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OBSESSIVE SYMPTOMS ONSET AY CHILDBIRTH

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Aims: Obsessive compulsive disorder (OCD) is relatively more frequent in pregnancy (third trimester) -3,5%- and post partum - 4 to 9%. Puerperium is at risk for onset of OC disorder and OC personality disorder. Most common obsession are contamination (75%), aggressive (33.3%), and symmetry/exactness (33.3%), and the most common compulsions are cleaning/ washing (66.7%) and checking (58.3%). OC personality disorder is a risk factor for post partum onset of OCD.
Methods: We selected women during their admission for delivery (n=61) and analyzed: sociodemographically and through administration of EPDS, BDI, BAI, WHOQOL and SCID II (comparing Obsessive-Compulsive patients [OC=32] with negative patients [NEG=11]).
Time of recruitment: 2 weeks
Results:
Labor: Emergency cesarian OC (21,4%) vn NEG (10,3%)
Previous treatment: OC (outpatient department+ private psychiatrist+ psychologist) 11,1% vs NEG 0%; only Psychologist OC 16,7% vs NEG 6,3%
Past drug intake: Antidepressant OC 11,1% vs NEG 0%
Miscarriage: OC (22,2%) vs NEG (31,3%)
Previous Oestroprogestinic intake : OC (66,7%) vs NEG (81,3%)
Complication during pregnancy: OC (38,9%) vs NEG (21,9%)
Whoqol psychological: OC (22,05) vs NEG (23,66) p=0,46; environment: OC (28,32) vs NEG (31,09) p=0,015; physical: OC (23,37) vs NEG (26,72) p=0,011
BAI: OC (14,58) vs NEG (5,75) p=0,0005
BDI: OC (5,63) vs NEG (1,72) p< 0,0001
Conclusions: The groups clearly differ. From a test analysis we can underline that OC feels less confident in their environment and perceives less Physical wellness. BAI and BDI are statistically different, even if OC scores small level of anxiety or depression.

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