from an initial score (SD) of 16.2 (2.9) to a final score of 11.7 (3.6) ($t = 7.0$, $P = 0.006$). The level of side effects was limited and they were mainly of digestive type (three cases).

The results of this preliminary open study support a beneficial activity of SSRIs in obsessive-compulsive personality disorder. These findings favor the possibility that at least some elements of personality disturbance have a biological component. In the case of obsessive-compulsive personality disorder, serotonergic dysfunction could play a role.

Due to the low number of patients included in this preliminary trial and its open design, these results should be interpreted with caution. An ongoing study comparing the influence of fluvoxamine and placebo in a larger sample of subjects with obsessive-compulsive personality disorder will provide a more definitive answer regarding the role of neurotransmitter dysfunction in personality disorders.

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