

## Sexuality in Women with Obsessive Compulsive Disorder

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*This study assessed the effect of obsessive compulsive disorder (OCD) on sexual function. Twenty-three outpatients who met Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association, 1994) diagnostic criteria for OCD were obtained from consecutive cases recruited to Osmangazi University Department of Psychiatry and were compared to a group of 26 generalized anxiety disorder (GAD) female outpatients. Psychiatric, psychological, and sexual information was obtained with the Maudsley Obsessional-Compulsive Inventory (Hodgson & Rachman, 1977), the State-Trait Anxiety Inventory (Spielberger, Gorsuch, & Lusbere, 1970), and the Golombok Rust Inventory of Sexual Satisfaction (Rust & Golombok, 1986). We found that the women with OCD were more sexually nonsensual, avoidant, and anorgasmic than the women with GAD. These data suggest that OCD may be a risk factor for sexual problems in women.*

Reports of the sexual functioning of obsessional patient populations have appeared infrequently in the literature. Hoover and Insel (1984) speculate that obsessive compulsive individuals are prone to marital problems, perhaps because of a lack of sexual intimacy caused by the symptoms of obsessive compulsive disorder (OCD). Monteiro, Noshirvani, Marks, and Lelliott (1987) indicated that 25 of 46 obsessional patients reported sexual problems. Staebler, Pollard, and Merkel (1993) reported that 60% of their obsessive compulsive sample reported sexual dissatisfaction with current partners. This finding is compatible with the 73% figure reported by Freund and Steketee (1989). Steketee (1997) reported that OCD produced impairment in family functioning and also in sexual relationships. The relation between OCD and female sexuality remains unknown. This study assessed the effects of obses-

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sive compulsive disorder on sexual function by comparing the effects of OCD and generalized anxiety disorder (GAD) on female sexual function.

## METHODS

### Participants

Twenty-three female outpatients who met *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV; American Psychiatric Association, 1994) diagnostic criteria for OCD were obtained from consecutive cases recruited to Osmangazi University Department of Psychiatry and were compared to a group of 26 GAD female outpatients. Patients ages ranged from 21 to 37 years. All subjects were married. Patients had not received oral medications for a minimum of 3 months prior to the study. They were treated with behavioral therapy. The subjects had a comprehensive medical evaluation to rule out the confounding effects of other illnesses or medications. Exclusion criteria included the presence of a thought disorder, marked neuropsychological impairment, or any other condition that significantly interfered with the patient's cognitive functioning. All subjects who participated signed an informed-consent statement.

### Instruments

Patients completed each of the following measures. The Maudsley Obsessional-Compulsive Inventory is a well-established 30-item true-false questionnaire to measure obsessive-compulsive symptoms (Hodgson & Rachman, 1977). It is comprised of four subscales: checking, cleaning, slowness, and doubting-conscientiousness.

The Spielberger State-Trait Anxiety Inventory (STAI) contains 40 items, of which 20 pertain to state anxiety and 20 to trait anxiety (Spielberger, Gorsuch, & Lushene, 1970). Subjects rate each item on a 1–4 scale.

The Golombok Rust Inventory of Sexual Satisfaction (GRISS) is a short 28-item questionnaire that assesses the existence and severity of sexual problems (Rust & Golombok, 1986). It provides overall scores, for men and women separately, of the quality of sexual functioning within a relationship. In addition, the subscale scores of impotence, premature ejaculation, anorgasmia, vaginismus, noncommunication, infrequency, male and female nonsensuality, and male and female dissatisfaction can be obtained. Subjects rate each item on a 0–4 scale.

Significant differences between the groups refer to *t*-test, chi-square or Mann-Whitnet U test, whichever was appropriate. A *p*-value of less than .05 was considered statistically significant; in order to be conservative we used two-tailed tests.

## RESULTS

The mean age at the time of index evaluation was 32.1 years ( $SD = 4.4$ ); the mean age at onset of obsessive-compulsive symptoms for the 23 female patients was 23.8 years ( $SD = 6.1$ ). The mean age at onset of the GAD patients was 30.9 years ( $SD = 4.4$ ). Compared to the GAD patients, those with OCD were significantly younger at the onset of illness ( $t(47) = 4.68$ ,  $p < .001$ ). The characteristics of the subjects are shown in Table 1.

The most common obsession, found in 18 (78%) of the patients, was the fear of contamination. This obsession took many forms, among the most common being the fear of unseen dirt, germs, or bodily secretion. The next most common obsessive thought, present in 14 (61%) of the patients, was the need for symmetry or exactness. Only one (4%) of the patients complained of sexual obsessions. The most common compulsions were cleaning and checking rituals. Nineteen (83%) of the 23 patients had cleaning rituals, and twelve (52%) had checking rituals.

Psychopathology scores are shown in Table 2. The women with OCD were more sexually nonsensual ( $t(47) = -2.69$ ,  $p < .01$ ), avoidant ( $t(47) = -3.04$ ,  $p < .01$ ), and anorgasmic ( $t(47) = -2.30$ ,  $p < .05$ ), than the women with GAD. There were no significant differences between OCD and GAD groups on the STAI.

To examine further the role of obsessive difficulties in sexual problems, subjects were divided into groups based on presence or absence of concerns about contamination. Mann-Whitnet U test was performed using the

**TABLE 1.** Sample Characteristics

Variables	OCD ( $N = 23$ )		GAD ( $N = 26$ )	
	Mean	$SD$	Mean	$SD$
Age	32.1	4.4	32.7	4.0
Age at onset of illness (years) <sup>a</sup>	23.8	6.1	30.9	4.4
Number of hospitalizations	0.4	1.2	0.08	0.2
Length of marriage (years)	11.5	4.8	12.8	4.7
	N	%	N	%
Education				
Less than high school	16	69.5	17	65.4
High school/university	7	30.5	9	34.6
Occupation				
Work	4	17.4	8	30.7
Unemployed	19	82.6	18	69.3
Socioeconomic status				
Low	1	4.3	3	11.5
Middle	20	87	20	77
High	2	8.7	3	11.5

<sup>a</sup> $p < .001$

**TABLE 2.** Comparison of OCD and GAD Patient Ratings

Measure	OCD ( <i>N</i> = 23)		GAD ( <i>N</i> = 26)	
	Mean	<i>SD</i>	Mean	<i>SD</i>
Golombok Rust Inventory of Sexual Satisfaction				
Anorgasmia <sup>a</sup>	7.7	3.1	5.4	3.7
Vaginismus	5.3	2.7	4.6	1.8
Noncommunication	4.7	2.2	3.5	2.1
Infrequency	3.9	2.2	3.6	2.4
Avoidance <sup>b</sup>	6.8	3.8	4.0	2.6
Nonsensuality <sup>b</sup>	6.4	3.1	4.0	3.1
Dissatisfaction	4.9	2.6	4.0	3.4
Spielberger State	41.0	10.1	39.3	8.4
Spielberger Trait	50.3	8.3	48.6	6.2
Maudsley Obsessional-Compulsive Inventory <sup>c</sup>	23.8	7.8	15.8	5.0

<sup>a</sup>*p* < .05; <sup>b</sup>*p* < .01; <sup>c</sup>*p* < .001

above-discussed classification as an independent variable. The patients with fear of contamination obsessions were more sexually nonsensual, ( $Z = -2.47$ ,  $p < .05$ ), and avoidant ( $Z = -2.60$ ,  $p < .01$ ) than obsessive compulsives with other types of fears.

## DISCUSSION

Our results showed that the women with OCD were more sexually nonsensual, avoidant, and anorgasmic than the women with GAD. Inconsistent with the finding of Staebler, Pollard, and Merkel (1993), however, we found that the sexual disjunction of OCD female patient was unique. Symptomatology in OCD seemed to differ by gender. For example, they were more likely to be female (Khanna & Mukherjee, 1992; Lensi, Cassano, Correddu, Ravagli, Kunovac, & Akisal, 1996; Noshirvani, Kasvikia, Marks, Tsakiris, & Monteiro, 1991). The symptoms of OCD may affect sexual function. Freund and Stekete (1989) reported that the patients with obsessions regarding bodily secretions more often reported interference of obsessive compulsive symptoms with sexual functioning. We found that the patients with contamination obsessions were most sexually nonsensual and avoidant than obsessive compulsives with other types of fears.

Like all studies, this investigation has some limitations that might restrict its generalizability. One limitation of this study is that, compared to the GAD patients, OCD patients were significantly younger at the onset of illness; in our study, the mean age of onset of OCD was 23 years. However, the early onset of OCD in this study may help explain sexual dysfunction in the OCD patients. Because Turkish female's attitudes toward premarital sexual relation are more restrictive than in Western countries (Erkmen, Dilbaz, Seber, Kaptanoğlu, & Tekin, 1990), the onset of OCD in this study occurred approximately the same time as the beginning of sexual relations.

The second limitation of this study was the size of the study group. Another limitation was the fact that sexual function depends on a complex interaction between biological, personal, and cultural factors.

These findings suggest that OCD be a risk factor for sexual problems in women. If female OCD patients present with sexual problems, there may be some benefit to including specific intervention efforts in addition to conventional treatment. There also may be advantage in educating and advising sexual partners about OCD symptoms and their effects on female sexual functioning.

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