CHILDHOOD TRAUMA IN OBSESSIVE-COMPULSIVE DISORDER, TRICHOTILLOMANIA, AND CONTROLS

Christine Lochner, M.A.,* Pieter L. du Toit, M.A., Nompumelelo Zungu-Dirwayi, B.A., Adele Marais, M.A., Jeanine van Kradenburg, B.Curr., Soraya Seedat, M.Med., Dana J.H. Niehaus, M.Med., and Dan J. Stein, M.D., Ph.D.

There is relatively little data on the link between childhood trauma and obsessive-compulsive/putative obsessive-compulsive spectrum disorders. The revised Childhood Trauma Questionnaire (CTQ), which assesses physical, emotional, and sexual abuse as well as physical and emotional neglect, was administered to female patients with obsessive-compulsive disorder (OCD; n = 74; age: 36.1 ± 16.3), TTM (n = 36; age: 31.8 ± 12.3), and a group of normal controls (n = 31; age: 21.5 ± 1.0). The findings showed a significantly greater severity of childhood trauma in general, and emotional neglect specifically, in the patient groups compared to the controls. Although various factors may play a role in the etiology of both OCD and trichotillomania (TTM), this study is consistent with some evidence from previous studies suggesting that childhood trauma may play a role in the development of these disorders. Depression and Anxiety 15:66–68, 2002. *© 2002 Wiley-Liss, Inc.*

Key words: *obsessive-compulsive disorder; trichotillomania; childhood trauma*

INTRODUCTION

In recent years, there has been growing acceptance that early adverse experiences, including childhood physical and sexual abuse, may be associated with or contribute to psychiatric morbidity in adulthood [Bryer et al., 1987; Keaney and Farley, 1996; Kessler et al., 1997; Mulder et al., 1998; Stein et al., 1996; Walker et al., 1992]. An increased rate of childhood trauma has been reported in previous studies of anxiety disorder patients [e.g., Stein et al., 1996]. More specifically, panic disorder, agoraphobia, obsessive-compulsive disorder (OCD), and social anxiety disorder have been linked with a history of physical and sexual abuse during childhood [Burnam et al., 1988; David et al., 1995; Hofmann et al., 2001; Murrey et al., 1993; Saunders et al., 1992; Stein et al., 1996].

Although the etiology of OCD remains incompletely understood, there is clear evidence of a familial component [Pato et al., 2001; Pauls and Alsobrook, 1999], and a growing appreciation that specific neuroanatomic, neurochemical, and neuroimmunological variables may mediate the pathogenesis of this disorder [e.g., Baxter, 1994; Leonard and Swedo, 2001; Micallef and Blin, 2001]. Freud's early contention that obsessional neurosis was a manifestation of premature sexual experience [Freud, 1909], has received little empirical study [Stein and Stone, 1997]. There is some anecdotal evidence of a link between severe trauma and onset of OCD [de Silva and Marks, 1999].

In recent studies, it has been suggested that several disorders, including trichotillomania (TTM), lie on a spectrum of OCD disorders characterized by overlapping phenomenology and psychobiology [McElroy et al., 1994; Stein and Hollander, 1993]. While this hypothesis has received some support from neurobiological studies [Stein, 2000], little work has been done comparing different stressors (such as childhood trauma) across these disorders. Therefore, in this study, childhood trauma was assessed in patients with OCD or TTM, and healthy controls.

METHODS

Seventy-four patients with obsessive-compulsive disorder, 36 with trichotillomania and 31 healthy controls, took part in the study. Inclusion into this project was subject to informed written consent from all partici-

MRC Unit on Stress and Anxiety Disorders, University of Stellenbosch, Tygerberg, Cape Town, South Africa

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*Correspondence to: Christine Lochner, MRC Unit on Stress and Anxiety Disorders, University of Stellenbosch, PO Box 19063, Tygerberg 7505, Cape Town, South Africa.
E-mail: cl2@gerga.sun.ac.za

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pants. As TTM patients are predominantly female [Christenson et al., 1991], the study was restricted to women, their ages ranging between 12 and 71. Patients were recruited from an Anxiety Disorders Clinic, while normal controls were recruited from a college class.

All patients met the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria [American Psychiatric Association, 1994] for OCD on the Structured Clinical Interview of Axis I Disorders (SCID-I) [First et al., 1998], or TTM on the Structured Clinical Interview for the Diagnosis of OCD Spectrum Disorders (SCID-OCSD) [du Toit et al., 2001], as assessed by an experienced clinician. Controls were not screened and were included irrespective of possible diagnostic status/family history of psychiatric illness.

The Childhood Trauma Questionnaire (CTQ), a self-report instrument developed to provide brief, reliable, and valid assessment of a broad range of traumatic experiences in childhood [Bernstein et al., 1994], was completed by all participants. This questionnaire is comprised of 28 items that fall into five categories/subscales, namely: emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. A sixth category is included as a validity scale (see Table 1). Reliability and validity of the CTQ has been well researched and the scale appears to be a useful measure of childhood trauma [Bernstein et al., 1994].

One-way analysis of variance (ANOVA) was used to compare total score on the CTQ as well as scores on the five subscales across the three groups.

RESULTS

Data were tabulated (Table 1). Mean age differed significantly between the groups ($F = 2.0$; $P = 0.003$); OCD and TTM patients were both significantly older than controls ($P < 0.001$).

ANOVA demonstrated that the total score on the CTQ differed significantly across the three groups ($F = 4.3$, $P = 0.015$). Both OCD ($t = -3.5$; $P = 0.001$) and TTM ($t = -2.9$; $P = 0.005$) patients reported significantly more childhood trauma than controls.

There were significant differences between groups on two subscales in particular: the emotional negligence ($F = 6.8$, $P = 0.002$) and the physical abuse subscales ($F = 3.2$, $P = 0.04$). Emotional neglect was significantly higher in both OCD ($t = -4.5$; $P < 0.001$) and TTM ($t = -3.9$; $P < 0.001$) than in controls, with no significant difference between OCD and TTM. The physical abuse score was significantly higher in TTM than controls ($t = -3.0$; $P = 0.005$).

TABLE 1. Childhood interpersonal trauma in OCD, TTM, and controls

	OCD[a] n = 74	TTM n = 36	Normal controls n = 31	*P*
Age ± SD	36.1 ± 16.3	31.8 ± 12.3	21.5 ± 1.0	.003
Age range	12–71 yrs	13–71 yrs	20–24 yrs	
Emotional abuse	10.3 ± 5.5	9.9 ± 5.6	7.8 ± 3.6	NS
Physical abuse	7.2 ± 3.8	7.9 ± 4.2	5.8 ± 1.1	.04
Sexual abuse	7.3 ± 4.5	7.1 ± 5.3	6.4 ± 3.3	NS
Emotional neglect	10.1 ± 5.1	10.3 ± 4.8	6.7 ± 2.5	.002
Physical neglect	5.9 ± 1.7	6.5 ± 2.2	5.6 ± 1.2	NS
Validity scale	0.8 ± 1.1	0.8 ± 1.1	1.0 ± 1.1	NS
CTQ total	40.8 ± 15.6	41.8 ± 16.8	32.4 ± 8.7	.015

[a]*OCD, obsessive-compulsive disorder; TTM, trichotillomania; CTQ, Childhood Trauma Questionnaire; NS, not significant.*

DISCUSSION

Childhood trauma in general was significantly higher in patients with OCD and TTM than in healthy controls. Both OCD and TTM patients scored higher than controls on emotional neglect, indicating that some aspects of childhood trauma may be common to both disorders. These findings seem to be consistent with previous research studies suggesting an association between anxiety disorders (such as OCD) and childhood trauma.

However, the association between childhood trauma and later OCD/TTM does not necessarily imply a causal relationship. Moreover, the findings here may not be generalizable to males. Variables such as age, comorbidity, and socio-economic status may also influence the data. Other limitations should also be considered: the information regarding childhood trauma was retrospective and self-reported, and could thus be subject to distortion.

Despite these limitations, we feel that the data presented here are useful insofar as they suggest that childhood trauma may influence the development of later anxiety disorders. Further research to explore this relationship, and to assess its specificity across the different anxiety disorders, is warranted.

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