

조기 및 후기 발병 강박장애 환자의 임상양상 및 경과

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ABSTRACT

Clinical Characteristics and Courses in Patients with Early-Onset and Late-Onset Obsessive-Compulsive Disorder

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Objective : Obsessive-compulsive disorder (OCD) is a clinically heterogeneous disorder with a bimodal pattern in age onset and treatment outcomes. This study attempted to ascertain the importance of the age factor for a better phenotypic precision. Therefore, the authors compared adult OCD patients with an early symptom onset to adult OCD patients with a later symptom onset. **Methods** : One hundred sixty five patients with OCD were evaluated with semistructured interviews ; 79 with symptom onset before the age of 17 (early onset group) and 86 with symptom onset after the age of 17 (late onset group). The two groups were analyzed in terms of Y-BOCS (Yale-Brown Obsessive Compulsive Scale) scores and demographic data including clinical variables. **Results** : Early onset group has more comorbidity of tic disorder and lesser of depression and anxiety disorder than late onset group. Early onset group showed more family history of tic disorder than late onset group. The treatment response to SSRI is relatively declined after 18 months of initiation in early onset group. **Conclusion** : The results indicate that age at onset may be an important factor in subtyping OCD. Early onset group may have more biological and familial tendency that might be differentiate the two groups. (Korean J Psychopharmacol 2003;14(2):163-171)

KEY WORDS : Obsessive compulsive disorder · Early and late onset · Onset age · Treatment response.

서론
 강박장애 (obsessive-compulsive disorder : OCD) (heterogeneous)^{1,2)}
 가 (obses- 가 . 가
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연구대상 및 방법

1. 연구대상

1998년 9월 2002년 8월

312명 6명

165명

1) 17명 55명

2) DSM-IV⁹⁾가

3) 가

1)

가

2) , 3)

4) (CBC),

가

17명 (79명)

17명 (86명)

Compulsive Scale : Y - BOCS¹⁰⁾ Clinical Global Impressions(CGI)¹¹⁾ 가 .

6 36

20.7(S.D.=14.4)

가 , 가

DSM-IV⁹⁾

가

(sudden onset), (episodic course of illness) (chronic course)

6 , 1~3

4~6

1 (complete denial of illness),

2 (slight awareness of being sick and needing help but denying it at the same time),

3 (awareness of being sick but blaming it on others, on external factors, or on organic factors),

4 (awareness that illness is due to something unknown in the patients), 5 (intellectual insight), 6 (emotional insight) . 가

DSM-IV⁹⁾ , DSM-IV⁹⁾

가 가

3. 약물치료

: fluoxetine(20~80 mg/day), sertraline (50~150 mg/day), paroxetine(20~60 mg/day), clomipramine(50~300 mg/day).

2. 임상 양상 및 증상의 평가

가 (Yale - Brown Obsessive -

benzodiazepine(alprazolam, clonazepam, lorazepam) 가 (F=14.68, df=1, p=0.000).
 trazodone 29.2±10.4 , 21.1±9.9
 risperidone 22.9±8.8 , 36.2±9.9
 0.5~6 mg/day, olanzapine 2.5~10 mg/day 가 (F=9.27, df=163, p=0.000).
 6 fluoxetine(64.7±26.1 mg/day), 14.4±3.0
 sertraline(121.4±47.4 mg/day), paroxetine(39.6±27.8±9.3 (t=12.29, df=163,
 17.4 mg/day), clomipramine(212.3±102.2 mg/day) p=0.000). 102.1±83.4 ,
 99.5±81.2

4. 자료 분석

가 Y - BOCS
 29.3±6.5 ,
 14.0±3.3 ,
 15.3±3.3 Y - BOCS
 29.4±5.7 , 29.1±6.8
 가 CGI - Severity(CGI - S)
 5.5±0.9 (1).

2. 임상유형 및 동반 질환

(washing type) 21 (26.6%), (checking type) 19 (24.1%) 가 ,
 (pathologic doubt) 10 (12.7%), (symmetry precision type) 5 (6.3%),
 (aggression) 5 (6.3%), (hoarding type) 5 (6.3%)
 22 (25.6%), 20 (23.3%)
 가 , 9 (10.5%),
 7 (8.1%), 5 (5.8%), (soma-tization obsession) 5 (5.8%), (need to ask or confess type) 5 (5.8%) (2).

Table 1. Demographic and clinical characteristics of patients with obsessive compulsive disorder

Variables	Total values	Early-onset	Late-onset	Statistics
Sex (male : female) ¹	119 : 46	68 : 11	51 : 35	F=14.68, df=1, p=0.000
Age* (year) ²	29.2±10.4	22.9±8.8	36.2±9.9	T=9.27, df=163, p=0.000
Onset age [†] (year) ²	21.1±9.9	14.4±3.0	27.8±9.3	T=12.29, df=163, p=0.000
Duration of illness (months) ²	101.4±80.9	102.1±83.4	99.5±81.2	T=0.44, df=163, p=0.062
Y-BOCS baseline ²	29.3±6.5	29.4±5.7	29.1±6.8	T=0.30, df=163, p=0.298
CGI-S baseline ²	5.5±0.9	5.5±1.0	5.5±0.9	T=0.02, df=163, p=0.983

Y-BOCS : Yale-Brown Obsessive-Compulsive Scale, CGI-S : Clinical Global Impressions-Severity

¹ : ² test, ² : student t-test, *, [†] : p<0.05

Table 2. Types of obsessive compulsive disorder

Types	Patient number (percent)	Early-onset (percent)	Late-onset (percent)
Checking type compulsion	39 (23.2%)	19 (24.1%)	20 (23.3%)
Counting type compulsion	5 (3.0%)	2 (2.5%)	3 (3.4%)
Washing type compulsion	43 (26.1%)	21 (26.6%)	22 (25.6%)
Symmetry and precision type compulsion	12 (7.3%)	5 (6.3%)	7 (8.1%)
Hoarding type compulsion	8 (4.8%)	5 (6.3%)	3 (3.4%)
Need to ask or confess type compulsion	7 (4.2%)	2 (2.5%)	5 (5.8%)
Pathologic doubt obsession	19 (11.5%)	10 (12.7%)	9 (10.5%)
Aggression obsession	10 (6.1%)	5 (6.3%)	5 (5.8%)
Sexual obsession	6 (3.6%)	4 (5.1%)	2 (2.3%)
Somatizaion obsession	9 (5.5%)	4 (5.1%)	5 (5.8%)
Contamination obsession	2 (1.2%)	1 (1.3%)	1 (1.2%)
Need for symmetry obsession	3 (1.8%)	1 (1.3%)	2 (2.3%)
Others	2 (1.2%)		2 (2.3%)
Totals	165	79	86

² test ; F=11.49, df=19, p=0.767

(compulsion) (obsession) (38.0%), 34 (39.5%), (chronic course) 18 (10.9%), 14 (16.3%), (deteriorative course) 16 (9.7%), 19 (22.1%) (F=1.183, df=3, p=0.757)(4).
 가 18.7%, 19.4%, 15.8% 가 가 가 1 가 가 9
 가 5 (6.3%), 7 (8.9%), 5 (11.4%), 2 (2.3%)
 (6.3%) 10 (12.6%), . (² test ; F=2.78, df=1, p=0.032), 10
 , 19 (22.0%), 4 (12.7%), 11 (12.8%),
 14 (16.3%), 22 (25.6%), 4 (12.7%), 11 (12.8%), 18 (22.8%), 24
 (4.7%) . (² test ; F=4.12, df=1, p=0.024), (27.9%) 가 (5).
 (² test ; F=2.10, df=1, p=0.042), (² test ; F=3.65, df=1, p=0.024) 33 (41.8%),
 test ; F=3.65, df=1, p=0.024) 58 (67.4%) 가 (F=10.97, df=1, p=0.001)(6).
 (² test ; F=1.41, df=1, p=0.032)(3).

3. 임상 경과, 가족력 및 병식 비교

, 가 , (sudden onset) 15 (19.0%), 19 (22.0%), (episodic course of illness) 30

4. 치료 반응

36 Y - BOCS (repeated measure ANOVA ; post hoc Bonferroni 's test : p=0.009). (tests of between - subjects

Table 3. Comorbidity of obsessive compulsive disorder*

Disease entities	Specific diseases	Total number	Percent (%)	Earlyonset	Lateonset
Mood disorder ¹	Depression	18	15.8	4	14
	Dysthymia	2	11.7		2
	Bipolar disorder	1	0.8		1
	Other emotional problem	3	2.6	1	2
	Total	24	30.9	5	19
Anxiety disorder ²	Panic disorder	4	3.5	1	3
	Hypochondriasis	3	2.6	1	2
	Social phobia	10	8.7	3	7
	GAD	1	0.8		1
	Other anxiety disorder	3	2.6	2	1
	Total	21	18.2	7	14
Somatization disorder	Somatization disorder	4	3.5	2	2
Personality disorder ³	OCPD	11	9.6	3	8
	Avoidant PD	7	6.1	1	6
	Schizoid PD	3	2.6	1	2
	Borderline PD	1	0.8		1
	Histrionic PD	2	1.8		2
	Antisocial PD	1	0.8		1
	Schizotypal PD	2	1.8		2
	Total	27	23.5	5	22
Child onset diseases ⁴	ADHD	11	9.6	11	
	Tic disorder	14	12.3	10	4
	Total	25	21.9	21	4
Psychotic disorder	Psychotic disorder NOS	4	3.5	1	3
Others	Alcohol dependence	5	4.3		5
	Others	4	3.5	2	2
	Total	9	7.8	2	7

* : some patients have more than 2 specific diseases, 1 : χ^2 test ; F=4.12, df=1, p=0.024, 2 : χ^2 test ; F=2.10, df=1, p=0.042, 3 : χ^2 test ; F=3.65, df=1, p=0.024, 4 : χ^2 test ; F=1.41, df=1, p=0.032

Table 4. Courses of obsessive compulsive disorder

	Courses			
	Sudden onset	Episodic	Chronic	Deteriorative
OCD total	34 (20.6%)	64 (38.8%)	32 (19.4%)	35 (21.2%)
Early-onset	15 (19.0%)	30 (38.0%)	18 (10.9%)	16 (9.7%)
Late-onset	19 (22.0%)	34 (39.5%)	14 (16.3%)	19 (22.1%)

χ^2 test ; F=1.183, df=3, p=0.757

effects)

Y - BOCS 가 (F=23.6, 18 (22.7 ± 4.9) (t=0.3, df=163, p=0.762)가
 df=1, p=0.039)(1). , (19.9 ± 3.8) Y - BOCS
 (29.4 ± 5.7) (29.1 ± 6.8) =0.45), 24 , 30 , 36 (t=2.2, df=48, p=0.033, effect size

Table 5. Family history of obsessive compulsive disorder

	Family histories		
	Tic1	OCD	Other disorders
OCD total	11 (6.6%)	21 (12.7%)	42 (25.5%)
Early-onset	9 (11.4%)	10 (12.7%)	18 (22.8%)
Late-onset	2 (2.3%)	11 (12.8%)	24 (27.9%)

¹: ² test ; F=2.78, df=1, p=0.032

Table 6. Insight of obsessive compulsive disorder

	Insight	
	Present (good to fair)	
OCD total	91 (55.2%)	74 (44.8%)
Early-onset	33 (41.8%)	46 (58.2%)
Late-onset	58 (67.4%)	28 (32.6%)

² test ; F=10.97, df=1, p= 0.001

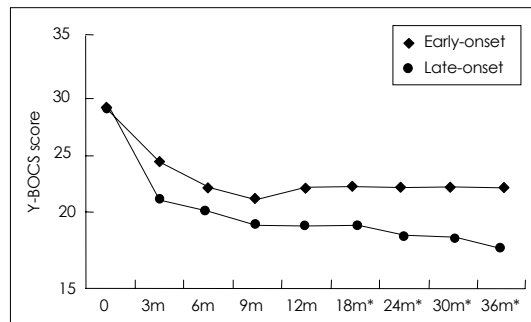


Figure 1. Treatment response changes in early- and late-onset groups follow-up. Repeated measure ANOVA at baseline, 1, 3, 6, 9, 12, 18, 24, 30, 36 months with baseline Y-BOCS scores ; post hoc Bonferroni's test : p=0.009 ; tests of between-subjects effects : F=263.6, df=1, p=0.039. * : p<0.05.

(22.8 ± 5.2, 23.3 ± 4.6, 23.2 ± 4.4)

(18.8 ± 3.9, 18.7 ± 2.9, 17.5 ± 1.3)

Y - BOCS 가 (t=2.6, df=34, p=0.014, effect size=0.63 ; t=2.7, df=24, p=0.008 effect size=0.78 ; t=2.6, df=14, p=0.023, effect size=0.97).

고 찰

가

(), 가 ,
18 ()

가 (3).

2,12,13)
14) (schizotypal personality disorder)

15)

가

가
2)
(basal ganglia)

16) 가

가
17)

18) 가
(5).

가
가

가

(SSRI)

18
가 (1).

가 가

19)

1 : 0.16, 1 : 0.69

(1).

가

가

25)

(hoarding

가 type) (sexual obsession)

20)

가

가

21) 가

10, 21) 18~21 21,22)

28 14 , 가

17

(field trial data)

가 가

가 21,23 - 25)

21,25)

()

가

가 가

가 가

가 (60~70%) 3,22)

20 가 36

(miscarriage) 26,27)

1 : 0.39 가 20.7

22,28) 가

1 : 1 29,30)

2.01 2.47%

가

가

- Prado HS, Sada P, et al. Adults with early-onset obsessive-compulsive disorder. *Am J Psychiatry* 2001;158:1899-1903.
- 22) Karno M, Golding J, Sorenson S, Burnam A. The epidemiology of obsessive-compulsive disorder in five US communities. *Arch Gen Psychiatry* 1988;45:1094-1099.
- 23) Albert U, Picco C, Maina G, Forner F, Aguglia E, Bogetto F. Phenomenology of patients with early and adult onset obsessive-compulsive disorder. *Epidemiol Psichiatr Soc* 2002;11:116-126.
- 24) Noshirvani HF, Kasvikis Y, Marks IM, Tsakiris F, Monteiro WO. Gender-divergent aetiological factors in obsessive-compulsive disorder. *1991;158:260-263.*
- 25) Sobin C, Blundell ML, Karayiorgou M. Phenotypic differences in early- and late-onset obsessive-compulsive disorder. *Comprehensive Psychiatry* 2000;41:373-379.
- 26) Geller PA, Klier CM, Neugebauer R. Anxiety disorders following miscarriage. *J Clin Psychiatry* 2001;62:432-438.
- 27) Williams KE, Koran LM. Obsessive-compulsive disorder in pregnancy, the puerperium, and the premenstruation. *J Clin Psychiatry* 1997;58:330-334.
- 28) Zohar J, Gross-Isseroff R, Hermesh H, Weizman A. Is there sexual dimorphism in obsessive-compulsive disorder? *Neurosci Behav Rev* 1999;23:845-849.
- 29) 이정균. 한국 정신장애의 역학적 조사연구(XIII)-강박장애의 유병율. *신경정신의학* 1994;33:5-17.
- 30) 이호영 · 남궁기 · 이만홍 · 민성길 · 김수영 · 송동호 등. 강화동 정신과 역학연구(III)-주요 정신질환의 평생유병율. *신경정신의학* 1989;28:984-999.