

강박장애 환자의 임상양상 및 단기 치료반응

김찬형¹ · 구민성² · 서호석³ · 신윤식¹ · 김장우¹ · 천근아² · 남윤영¹ · 이홍식¹
 연세대학교 의과대학 정신과학교실,¹ 관동대학교 의과대학 정신과학교실,² 포천중문의과대학 정신과학교실³

ABSTRACT

Clinical Characteristics and Short-term Treatment Response in Patients with Obsessive-Compulsive Disorder

Chan-Hyung Kim, MD,¹ Min-Seong Koo, MD,² Ho Suk Suh, MD,¹
 Yoon Shick Shin, MD,¹ Jang Woo Kim, MD,¹ Keun-Ah Cheon MD,²
 Yoon Yong Nam MD¹ and Hong Shick Lee, MD¹

¹Department of Psychiatry, College of Medicine, Yonsei University, Seoul, ²Department of Psychiatry, College of Medicine, Kwandong University, Kangnung, ³Department of Psychiatry, Pochon CHA University, College of Medicine, Pochon, Korea

Objective : The aim of this study was to describe and evaluate the clinical data and short-term treatment response in patients with obsessive-compulsive disorder (OCD) based on an outpatient setting. **Methods** : A group of patients with OCD underwent mean 12-weeks treatment with selective serotonin reuptake inhibitors. The patients were divided into two groups according to treatment response, defined as a reduction of the Yale-Brown Obsessive Compulsive Scale total score >35% and CGI of 1 or 2. **Results** : 1) Among the 249 patients, 24.1% had checking type and 23.7% washing type. Among these two types, 31.9% had mood disorder, 15.0% had anxiety disorder and 24.5% personality disorder as co-morbidity. One hundred fourteen patients (45.8%) responded to the treatment and 135 (54.2%) did not. The responders decreased Y-BOCS scores from 27.9±7.2 at baseline to 21.3±6.4 and 19.3±3.8 at post-treatment 8 and 12 weeks, respectively (repeated measure ANOVA, p=0.039). There were no differences among the treatment responses to serotonin reuptake inhibitors. **Conclusion** : About half of the OCD patients showed a response to pharmacological treatment using SSRI in the outpatient clinic setting for 12 weeks. Long-term and contrast studies of OCD may elucidate further clinical aspects of this disorder in the future. (Korean J Psychopharmacol 2003;14(3):206-214)

KEY WORDS : Obsessive compulsive disorder · Clinical courses · Subtype · Comorbidity · Short term response.

		(repetitive thought ; obsession)
서론	(compulsion)	¹⁾
(obsessive - compulsive disorder ; OCD)	2.5%, ²⁾	0.37~2.29% ^{3,4)}

교신저자 : , 135 - 720

146 - 92

: (02) 3497 - 3446 ·

: (02) 3462 - 4304 E - mail : drkooms@hanmail.net

3. 약물치료

; fluoxetine(40~80 mg/day), sertraline(100~150 mg/day), paroxetine(40~60 mg/day), clomipramine(150~300 mg/day), fluvoxamine(150~300 mg/day).

benzodiazepine(alprazolam, clonazepam, lorazepam) trazodone 가 3 (Sero-
tonin reuptake inhibitor, SRI)

4. 자료 분석

Y - BOCS가 가 25.2 ± 27.5
12 35% CGI im-
provement(CGI - I) 가 1 2 Y - BOCS
(Illness Duration), (preclinical dura-
tion of illness) Y - BOCS, CGI
One - way ANOVA
2 test
(), 4 , 8 12
Y - BOCS repeated measure ANOVA
post hoc . SRI 12
Y - BOCS One - way ANOVA

p<0.05
SPSS(version

결 과

1. 인구사회학적 특성 및 임상증상

249 180 (72%),
69 (28%) 30.8 ±
11.5 28.4 ± 10.8 , 37.1 ± 12.1
가 (F=23.0, df=1, p<0.05).
21.4 ± 9.7 19.4 ± 8.2 , 25.6
± 11.4 (F=20.1,
df=1, p<0.05). 102.2 ± 82.1 ,
73.8 ± 73.6

2. 임상유형 및 동반 질환

249
(checking type) 60 (24.1%), (washing
type) 59 (23.7%) 가 ,
(pathologic doubt) 28 (11.2%),

Table 1. Demographic and clinical characteristics of the patients with Obsessive Compulsive Disorder

Variables	Total values	Male	Female
Sex	249	180 (72%)	69 (28%)
age* (year)	30.78 ± 11.53	28.37 ± 10.83	37.12 ± 12.12
Onset age** (year)	21.42 ± 9.69	19.42 ± 8.16	25.55 ± 11.39
Duration of illness (months)	102.21 ± 82.05	102.21 ± 84.14	102.20 ± 77.26
Pre duration of illness (months)	73.76 ± 73.61	73.47 ± 74.33	74.50 ± 72.48
Y-BOCS baseline	29.22 ± 6.29	28.91 ± 6.33	30.02 ± 6.17
CGI-S baseline	5.49 ± 0.95	5.42 ± 0.94	5.56 ± 0.96

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

* : One-way ANOVA, F=23.0, df=1, p<0.001

** : One-way ANOV, F=20.09, df=1, p<0.001

Table 2. Types of Obsessive compulsive disorder

Types	Number of patients	Percent
Compulsions		
Checking type	60	24.1
Counting type	13	5.2
Washing type	59	23.7
Symmetry and precision type	17	6.8
Hoarding type	12	4.8
Need to ask or confess type	11	4.4
Obsessions		
Pathologic doubt	28	11.2
Aggression	15	6.0
Sexual	9	3.6
Somatization	12	4.8
Contamination	3	1.2
Need for symmetry	6	2.4
Others	4	1.6
Totals	249	100

(symmetry precision type) 17 (6.8%),
 (aggression) 15 (6.0%) (2).
 가 가
 .
 가 21.3%,
 16.4% .
 가 80 (32.1%)
 , 39 (15.7%), 61 (24.5%)
 . 18 (7.2%) (3).

3. 치료 반응군과 비반응군 간의 임상 경과, 가족력 및 병식 비교

(responders) (nonresponders)
 , 가 ,
 (sudden onset) 31 (27.2%),
 26 (19.3%), (episodic course)
 41 (36.0%), 45 (33.3%),
 (chronic course) 42 (36.9%),
 64 (47.4%)
 ($\chi^2=7.271$, $df=2$, $p=0.067$)(4). 1 가 가
 6 (5.2%), 9

Table 3. Comorbidity of obsessive compulsive disorder*

Disease entities	Specific diseases	Total number	Percent (%)
Mood disorder	Depression	72	28.9
	Dysthymia	3	1.2
	Bipolar disorder	3	1.2
	Other emotional problem	2	0.8
	Subtotal	80	32.1
Anxiety disorder	Panic disorder	7	2.8
	Hypochondriasis	6	2.4
	Social phobia	15	6.0
	GAD	3	1.2
	Other anxiety disorder	8	3.2
Subtotal	39	15.7	
Somatization disorder	Somatization disorder	3	1.2
Personality disorder	OCPD	30	12.0
	Avoidant PD	15	6.0
	Schizoid PD	3	1.2
	Borderline PD	5	2.0
	Histrionic PD	3	1.2
	Antisocial PD	2	0.8
	Schizotypal PD	3	1.2
	Subtotal	61	24.5
Child onset diseases	ADHD	4	1.6
	Tic disorder	18	7.2
Psychotic disorder	Psychotic disorder NOS	15	6.0
Others	Alcohol dependence	3	1.2
	PMS	1	0.4

* : some patients have more than 2 specific diseases

(6.7%), 19 (16.7%),
 26 (19.3%),
 27 (23.7%), 39 (28.9%)
 ($\chi^2=1.159$, $df=2$,
 $p=0.342$)(5). 가 69
 (60.5%), 66 (48.9%)
 ($\chi^2=2.641$, $df=1$, $p=0.13$)(6).
 26 (22.8%),
 35 (25.9%) ($\chi^2=2.012$,
 $df=1$, $p=0.09$).

Table 4. Courses of obsessive compulsive disorder

	Courses		
	Sudden onset	Episodic	Chronic
OCD total cases	57 (22.9%)	86 (34.3%)	106 (42.7%)
Responder	31 (27.2%)	41 (36.0%)	42 (36.9%)
Nonresponder	26 (19.3%)	45 (33.3%)	64 (47.4%)

Chi-square 7.271, df=2, p=0.067

Table 5. Family history of obsessive compulsive disorder

	Family histories		
	Tic	OCD	Other disorders
OCD total cases	15 (6.0%)	45 (18.1%)	66 (26.5%)
Responder	6 (5.2%)	19 (16.7%)	27 (23.7%)
Nonresponder	9 (6.7%)	26 (19.3%)	39 (28.9%)

Chi-square 1.159, df=2, p=0.342

Table 6. Insight of obsessive compulsive disorder

	Insight	
	Present (good to fair)	Absent (poor insight)
OCD total cases	135 (54.2%)	114 (45.8%)
Responder	69 (60.5%)	45 (39.5%)
Nonresponder	66 (48.9%)	69 (51.1%)

Chi-square 2.641, df=1, p=0.13

Table 7. Treatment responses to various serotonin reuptake inhibitors

Drugs	N	Y-BOCS sores (mean ± S.D.)	
		Baseline	at 12 th weeks*
Fluoxetine	126	29.17 ± 4.88	20.57 ± 7.09
Sertraline	31	30.02 ± 5.67	21.08 ± 4.77
Paroxetine	54	31.10 ± 6.89	23.64 ± 4.61
Clomipramine	18	30.20 ± 7.26	21.90 ± 8.22
Fluvoxamine	20	27.28 ± 6.47	18.40 ± 2.88
Total	249	29.22 ± 6.29	21.25 ± 6.94

* : One way ANOVA, F : 0.621, df : 4, p : 0.684

4. 치료 반응

Y - BOCS
(27.9 ± 7.2) (30.3 ± 5.2)
(t=2.245, df=164, p=0.016)가 . 249
4 114 (45.8%),
135 (54.2%) .

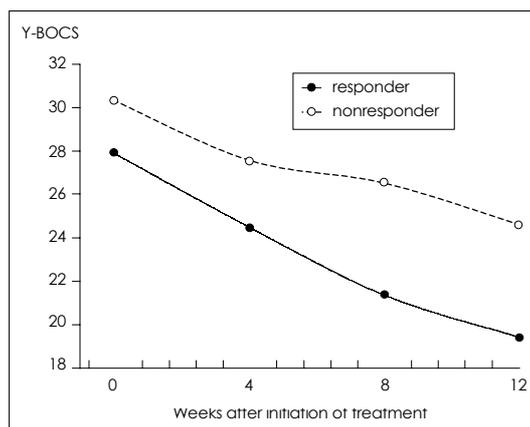


Figure 1. Courses of treatment response in responder and nonresponder. Repeated measure ANOVA at 4, 8, 12 weeks with baseline Y-BOCS scores ; post hoc Bonferroni's t-test ; p<0.05 in responder group. Y-BOCS : Yale-Brown Obsessive Compulsive Scale scores.

가 4 , 8 , 12 Y - BO-
CS 27.9 ± 7.2 , 24.4 ± 5.9, 21.3 ± 6.4, 19.3 ±
3.8 가

(repeated measure ANOVA, post hoc bonferroni
correction, t=4.239, p=0.039).

가 4 , 8 , 12 Y - BOCS 30.3 ±
6.2, 27.5 ± 5.9, 26.5 ± 4.6, 24.5 ± 4.4 (1).

fluoxetine, sertraline, paroxetine, clomipramine, flu-

. Axis (12.0%) 가 가 . , 39)
(6.6%)가 가 , 33,34)
27)
가 , 가 ,
(24.5%) 50% . Rasmussen 가 .
34)
Eisen²⁶⁾ 가 . 33~65% . 40)
30%
가 , 41-43)
. 249
114 (45.8%)
가 ²⁶⁾ . 12
가 가 .
22.9%가 , 34.3%가 . ,
, 42.7%가 (4). Hollander 가 .
35) 가 . (field trial data)
가 가 가 .
가 가 .
가 , 가 .
35) 가 . Hollander 가 .
가 , 가 . 가
가 가 .
. 가 가 12 .
(early onset) 가 ,
³⁶⁾ Hollander ³⁵⁾ 가
가 가 .
. Eisen ³⁷⁾
가 , 35,38) 가 .

요 약

참고문헌

연구목적 : 가

방법 : 1998 9 2002 8

(SRI) 249

Y-BOCS CGI 가 12

BOCS 가 35% CGI -1가

1 2)

결과 : 24.1%, 23.7% 가

가 80(31.9%)

61(24.5%) , 39(15.0%)

18(7.2%) , 249

114 (45.8%) , 가

8 , 12 Y-BOCS 27.9±7.2 , 21.3±

6.4, 19.3±3.8, 가

(repeated measure ANOVA, post hoc bonferroni correction, t=4.239, p=0.039). SRI , fluoxetine, sertraline, paroxetine, clomipramine, fluvoxamine

4 가

(One way ANOVA, df=4, p=0.684).

결론 :

가

중심 단어 :

- 1) American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders. 4th ed.* Washington DC, American Psychiatric Press;1994.
- 2) Karno M, Goldin JM, Sorenson SB, Burnam MA. *The epidemiology of obsessive compulsive disorder in five US communities.* Arch Gen Psychiatry 1988;45:1094-1099.
- 3) 이정균. 한국 정신장애의 역학적 조사연구 (XIII) - 강박장애의 유병율. 신경정신의학 1994;33:5-17.
- 4) 이호영 · 남궁기 · 이만홍 · 민성길 · 김수영 · 송동호 · 이은철 · Roberts R. 강화도 정신과 역학연구 (III) - 주요 정신질환의 평생유병율. 신경정신의학 1989;28:984-999.
- 5) Skoog G, Skoog I. *A 40-year follow-up of patients with obsessive-compulsive disorder.* Arch Gen Psychiatry 1999;56:121-127.
- 6) 권준수 · 이동우 · 윤대현. 강박장애의 임상양상: 입원환자의 연구. 신경정신의학 1998;37:225-233.
- 7) Stein DJ. *Obsessive-compulsive disorder.* Lancet 2002;360:397-405.
- 8) Hollander E. *Obsessive-compulsive spectrum disorders: an overview.* Psychiatric annals 1993;23:355-358.
- 9) Hollander E, Stein DJ, Brotch J, Himelein C, Rowland C. *A pharmacoeconomic and quality of life study of obsessive compulsive disorder.* CNS Spectrums 1997;2:16-25.
- 10) Dupont RL, Rice DP, Shiraki S, Rowland CR, Harwood HJ. *Economic costs of obsessive-compulsive disorder.* Med Interface 1995;8:102-109.
- 11) 김찬형 · 송동호 · 이홍식 · 최낙경. 강박장애 환자에서 fluoxetine의 치료효과. 대한정신약물학회지 1995;6:100-104.
- 12) 김찬형 · 이성훈 · 김지웅 · 이희상 · 김경희 · 이홍식. 강박장애 환자의 지능과 신경심리검사 소견. 수면정신생리학회지 1998;5:1-8.
- 13) 이동우 · 강용구 · 류인균 · 정도연 · 조맹제 · 우종인 · 김용식 · 권준수. 강박증 환자에서의 인격장애 공존병리에 관한 연구. 신경정신의학 2001;40:434-442.
- 14) 이동우 · 최정임 · 김 정 · 김명선 · 신연희 · 공석원 · 류인균 · 권준수. 기질 및 성격 척도를 이용한 강박증에서의 기질 및 성격 특성의 연구. 정신병리학 1999;8:182-188.
- 15) 신용욱 · 윤 탁 · 황주리 · 신민섭 · 권준수. 모즐리 강박증 척도를 통한 강박증 환자의 증상군 연구. 정신병리학 2001;10:110-117.
- 16) 안경흠 · 김명선 · 김연수 · 박은희 · 박선희 · 신민섭 · 류인균. 강박증 환자에서 신경심리검사를 통한 전두엽 기능에 관한 연구. 신경정신의학 2000;39:598-609.
- 17) Goodman WK, Price LH, Rasmussen SA, Mazure C, Fleischmann RL, Hill CL, Heninger GR, Charney DS. *The Yale-Brown Obsessive Compulsive Scale: I. development, use, and reliability.* Arch Gen Psychiatry 1989;46:1006-1011.
- 18) Guy W, Bonato RR. *CGI, Clinical Global Impressions In: Chase C, editor. Manual of the ECDEU Assessment Battery: 1970. p.1-19.*
- 19) Jenike MA, Hyman SE, Baer L, Buttolph L, Summergrad P, Minichiello WE, Holland A, Seymour R, Ricciardi J. *A controlled trial of fluvoxamine for obsessive-compulsive disorder: Implications for a serotonergic theory.* Am J Psychiatry 1990;147:1209-1215.
- 20) Zohar J, Gross-Isseroff R, Hermesh H, Weizman A. *Is there sexual dimorphism in obsessive-compulsive disorder? Neurosci Behav Rev 1999;23:845-849.*
- 21) Eichstedt JA, Arnorld SL. *Childhood-onset obsessive-compulsive disorder: a tic-related subtype of OCD? Clin Psychol Rev 2001;21:137-157.*
- 22) Geller PA, Klier CM, Neugebauer R. *Anxiety disorders following miscarriage.* J Clin Psychiatry 2001;62:432-438.
- 23) Williams KE, Koran LM. *Obsessive-compulsive disorder in*

- pregnancy, the puerperium, and the premenstruation. *J Clin Psychiatry* 1997;58:330-334.
- 24) Stein DJ, Fineberg N, Harvey B. *Unusual symptoms of OCD. In: Fineberg N, Maraziti D, Stein DJ, editors. Obsessive-compulsive disorder: a practical guide. London: Martin Dunitz; 2001. p.37-50.*
 - 25) Leckman JF, Zhang H, Alsobrook JP, Pauls DL. *Symptom dimensions in obsessive-compulsive disorder: toward quantitative phenotypes. Am J Med Genet* 2001;105:28-30.
 - 26) Rasmussen SA, Eisen JL. *The epidemiology and clinical features of obsessive compulsive disorder. Psychiatr Clin North Am* 1992;15:743-758.
 - 27) Rasmussen SA, Eisen JL. *The epidemiology and differential diagnosis of obsessive compulsive disorder. J Clin Psychiatry* 1992;53:4-10.
 - 28) Stein DJ, Rapoport JL. *Cross-cultural studies and obsessive-compulsive disorder. CNS Spectrum* 1996;1:42-46.
 - 29) 이종인 · 이죽내. 강박장애에 있어서 강박적 사고와 행동의 형태와 내용. *신경정신의학* 1992;31:75-82.
 - 30) Chakraborty A, Banerjee G. *Ritual, a culture specific neurosis and obsessional state in Bengali culture. Ind J Psychiatry* 1975; 17:211-216.
 - 31) Breier A, Charney DS, Heninger GR. *Agoraphobia and panic disorder: Development, diagnostic stability and course of illness. Arch Gen Psychiatry* 1986;43:1029-1036.
 - 32) Kruger S, Cooke RG, Hasey GM. *Comorbidity of obsessive compulsive disorder in bipolar disorder. J Affective Disord* 1995; 34:117-120.
 - 33) Matusunaga H, Kiriike N, Miyata A, Iwaski Y, Matsui T, Nagata T, Takei Y, Yamagami S. *Personality disorders in patients with obsessive compulsive disorder in Japan. Acta Psychiatr Scand* 1998;98:128-134.
 - 34) Bejerot S, Ekselius L, von Knorring. *Comorbidity between obsessive compulsive disorder and personality disorders. Acta Psychiatr Scand* 1998;97:398-402.
 - 35) Hollander E, Bienstock C, Pallanti S, Koran LM. *The International Treatment Refractory OCD Consortium: preliminary findings. Presented at the Fifth International Obsessive-Compulsive Disorder Conference: March 29-April 1, 2001: Sardinia, Italy.*
 - 36) Bellodi L, Sciuto G, Diaferia G, Ronchi P, Smeraldi E. *Psychiatric disorders in the families of patients with obsessive compulsive disorder. Psychiatr Res* 1992;42:111-120.
 - 37) Eisen JL, Rasmussen SA, Phillips KA, Price LH, Davidson J, Lydiard RB, Ninan P, Piggott T. *Insight and treatment outcome in obsessive-compulsive disorder. Compr Psychiatry* 2001;42: 494-497.
 - 38) Foa EB, Kozak MJ, Goodman WK, Hollander E, Jenike MA, Rasmussen SA. *DSM-IV field trial: Obsessive compulsive disorder. Am J Psychiatry* 1995;152:90-96.
 - 39) Rasmussen SA, Eisen JL, Pato MT. *Current issues in the pharmacologic management of obsessive compulsive disorder. J Clin Psychiatry* 1993;54 Suppl:S4-9.
 - 40) Rasmussen SA, Eisen JL. *Treatment strategies for chronic and refractory obsessive compulsive disorder. J Clin Psychiatry* 1997; 58 Suppl 13:S9-13.
 - 41) Flament MF, Koby E, Rapoport JL, Berg CJ, Zahn T, Cox C, Denckla M, Lenane M. *Childhood obsessive compulsive disorder: a prospective follow-up study. J Child Psychol Psychiatry* 1990;31:363-380.
 - 42) Leonard HL, Swedo SE, Lenane MC, Rettew DC, Hamberger SD, Bartko JJ, Rapoport JL. *A 2-year follow-up study of 54 obsessive-compulsive children and adolescents. Arch Gen Psychiatry* 1993;50:429-439.
 - 43) Orloff LM, Battle MA, Baer L, Ivanjack L, Pettit AR, Buttolph ML, Jenike MA. *A two-year follow-up study of obsessive compulsive disorder. Am J Psychiatry* 1994;151:441-442.