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Comment on Tükel et al., "The clinical impact of mood disorder comorbidity on obsessive-compulsive disorder" (Eur Arch Psychiatry Clin Neurosci, 256(4):240–245)

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In the article "The clinical impact of mood disorder comorbidity on obsessive-compulsive disorder" the authors evaluated the differences between unipolar depressive disorder and bipolar disorder comorbidity in the obsessive compulsive disorder (OCD) demographics, symptomatology, course of illness, family history and other comorbid axis I disorders.

They found higher frequency of symmetry, ordering and arranging symptoms among bipolar plus OCD patients. These findings corroborate previous findings by Issler et al. [4], who evaluated the clinical characteristics of 15 outpatients with bipolar disorder plus OCD. In addition to symptoms of symmetry, ordering and arranging, they found that aggression, contamination, hoarding and miscellaneous obsessions prevailed over somatic, religious and sexual ones; cleaning, checking, ordering and several other compulsions prevailed over counting, repeating rituals and hoarding compulsions.

However, Tükel et al. also found a lack of association between early age at onset of OCD and bipolar disorder. This finding disagrees with previous studies that found a specific association between bipolar comorbidity and early age at OCD onset [1, 5] or high frequency of early OCD onset among female bipolar patients [4], even though this presentation occurs mainly in men [3].

One possible explanation for these inconsistencies is the fact that age at onset of OCD may be defined differently by each author. In the study conducted by Tükel et al. there is no clear description of what was considered age at onset of OCD what makes it difficult to draw any conclusion.

To illustrate this point of view we analyzed data from 161 patients evaluated by our group and found that defining age at onset as the earliest age the patient remembers having any obsessive compulsive symptom (OCS) has different impact than defining age at onset as the earliest age the patient remembers having being bothered by his or her symptoms (subclinical OCD). For example, we found that the association between male sex and early OCD onset is only found when age at onset of subclinical OCD is considered ($P = 0.047$, Unpublished data). This is a consequence of the fact that women from our sample reported a longer interval between age at OCS onset and age at subclinical OCD onset than men. Therefore, to avoid future inconsistencies it is important that researches work with valid definitions of age at onset of OCD or clearly describe the definition used in any specific article.

The commented study also did not include information regarding comorbid tic disorders and other OCD spectrum disorders such as trichotillomania and body dysmorphic disorder. A study by our group [2] has associated tic disorders and early onset with the comorbidity with bipolar disorder. Besides, tic disorders, that is observed in 13% [3] to 37.5% [6] in samples of OCD patients from both genders, but is more frequent among men [1, 6] was described in 33% of 15 bipolar women with OCD, 80% of them having early onset of the anxiety disorder [4]. Since the early onset OCD is also associated to a higher genetic load we speculate that early onset OCD cases, that frequently present symmetry, ordering and arranging symptoms, carry a higher genetic vulnerability not only for OCD but for Bipolar, tic disorders, and other OCD spectrum disorders. Future studies taking into account this hypothesis may help to increase our understanding of the bipolar-OCD comorbidity.

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