See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/272480653>

The clinical meaning of obsessive-compulsive symptoms in bipolar disorder and schizophrenia.

Article in *Australian and New Zealand Journal of Psychiatry* · February 2015

CITATIONS

4

READS

52

9 authors, including:

Matteo Tonna

University Hospital of Parma

49 PUBLICATIONS 184 CITATIONS

[SEE PROFILE](#)

Andrea Amerio

Università degli studi di Parma

26 PUBLICATIONS 144 CITATIONS

[SEE PROFILE](#)

Francesca Paglia

Università degli studi di Parma

11 PUBLICATIONS 24 CITATIONS

[SEE PROFILE](#)

Paolo Ossola

Università degli studi di Parma

37 PUBLICATIONS 123 CITATIONS

[SEE PROFILE](#)

Some of the authors of this publication are also working on these related projects:

Thought Overactivation among BD, MDD and OCPD [View project](#)

All content following this page was uploaded by **Matteo Tonna** on 20 March 2015.

The user has requested enhancement of the downloaded file. All in-text references [underlined in blue](#) are added to the original document and are linked to publications on ResearchGate, letting you access and read them immediately.

Letter

**The clinical meaning of
obsessive-compulsive
symptoms in bipolar
disorder and schizophrenia**

Matteo Tonna¹, Andrea Amerio^{2,3},
Rebecca Ottoni², Francesca
Paglia², Anna Odone^{4,5}, Paolo
Ossola², Chiara De Panfilis²,
S Nassir Ghaemi^{3,6} and Carlo
Marchesi²

¹Department of Mental Health, Local Health
Service, Parma, Italy

²Department of Neuroscience, Section of
Psychiatry, University of Parma, Parma, Italy

³Mood Disorders Program, Tufts Medical
Center, Boston, MA, USA

⁴School of Medicine-Public Health Unit,
University of Parma, Parma, Italy

⁵Department of Global Health and Social
Medicine, Harvard Medical School, Boston,
MA, USA

⁶Tufts University Medical School, Department of
Psychiatry and Pharmacology, Boston, MA, USA

Corresponding author:

A Amerio, Section of Psychiatry, Department
of Neuroscience, University of Parma, c/o
Ospedale Maggiore, Pad. 21 - Braga, Viale A.
Gramsci 14, 43126 Parma, Italy.
Email: andrea.amerio@studenti.unipr.it

DOI: 10.1177/0004867415572010

To the Editor

The rate of co-morbid obsessive-compulsive disorder (OCD) with both bipolar and schizophrenia spectrum disorders is high. The lifetime prevalence of bipolar disorder (BD) in OCD patients is up to 21.5% and almost 50% of OCD patients have cyclothymic traits (D'Ambrosio et al., 2010). Co-morbid OCD is diagnosed in 8–32% of patients with schizophrenia (SCZ) and in up to 35% of patients

with schizotypal personality disorder (de Haan et al., 2013).

On one hand, BD-OCD is associated with poorer functioning as compared to 'pure' BD or 'pure' OCD (Amerio et al., 2014). On the other hand the impact of OC symptoms (OCS) on functioning in SCZ might depend on their severity: OCS might have an improving effect while a full-blown OCD might have a worsening one (de Haan et al., 2013). In line with these findings, preliminary results of our recent study have showed a gradual transition from an improving effect (mild OCS) to a worsening one (moderate–severe OCS) on functioning in SCZ subjects.

OC symptoms are mediated by fronto-striato-thalamic circuits which have a crucial role in the regulation of daily master routines and sub-routines. Since these circuits can also be involved in the pathogenesis of BD and SCZ, OCS may have different clinical meanings in these disorders:

1. they may be an expression of a vulnerability to the development of BD and SCZ. This hypothesis implies that OCS may be the prodromic manifestations of both disorders, preceding their clinical onset for many years (D'Ambrosio et al., 2010). This means that OCS in adolescence or early adulthood can predispose to either BD or SCZ;
2. they may have a pathoplastic influence, especially in 'soft' bipolar and schizophrenia spectrum disorders (cyclothymia and schizotypal personality disorder); in other words OCS may constitute the superficial symptoms 'shell', covering the inner affective or psychotic core thorough the course of illness (and perhaps preventing the development of a full-blown disorder);

3. they might confer, at a mild level of severity, order and stability to daily life activity, thus compensating functioning decline in SCZ and possibly exerting a similar effect in BD;
4. by contrast, they may have a different relationship with BD or SCZ symptoms, since OCS appear to be independent from negative or positive symptoms in SCZ, while in BD they appear more often – and sometimes exclusively – during depressive episodes (the most frequent phase of disorder), remitting during manic/hypomanic episodes (Amerio et al., 2014).

Funding

This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

Declaration of interest

Dr Ghaemi has provided research consulting to Sunovion and Pfizer, and has obtained a research grant from Takeda Pharmaceuticals. Neither he nor his family hold equity positions in pharmaceutical corporations. The other authors report no conflicts of interest.

References

- Amerio A, Odone A, Marchesi C, et al. (2014) Do antidepressant-induced manic episodes in obsessive-compulsive disorder patients represent the clinical expression of an underlying bipolarity? *Australian and New Zealand Journal of Psychiatry* 48: 957–963.
- de Haan L, Sterk B, Wouters L, et al. (2013) The 5-year course of obsessive-compulsive symptoms and obsessive-compulsive disorder in first-episode schizophrenia and related disorders. *Schizophrenia Bulletin* 39: 151–160.
- D'Ambrosio V, Albert U, Bogetto F, et al. (2010) Obsessive-compulsive disorder and cyclothymic temperament: an exploration of clinical features. *Journal of Affective Disorders* 127: 295–299.