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ORIGINAL ARTICLE

The Impact of Childhood Trauma on A Sample of Obsessive-Compulsive Disorder Patients in Sharkia Governorate

Yasser Raya[1], Mohammad Gamal Sehlo[1], Rehab Saeed Mahdy[1], Heba Mesbah Kotb[1*], Abdallah Saad Ibrahim[1]

[1]PsychiatryDepartment, Faculty of Medicine, Zagazig university

Corresponding author*
Heba Mesbah Kotb

Email:
tota.mek14.6@gmail.com

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ABSTRACT

Background: The presence of childhood trauma was expected to have an impact on obsessive-compulsive disorder (OCD) patients in different ways.

Objectives: This study was designed for investigating the prevalence of childhood trauma among OCD patients and a better understanding of the relation between OCD and the experience of childhood traumatic events.

Subjects and methods: This cross-sectional study included 101 OCD cases. The sample was selected from the patients attending outpatient clinic of Zagazig university hospitals.They were diagnosed & classified according to DSM-IV (SCID_I). All the patients were subjected to: Socio-demographic data, Yale-Brown OC Scale (Y-BOCS), Childhood Trauma Questionnaire (CTQ-28).

Results: The prevalence of childhood trauma in the studied group was 74.3% distributed as follows; 24.8% emotional abuse, then physical abuse was 20.8%, sexual abuse was 16.8%, and finally 11.9% of patients reported emotional & physical neglect. There was no variance in demographic parameters between cases with and without a previous history of emotional, physical, and sexual abuse ($p>0.05$), except a significantly higher percentage of females exposed to childhood sexual abuse and a higher percentage of males exposed to physical abuse. There was no correlation between obsessive-compulsive symptom severity and the history of experiencing childhood trauma in our study ($p>0.05$), except the exposure to childhood sexual abuse.

Conclusion: About 74.3% of the OCD patients in our sample reported experiencing childhood traumatic events. Females are more likely to be exposed to childhood sexual abuse, while males are more likely to experience childhood physical abuse. The exposure to previous history of sexual abuse is significantly associated with increased OCD severity.

Keywords: Childhood Trauma, Obsessive-Compulsive Disorder, Sharkia Governorate.

INTRODUCTION

Obsessive-compulsive disorder (OCD) can be defined as a chronic mental disorder featuring repetitive persisting ideas (obsessions) and/or repeated obligatory behaviors (compulsions) that induce distress or anxiety, consume a lot of time, and potentially cause socio-occupational impairment [1].

The significance of studying OCD arises from the fact that it's considered one of the most worldwide debilitating medical diseases [2].

OCD is usually correlated with an increased comorbidity rate with other psychiatric diseases, the most prevalent psychiatric conditions that accompany obsessive-compulsive symptoms are major depressive disorders and generalized anxiety disorders [3].

According to previous studies, OCD causes family conflicts, disruption in social life, and impaired quality of life [4] and as a psychological issue, it may also have an impact on reducing the individual's perception of self-value. From a conceptual standpoint, the patient may show certain kinds of incorrect thinking which means that OCD can also cause cognitive impairment [5].

The increased severity of obsessions and compulsions are considered factors elevating the risk of suicidal activity among the OCD patients, Also the comorbidity with other depressive symptoms or anxiety symptoms increases the suicidal probability in such patients [6].

Generally, Childhood trauma (CT) can be defined as suffering from a variety of physical, sexual, emotional, or social aspects in the early childhood period. It includes being subjected to physical abuse in the form of bodily assaults that are likely to cause injury, sexual abuse in the form of exposure to any level of sexual exploitation from caressing to complete sexual contact with the child, also failure to provide basic emotional and psychological requirements, as well as basic life needs [7,8].

Cases exposed to childhood abuse are more probably to have serious and complicated psychopathology due to specific neurobiological changes [9].

OCD emergence can be a result of exhaustion of coping abilities that predispose toward maladaptive behavior as a result of frequent exposure to stressful life events [10].

Childhood traumas may not only induce the production of OC symptoms, but also impact their progression, the level of severity and/or frequency, and changes in content [11].

A report by Lochner et al. [12] showed that males who suffered emotional neglect in their childhood had an earlier onset age of OC symptoms and they tended to show more aggression while females with OCD had experienced more sexual abuse in childhood.

Selvi et al. [13] reported that contamination obsessions and religious and hostile obsessions were the most prevalent obsessive symptoms among OCD cases.

Limited information is known about the correlation between CT and OCD in clinical research among the Egyptian adult population.

This study was designed for a better understanding of the correlation between OCD and the experience of childhood traumatic events.

SUBJECTS AND METHODS

Patients:

This cross-sectional study was carried out on 101 cases with OCD at the psychiatric outpatient clinic of Zagazig University Hospitals in Sharkia Governorate, Egypt. This sample was collected during the period from August 2022 to February 2023.

This work has been carried out following The Code ofEthics of the World Medical Association (Declaration of Helsinki) for experiments involving humans.

Sample size: Assuming that the total number of obsessive compulsive disorder patients who attended the outpatient clinic at ZUH is 300. Therefore, the sample size was 101 using open epi info, power of test 80% CI 95%.The sample was selected from the patients attending outpatient clinic of Zagazig university hospitals. All participants were screened to determine eligibility for participation in the study according to the specified inclusion and exclusion Criteria.

Inclusion criteria: Cases with the following criteria were included; all patients should meet DSM-IV criteria for OCD according to El Missiry et al. [14], Ages are between (18-60) years old in both sexes. All socioeconomic classes have been included.

Early Adverse childhood trauma experience: Childhood trauma (CT) was defined as suffering from a variety of physical, sexual, emotional, or social aspects in the early childhood period. It includes being subjected to physical abuse in the form of bodily assaults that are likely to cause injury, sexual abuse in the form of exposure to any level of sexual exploitation from caressing to complete sexual contact with the child, also failure to provide basic emotional and psychological requirements, as well as basic life needs assessed by the Semi- structured interview contained a full psychiatric sheet, during which diagnosis of OCD was confirmed according to Diagnostic and Statistical Manual of Mental Disorders, (DSM-IV) criteria, The Arabic version of the SCID-I used in this study was translated and validated by El Missiry et al. [14] in the Institute of psychiatry, Ain Shams University.

Exclusion criteria: Cases with the following characteristics were excluded; age of patients <18 or >60 years, unstable or uncontrolled medical condition that interferes with brain functions. History of mental retardation, neurologic or psychotic disorder. Substance abuse patients. Refusal of consent.

Methods:

A complete assessment was done for each participant including Full history taking, and clinical Examination.

The psychometric Examination included the following:

The severity of obsessive-compulsive symptoms was evaluated by the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) the Arabic version [15], which was originally developed by Goodman et al. [16]. It is a clinician-rated, 10-item scale, each item rated from 0 (no symptoms) to 4 (extreme symptoms) with a total range of 0-40 with higher scores indicating greater severity.

There are separate subtotals for severity of obsessions (sum of items 1 through 5) and compulsions (sum of items 6 through 10). The sum of the 10 severity items yields three scores: an obsession severity score (range = 0–20), a compulsion severity score (range = 0–20), and a total score (range = 0–40).

The Childhood Trauma Questionnaire (CTQ)-the Arabic version [17] was utilized for assessing early childhood trauma. This scale was originally developed by Bernstein and colleagues as a 70-item self-administered inventory to provide reliable and valid retrospective assessment of child abuse and neglect [18]. It is a five-point, Likert-type, self-report scale that includes 5 subscales measuring emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. Each type of maltreatment is represented by five items (25 questions) in

addition to three item Minimization/Denial validity scale that was developed to detect the underreporting of maltreatment.

The researcher explained the investigation and its goals after obtaining the necessary authorization. The participants carefully read the instructions, which informed that honest answers were encouraged as well, and their responses would be used exclusively for research purposes.

Approvals: All of the chosen participants were given thorough explanations of the study's goal and anticipated advantages. The entire project was conducted with the highest ethical consideration. Written informed consent was obtained from all participants, the study was approved by the research ethical committee of Faculty of Medicine, Zagazig University. Approval was obtained from the Institutional Review Board (IRB) (#9620/28-6-2022).

STATISTICAL ANALYSIS:

The data was analyzed using SPSS version 23.0 (SPSS Inc., Chicago, IL, USA) [19]. The mean, SD, and range were used to describe quantitative data, whereas the number and percentage were used to express qualitative data. To compare two groups of normally distributed variables, the t-test was utilized. The Mann-Whitney test was used to compare two groups of variables that were not normally distributed. To analyze the link between various study variables, the Pearson correlation coefficient was determined. When appropriate, percentages of categorical variables were compared using the Chi-square test or Fisher exact. Multiple linear regression is used to predict one dependent continuing variable from one or more independent continuing variables. Statistical significance was defined as a P value <0.05.

RESULTS

The study included 101 patients diagnosed with OCD, 75 of the patients (74.3%) reported a previous history of CT. There was no variance in demographic parameters between patients with and without previous history of childhood trauma (p>0.05) (Table 1).

Table (2) showed that the prevalence of childhood trauma in the studied group was 74.3% distributed as follows; 24.8% emotional abuse, then physical abuse was 20.8%, sexual abuse was 16.8%, and finally, 11.9% of patients reported emotional & physical neglect.

There was no variance in demographic parameters between cases with and without a previous history of emotional abuse (p>0.05) (Table 3).

There was no variation in demographic parameters between cases with and without a previous history of physical abuse (p>0.05), except significantly higher percentage of males exposed to physical abuse, p=0.015 (Table 4).

There was no variance in demographic parameters between cases with and without previous history of sexual abuse (p>0.05), except a significantly higher percentage of females reported childhood exposure to sexual abuse (p=0.019) (Table 5).

Concerning the relation between Physical and Emotional neglect and demographic parameters, there was no variance between groups regarding demographic parameters (p>0.05) (Table 6).

The only predictor of increased OCD severity in our study was childhood sexual abuse. (Table 7).

Table 1: Demographic parameters of obsessive compulsive disorder patients

Variables	**Total n.101**		**With childhood trauma group n.75 (74.3%)**		**Without childhood trauma group n.26 (25.7%)**		t/χ^2	P
	No.	%	No.	%	No.	%		
Age per years Mean ±SD Range	36.36±6.82 18-49		35.8±6.64 18-48		37.96±7.22 27-49		1.398	.165
Gender								
Female	62	61.4	48	77.4	14	22.6	0.84	0.36
Male	39	38.6	27	69.2	12	30.8		
Maritalstatus								
Divorced	13	12.9	10	76.9	3	23.1		
Married	54	53.5	40	74.1	14	25.9	0.72	0.86
Single	26	25.7	20	76.9	6	23.1		
Widow	8	7.9	5	62.5	3	37.5		
Education								
Illiterate	79	78.2	56	70.9	23	29.1		
Preparatory	3	3.0	2	66.7	1	33.3	3.2	0.37
Secondary	4	4.0	4	100.0	0	0.0		
College-institute	15	14.8	13	86.7	2	13.3		
Occupation								
Employed	21	20.8	17	81.0	4	19.0	0.62	0.43
Unemployed	80	79.2	58	72.5	22	27.5		

t: student's t test, χ^2 Chi square test, f: Fisher exact test, no significant p>0.05,*p<0.05 significant

Table 2: Prevalence of childhood trauma in the studied group

Variables	Total n.101	
	No.	%
Prevalence of childhood trauma	75	74.3
Emotional abuse	25	24.8
Physical abuse	21	20.8
Sexual abuse	17	16.8
Emotional & Physical neglect	12	11.9

Table 3: Relation between emotional abuse and demographic parameters

Variables	Emotional abuse				N	χ^2	p-value
	Yes n.25		No n.26				
	No.	%	No.	%			
Gender							
Female	19	57.6	14	42.4	33	2.7	0.098
Male	6	33.3	12	66.7	18		
Marital Status							
Divorced	5	62.5	3	37.5	8		
Married	12	46.2	14	53.8	26	0.73	0.87
Single	5	45.5	6	54.5	11		
Widow	3	50.0	3	50.0	6		
Education							
college-institute	15	39.5	23	60.5	38		
Illiterate	2	66.7	1	33.3	3	5.8	0.12
Preparatory	1	100.0	0	.0	1		
Secondary	7	77.8	2	22.2	9		
Occupation							
Employed	3	42.9	4	57.1	7	F	0.99
Unemployed	22	50.0	22	50.0	44		
Age per years Mean ±SD Range	36.28±6.76 20-46		37.96±7.22 27-49		0.857		.395

Student's t test χ 2 Chi square test, f: Fisher exact test, no significant p>0.05, *p<0.05 significant

Table 4: Relation between physical abuse and demographic parameters

Variables	Physical abuse					χ^2	p-value
	Yes n.21		No n. 26				
	No.	%	No.	%			
Gender							
Female	4	22.2	14	77.8	18	5.9	**0.015***
Male	17	58.6	12	41.4	29		
Marital Status							
Divorced	1	25.0	3	75.0	4		
Married	11	44.0	14	56.0	25	4.47	0.21
Single	9	60.0	6	40.0	15		
Widow	0	.0	3	100.0	3		
Education							
College-institute	17	42.5	23	57.5	40		
Illiterate	0	.0	1	100.0	1	2.56	0.49
Preparatory	1	100.0	0	.0	1		
Secondary	3	60.0	2	40.0	5		
Occupation							
Employed	3	42.9	4	57.1	7	F	0.99
Unemployed	18	45.0	22	55.0	40		
Age per years Mean ±SD Range	33.52±7.93 18-45		37.96±7.22 27-49			t 2.004	.051

Student's t test, χ^2 Chi square test, f: Fisher exact test, no significant p>0.05,*p<0.05 significant

Table 5: Relation between sexual abuse and demographic parameters

Variables	Sexual abuse				n	χ^2	p-value
	Yes n.17		No n.26				
	No.	%	No.	%			
Gender							
Female	15	51.7	14	48.3	29	**5.5**	**0.019***
Male	2	14.3	12	85.7	14		
Marital Status							
Divorced	1	25.0	3	75.0	4		
Married	10	41.7	14	58.3	24	0.4	0.94

Variables	Sexual abuse				n	χ^2	p-value
	Yes n.17		No n.26				
	No.	%	No.	%			
Single	4	40.0	6	60.0	10		
Widow	2	40.0	3	60.0	5		
Education	.	.	.	.	.		
College-institute	15	39.5	23	60.5	38	0.84	0.66
Illiterate	0	.0	1	100.0	1		
Secondary	2	50.0	2	50.0	4		
Occupation							
Employed	7	63.6	4	36.4	11	f	0.08
Unemployed	10	31.3	22	68.8	32		
Age per years Mean ±SD Range	36.23±5.37 28-48		37.96±7.22 27-49			.843	.404

Student's t test, χ^2 Chi square test, f: Fisher exact test, no significant p>0.05,*p<0.05 significant

Table 6: Relation between Physical and Emotional neglect and demographic parameters

Variables	Physical and Emotional neglect				n	χ^2	p-value
	Yes n.12		No n.26				
	No.	%	No.	%			
Gender							
Female	10	41.7	14	58.3	24	F	0.147
Male	2	14.3	12	85.7	14		
MaritalStatus							
Divorced	3	50.0	3	50.0	6		
Married	7	33.3	14	66.7	21		
Single	2	25.0	6	75.0	8	2.51	0.47
Widow	0	.0	3	100.0	3		
Education							

Variables	Physical and Emotional neglect				n	χ^2	p-value
	Yes n.12		No n.26				
	No.	%	No.	%			
College-institute	9	28.1	23	71.9	32		
Illiterate	0	.0	1	100.0	1	4.97	0.174
Preparatory	2	100.0	0	.0	2		
Secondary	1	33.3	2	66.7	3		
Occupation							
Employed	4	50.0	4	50.0	8	F	0.23
Unemployed	8	26.7	22	73.3	30		
Age per years Mean ±SD Range	38.16±4.85 32-47		37.96±7.22 27-49		T .089		.929

Student's t test, χ^2 Chi square test, f: Fisher exact test, no significant p>0.05,*p<0.05 significant

Table 7: Multiple linear regression model for prediction of the severity of OCD among studied patients (n.101):

Predictors	Unstandardized Coefficients		T	Sig.
	B	SE		
(Constant)	18.693			
Age	-.037	.053	.690	.492
Gender	-1.248	.960	1.300	.197
Employee	1.053	.872	1.208	.230
Physical abuse	.149	.131	1.141	.257
Emotional abuse	.196	.150	1.308	.194
Sexual abuse	**.288**	**.105**	**2.739**	**.007***
Emotional & physical neglect	.045	.157	.285	.777

β = regression coefficients, SE: standard error, r=0.37, R square 17% of predictors, f=1, 98, p=0.07

DISCUSSION

OCD is a neuropsychiatric disorder that affects people from early infancy to maturity. Over 50% of all OCD sufferers experience symptoms during childhood or adolescence, and the illness remains in more than 40% of these cases into maturity. Most OCD sufferers are aware that their emotions and actions are exaggerated and unreasonable, and they may try to reject them. Patients' professional, social, and educational achievements suffer dramatically [20].

In epidemiological investigations, socio-demographic and socioeconomic relationships have also been investigated. The majority of research reveals no gender variations in incidence. Furthermore, the relationship with learning or other socioeconomic characteristics is contradictory. Examining these links can be difficult because OCD is commonly associated with other anxiety or mood problems [21].

The study included 101 patients fulfilling diagnostic criteria for OCD, the mean age of all participants was 36.36±6.82, and ages ranged from 18- to 49 years. The majority of them were females (61.4%), (53.5%) of them were married, with a high educational level (college institute = 78.2%), and only (20.8%) were employed. 75 patients (74.3%) reported a previous history of CT, with no difference in the demographic parameters between cases with and without a previous history of CT.

Our study showed that the prevalence of childhood trauma in the studied group was 74.3% distributed as follows: 24.8% emotional abuse, 20.8% physical abuse, 16.8% sexual abuse and 11.9% emotional and physical neglect.

Our findings are consistent with earlier research that showed a higher incidence of CT among OCD cases.

Carpenter and Chung. [22] found that the OCD group in their sample reported more childhood trauma compared to the control.

Voderholzer et al. [23] revealed that the cases group with OCD and other disorders had higher scores on the CTQ scale, and could be differentiated from the non-patient group in all childhood trauma subscales.

According to Boger et al. [24] nearly two-thirds of their sample indicated clinically significant levels of child abuse and neglect.

In a recent study by Çoban and Tan. [25] out of 106 participants with OCD, 60 participants reported a previous history of childhood trauma and higher CTQ scores in all subscales.

Results from the study done by Mustafa et al. [26] reported that CT was strongly correlated with OCD, and there was no marked variation between the sexes regarding their childhood trauma subscales.

This implies that childhood traumatic events can be a potential factor in OCD maintenance and emergence because childhood is a delicate phase during which maturation of the brain occurs.

Our study revealed no difference in demographic data between the two groups of OCD cases with and without a previous history of CT.

Nevertheless, males were more likely to have a history of physical abuse, whereas the incidence probability of childhood sexual abuse was high in females.

Our results agreed with previous research by MacMillan et al. [27] who reported higher rates of physical abuse in males and sexual abuse in females.

This result suggests that some types of child

maltreatment can be moderated by gender. It stands to reason, that females are more vulnerable to sexual victimization than males, and that being a female is a risk factor for sexual abuse. As well as males are more likely to experience familial violence and abusive punishments.

After using multiple linear regression model for prediction of increased obsessive-compulsive symptom severity among the studied patients, we found no relevant association between the severity of OCD and the previous exposure to childhood traumatic events, except being exposed to childhood sexual abuse, P=0.007.

Our findings are in line with previous research carried out by McGregor, Hemmings et al. [28]who revealed that sexual abuse was found to contribute to the risk of OCD.

Maybe the weak correlation between the severity of OCD and the experience of early childhood trauma explained by that OCD is a disorder with a genetic basis and considered heritable with genetic influences in the range of 27% to 47% [29].

Our study was conducted in a psychiatric clinic rather than a primary care clinic, giving us access to the patient's medical records, which was critical in confirming the diagnosis and collecting accurate data about the participants.

There are some limitations to the study; the first limitation is the cross-sectional type of the data in our study that lacked a control group. Second, the CTQ scale, although a reliable and validated tool for childhood trauma assessment, may be susceptible to several biases, including recall bias due to its retrospective nature. The painful memories of childhood abuse are also susceptible to repression, denial and reconstruction. In the presence of depressive and anxiety symptoms, patients may report their childhood trauma in retrospection via mood-congruent recall.

CONCLUSION

Our study is the first study in Egypt to assess the impact of experiencing CT on OCD patients. 74.3% of the OCD patients in our sample reported experiencing childhood traumatic events. The incidence probability of childhood sexual abuse is high in females, while males are more likely to experience childhood physical abuse.

Conflict of Interest

None

Financial Disclosures

None

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