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THE CUT-OFF POINT IN SUB-CLINICAL OBSESSIVE-COMPULSIVE RESEARCH

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Abstract. The question of which cut-off point would be more appropriate in the selection of sub-clinical obsessive-compulsive (OC) samples is an important methodological issue that has not been formally addressed, hence prompting the current study. Three groups of sub-clinical OC subjects, scoring 1, 1.5, and 2 standard deviations (*SD*) above the mean on the Padua Inventory, and a matched non-OC control group, were compared on various clinical and personality measures. As expected, the three sub-clinical groups had higher scores than the non-OC group on measures of OC symptoms (including obsessional slowness), depression, anxiety, and on personality measures of neuroticism, psychoticism, and obsessional traits. However, no significant differences were observed between the three sub-clinical groups on most measures, although the 2 *SD* group had higher scores on neuroticism and obsessional personality traits. It is concluded that a wide range of selection criteria can yield similar results that are interpretable within the current theoretical models of Obsessive-Compulsive Disorder (OCD). It is suggested that subjects with a diagnosis of OCD should be carefully excluded from sub-clinical studies. [A Spanish abstract follows the references.]

Keywords: Obsessive-Compulsive Disorder, sub-clinical, non-clinical, selection criteria.

Introduction

Obsessive-Compulsive Disorder (OCD) is characterized by unwanted, repetitive, intrusive thoughts of an extreme or nonsensical nature (obsessions) that typically prompt repetitive behaviours (compulsions), which are performed in response to and are often intended to neutralize the obsessions (APA, 1994). Clinicians and researchers who are familiar with OCD have long observed that intrusive thoughts and rituals are not uncommon among healthy subjects of the general population. These observations led Rachman and de Silva (1978) first to study the occurrence and nature of normal obsessive phenomena in non-clinical subjects. Their work suggested that normal obsessions are experienced by most individuals in the general population, and resemble the form and content of abnormal obsessions. Since Rachman and de Silva's (1978) seminal work there has been increasing interest in the study of obsessive-compulsive (OC) phenomena involving non-clinical samples, as this approach could contribute to the elucidation of the nature of clinical OCD. It is assumed

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that such a ''normal analogue'' of ''clinical'' phenomena could greatly expand the population available for study, and increase the number of possible experimental manipulations open to researchers (Salkovskis & Harrison, 1984). Furthermore, the study of non-clinical samples has the potential benefit of overcoming some methodological limitations associated with clinical OCD, such as the effects of medication or the patients' symptomatic state (Mataix-Cols et al., 1999b).

The non-clinical – or sub-clinical – approach has involved two types of methodologies (Burns, Formea, Keortge, & Sternberger, 1995). One type examines the correlations between different constructs relevant to OCD (e.g., Dent & Salkovskis, 1986; Mataix-Cols et al., 1998). However, the most widely used methodology consists of selecting individuals (typically undergraduate students) who obtained high scores on well validated self-report measures of OC symptoms, such as the Maudsley Obsessional Compulsive Inventory (MOCI; Hodgson & Rachman, 1977), or the Padua Inventory (PI; Sanavio, 1988). To date, a significant number of psychometric, clinical, information processing, and neuropsychological studies have used this methodology and have found that high scoring individuals show certain features that are consistent with the current theoretical models of OCD (e.g., Burns et al., 1995; Frost, Steketee, Cohn, & Griess, 1994; Gershuny & Sher, 1995; Mataix-Cols, Barrios, Sànchez-Turet, Vallejo, & Junqué, 1999a; Mataix-Cols et al., 1999b, Sher, Frost, & Otto, 1983).

A crucial methodological issue in those studies is the cut-off point used in the selection of the sub-clinical OC subjects. The selection criteria have widely varied across the studies, ranging from the top 2% of the distribution to the top 25%, with a mean of 10% (Burns et al., 1995; Gibbs, 1996). In addition, while some studies used the total score of a self-administered measure, like the MOCI or the PI (e.g., Frost et al., 1994; Mataix-Cols et al., 1999b), the majority of studies identified subjects on the basis of either obsessions or compulsions alone (Gibbs, 1996). Arbitrary cut-off points and variability across studies in the instruments used have influenced the frequency of subjects that were eligible for the sub-clinical studies and, therefore, the results of those studies have been difficult to interpret. However, despite the great methodological variability between studies, they have shown remarkably convergent results. For instance, OC behaviour was strongly associated with anxiety and depression in a myriad of studies, regardless of the measures, methodology (correlational vs. groupal), or cut-off points used (e.g., Burns et al., 1995; Dent & Salkovskis, 1986; Frost, Sher, & Green, 1986; Gershuny & Sher, 1995; Mataix-Cols et al., 1997; Sher, Martin, Raskin, & Perrigo, 1991; Sternberger & Burns, 1991).

This study aimed to shed some light on the selection criteria (cut-off point) in sub-clinical obsessive-compulsive research, as this is an important issue that has not been systematically addressed in the literature. For that purpose, we selected subjects from a large undergraduate student sample on the basis of their scores on the Padua Inventory, assigned them to three groups according to different arbitrary cut-off points, ranging from ''liberal'' to ''conservative'', and compared them on various clinical and personality measures. We tested the null hypothesis that, with the logical exception of the PI, the three sub-clinical groups would not differ on measures of depression, anxiety, obsessional slowness, neuroticism, extroversion, psychoticism, and obsessional personality traits. It was also hypothesized that the three sub-clinical groups would show higher scores than a non-OC control group on those measures, as in many previous studies (reviewed by Gibbs, 1996).

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Method

Subjects and procedures

A Spanish version of the Padua Inventory (Mataix-Cols, Sànchez-Turet, & Vallejo, in press) was administered to 863 students enrolled in psychology introductory courses at the University of Barcelona. Of the subjects who were invited to participate in further testing, 60 individuals scoring 1 standard deviation (*SD*) above the mean PI total score (mean = 51.5, *SD* = 29.0) and 64 individuals with PI scores around the 50th percentile agreed to participate in different neuropsychological studies 3–6 months after the original screening (Mataix-Cols et al., 1997, 1999a, b). After psychometric assessment and a brief clinical interview, three subjects were found to meet DSM-IV criteria for OCD and were excluded from these studies. One subject refused to participate for unknown reasons.

In the present study, the 60 subjects scoring 1 *SD* above the mean were reassigned to three groups on the basis of their scores on the PI: (1) 29 subjects who scored 1 *SD* above the mean ($80 \leq PI \leq 94$); (2) 15 subjects with scores 1.5 *SD*s above the mean ($95 \leq PI \leq 108$); (3) 16 subjects scoring 2 *SD*s above the mean ($PI > 109$). These groups correspond to the top 15%, 8% and 4% of the distribution respectively. In addition, the non-OC control group ($n = 64$) was also included in the study. These four groups did not differ on any demographic characteristics. Mean age was 19.2 years (*SD* = 1.9) and 98 (79%) were females.

Measures

(1) *The Padua Inventory* (Sanavio, 1988) is a 60-item self-administered questionnaire, requesting a response on a 0–4 scale regarding degree of disturbance. Scores range from 0 to 240. Consistent with other versions of this questionnaire, the Spanish version of the PI showed a four-factor structure, explaining 35.9% of total variance. The factors were named ''Impaired mental control'', ''Checking'', ''Impulses'' and ''Washing''. Its total scale and four sub-scales showed good internal consistency, test-retest reliability, as well as discriminant and construct validity (Mataix-Cols et al., in press).

(2) *Beck Depression Inventory* (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) is a 21-item questionnaire on which subjects rate themselves on a scale from 0 to 3 according to the extent to which they exhibit cognitive, affective, somatic, and vegetative symptoms of depression.

(3) The State sub-scale of the *State Trait Anxiety Inventory* (STAI; Spielberger, Gorsuch, & Lushene, 1982) was administered to all subjects in order to control for state-related anxiety in the original neuropsychological studies. Since state and trait anxiety scales are highly correlated (Spielberger et al., 1982), we used this measure as an estimate of trait anxiety.

(4) The Spanish version of the *Eysenck Personality Questionnaire* (EPQ-A; TEA, 1989) consists of 94 yes-no questions that reliably measure the personality dimensions of neuroticism, extroversion and psychoticism, along with a social desirability scale. This measure was included in the study because personality theories have implicated neuroticism and introversion as important correlates of obsessions and compulsions (Eysenck & Eysenck, 1985; Gray, 1982, 1987). In addition, the EPQ has often been included in other non-clinical OC studies, thus making the results easily comparable.

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(5) The *Vallejo Obsessive Personality Inventory* (VOPI; Vallejo, Marcos, & Salamero, 1996; Vallejo, Olivares, Marcos, Bulbena, & Menchón, 1992) is a self-report measure of obsessive personality traits, such as orderliness, rigidity, obstinacy, guilt, doubt, slowness, hypochondria, pessimism, insecurity and scrupulousness. Internal consistency is acceptable to good. Its 31 items appeared successfully to discriminate between OCD patients and a group of melancholic patients and healthy controls. In its original version, the VOPI had a true-false format. A modified version requesting a response on a 0-4 scale regarding degree of disturbance was used in this study. Scores range from 0 to 124. This measure was included in the study because, although most studies have shown no specific association between OCD and OC personality disorder (Baer & Jenike, 1992), obsessional personality traits are often present in OCD patients (for example, Bejerot, Ekselius, & von Knorring, 1998).

(6) A measure of *obsessional slowness* developed by Hymas, Lees, Bolton, Epps and Head (1991) was administered to all subjects. This measure was included because slowness, together with hoarding symptoms, are not adequately represented in the Padua Inventory (Mataix-Cols et al., in press). It consists on a list of 20 everyday activities that the subjects have to score on a 0–3 scale accordingly to the daily amount of time spent in completing those activities (from ''no more time than other people'' to ''more than trice as much time as other people''). Although its psychometric properties are not available, it has been used in the study of the neurology of primary slow patients (Hymas et al., 1991) and it is routinely used in our unit.

Statistical analyses

Non-parametric tests were used since the measures were not normally distributed and/or the assumption of homogeneity of variances was violated. Between-group differences on categorical variables were studied by Chi-Square tests. Kruskal-Wallis 1-way ANOVAs, followed by post-hoc pair-wise Mann-Whitney U-tests were used for continuous variables. Since multiple comparisons were conducted, p-values were set at $p<.01$ to control for Type I error.

Results

As in many previous studies, all sub-clinical groups displayed higher scores than the non-OC control group on measures of OC symptoms (PI total scale and sub-scales), obsessional slowness, depression (BDI), anxiety (STAI), obsessional personality traits (VOPI), and Eysenck's neuroticism and psychoticism scales. However, these groups did not differ on the extroversion and social desirability scales of the EPQ-A (Table 1). As predicted, the three subclinical groups differed from each other on their scores on the PI total scale and, in various degrees, on the PI sub-scales. These differences were expected since the groups were defined on the basis of different ''arbitrary'' cut-off points, using the PI total score, and the PI sub-scales show correlations in the .64–.92 range with the PI total score (Mataix-Cols et al., in press). As expected, the three groups did not differ from each other on measures of obsessional slowness, depression (BDI), anxiety (STAI), and Eysenck's extroversion, psychoticism and social desirability scales (EPQ-A). However, the 2 *SD* group showed significantly higher scores on neuroticism (EPQ-A) and obsessional personality traits (VOPI).

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Table 1. Comparison of three sub-clinical OC groups and a non-OC control group on different clinical and personality measures (Kruskal-Wallis 1-way ANOVAs)

	Group					
	Controls	1 *SD*	1.5 *SD*	2 *SD*	K-W ($df = 3$)*	*p*-value
PI	45.3 (14.1)	82.7 (10.4)	100.7 (3.1)	126.6 (13.3)	99.8	.000
Total score[a]						
Mental control[b]	19.8 (8.4)	36.4 (10.3)	43.2 (7.04)	54.2 (10.08)	76.6	.000
Checking[c]	10.2 (5.9)	19.1 (9.7)	26.4 (6.5)	27.0 (6.7)	61.6	.000
Impulses[d]	3.2 (3.4)	7.6 (5.9)	8.2 (5.1)	13.2 (6.1)	39.9	.000
Washing[b]	7.7 (4.2)	13.0 (7.4)	14.6 (5.3)	20.0 (5.7)	42.5	.000
Slowness[e]	2.8 (2.6)	6.07 (5.09)	5.6 (3.9)	7.3 (4.0)	27.4	.000
BDI[e]	4.9 (4.9)	10.08 (7.3)	8.8 (5.8)	16.9 (11.1)	27.1	.000
STAI[e]	16.8 (6.7)	21.9 (9.3)	21.9 (9.9)	26.5 (10.3)	15.8	.001
EPQ-A	12.8 (5.4)	17.6 (4.6)	18.2 (3.5)	21.2 (2.8)	38.1	.000
Neuroticism[b]						
Extroversion	13.4 (3.5)	12.9 (5.03)	10.2 (5.1)	11.0 (5.2)	6.4	NS
Psychoticism[e]	2.0 (1.8)	3.3 (2.09)	3.6 (2.5)	5.0 (2.7)	21.1	.000
Social desirability	14.2 (3.5)	14.4 (3.4)	12.9 (3.2)	13.5 (2.7)	2.6	NS
VOPI[b]	45.3 (14.1)	60.1 (9.5)	64.3 (9.9)	75.0 (8.6)	42.9	.000

Abbreviations: PI, Padua Inventory; BDI, Beck's Depression Inventory; STAI, State Trait Anxiety Inventory; EPQ-A, Eysenck's Personality Questionnaire; VOPI, Vallejo's Obsessive Personality Inventory.

* Post-hoc pair-wise Mann-Whitney U-tests (significance set at $p < .01$): [a] 2*SD* > 1.5 *SD* > 1*SD* > Controls; [b] 2*SD* > 1.5*SD* = 1*SD* > Controls; [c] 2*SD* = 1.5*SD* > 1*SD* > Controls; [d] 2*SD* = 1.5*SD*; 1.5 = 1*SD*; 2*SD* > 1*SD* > Controls; [e] 2*SD* = 1*SD* = 1.5*SD* > Controls.

Discussion

To our knowledge, this is the first study that systematically compared different cut-off points in the selection of sub-clinical obsessive-compulsive subjects. This was an important methodological issue that had not been previously addressed, an omission that was remedied in the present investigation. The main finding of this study was that different cut-off groups, ranging from the top 15% to the top 4% of the distribution on the PI, showed very similar clinical and personality characteristics. These results confirm that OC phenomena are dimensionally distributed in the general population and suggest that a wide range of selection criteria can be used successfully in sub-clinical OC research. Indeed, despite the great variability between studies in the instruments, methodology (correlational vs. groupal), and selection criteria of the sub-clinical subjects, they have shown remarkably convergent results. Studies using both ''liberal'' (e.g., Sher et al., 1991) and ''conservative'' criteria (e.g., Sternberger & Burns, 1991) have reported a high presence of obsessions and compulsions in sub-clinical individuals, as well as a certain degree of disturbance by these symptoms. Furthermore, strong associations between OC and anxious-depressive symptoms have consistently been reported, regardless of the measures, methodology or cut-off points used (e.g., Burns et al., 1995; Dent & Salkovskis, 1986; Mataix-Cols et al., 1997; Sher et al., 1991).

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Despite the three sub-clinical groups showing similar clinical and personality characteristics, it should be noted that using either ''liberal'' or more ''conservative'' cut-off points has a number of potential advantages and disadvantages. Liberal selection criteria facilitate the recruitment of larger sample sizes, with the putative inconvenience of not being specifically sensitive to OC symptoms but to a broader range of psychopathology (Sher et al., 1991). Conservative cut-off points might guarantee that the phenomena being studied are more similar to their clinical analogues. However, they make the recruitment of sufficient sample sizes difficult. Furthermore, they potentially increase the likelihood of actual OCD patients being contained in the sub-clinical OC groups (Sternberger & Burns, 1991; Burns et al., 1995). This question is important because if subjects with OCD are not excluded from the sub-clinical studies, the validity of the sub-clinical analogue is questionable, since it is then difficult to draw conclusions on a truly sub-clinical model of obsessions and compulsions. We, therefore, suggest that subjects with a clinical diagnosis of OCD should be carefully excluded from the sub-clinical studies.

As expected from previous research (reviewed by Gibbs, 1996), the three sub-clinical groups showed significantly higher scores than the non-OC group on various clinical measures of OC symptoms (including obsessional slowness), depression, anxiety, and on personality measures of neuroticism, psychoticism, and obsessional personality traits. Personality theories have implicated neuroticism and introversion as important correlates of obsessions and compulsions (Eysenck & Eysenck, 1985; Gray, 1982, 1987). In the current study, sub-clinical OC subjects were more neurotic but not more introverted than non-OC subjects. Similar results were obtained by Scarrabelotti, Duck and Dickerson (1995), who found that extroversion was not significantly correlated with OC symptoms in a non-clinical sample. Elevations on the psychoticism scale might reflect the ''impulsive'' component of obsessive thinking, or the sub-clinical individuals' fears of ''loosing control'' in socially unacceptable ways.

Some limitations of the present study need to be acknowledged. First, it is a possibility that some subjects with an actual diagnosis of OCD may have been included in the study, especially in the 2 *SD* group, since the more restrictive are the cut-off points the more likely it is that some subjects with OCD are included in the sub-clinical groups (Sternberger & Burns, 1991; Burns et al., 1995). This possibility is supported by large standard deviations of the 2 *SD* group on some of the measures (Table 1). Furthermore, this group showed higher scores than the 1 *SD* and 1.5 *SD* groups on the PI sub-scales ''impaired mental control'' and ''washing'', and on the measures of neuroticism and obsessional personality traits (marked ''b'' in Table 1). Although no structured diagnostic interview was administered, all subjects were briefly interviewed and were asked whether they had received any lifetime psychiatric diagnoses and/or were taking any psychotropic medications at the moment of the initial screening, and three subjects (5%) were excluded from the study after these procedures. However, in one-time questionnaire studies with anonymity guaranteed to subjects, it is difficult to determine by clinical interview whether such subjects meet diagnostic criteria for OCD. Further research should include structured interviews to exclude these subjects.

Only self-administered psychometric measures were used in this study. Other multimethod measures of behaviours and cognitions associated with OCD could have increased the usefulness of the comparison among groups. Also, future research should investigate whether the current results can be generalized to more objective domains such as informa-

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tion processing or cognitive functioning. Some evidence of the dimensionality of neuropsychological performance among sub-clinical OC subjects is already available. Sub-clinical OC subjects display poorer performances than non-OC control subjects on various neuropsychological tests of frontal-lobe functioning, although their performances cannot be considered ''deficits''. Instead, significant negative correlations between obsessionality measures and neuropsychological performance suggest a continuum from the non-OC subjects to OCD patients, with the sub-clinical subject's performance falling somewhere between those groups (Mataix-Cols et al., 1997, 1999a, b).

In brief, obsessions and compulsions are broadly distributed in the general population and, therefore, a wide range of arbitrary cut-off points, from liberal to conservative, can successfully be used in sub-clinical OC research. The use of relaxed selection criteria permits the recruitment of larger samples for study, with the potential shortcoming of being less specific to OC symptoms, but to a broader range of psychopathology. Conversely, conservative cut-off points increase the likelihood of actual OCD patients being included in those samples. We suggest that actual OCD patients should be carefully excluded from the sub-clinical studies.

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Resumen: El punto de corte utilizado en la selección de muestras de sujetos obsesivo-compulsivos (OC) subclínicos es una cuestión metodológica importante que no ha sido estudiada sistemáticamente, motivando así el presente estudio. Tres grupos de sujetos OC subclínicos que puntuaron 1, 1.5 y 2 desviaciones estándar (*DE*) por encima de la media en el Inventario de Padua y un grupo control no OC fueron comparados en base a varias escalas clínicas y de personalidad. Como se había hipotetizado, los tres grupos subclínicos obtuvieron puntuaciones más elevadas que el grupo no OC en escalas de conducta obsesiva (incluyendo lentitud obsesiva), depresión y ansiedad, así como en las escalas de neuroticismo, psicoticismo y rasgos obsesivos. Sin embargo, no se observaron diferencias significativas entre los tres grupos subclínicos en la mayoría de esas escalas. Únicamente el grupo 2 *DE* obtuvo puntuaciones más elevadas en las escalas de neuroticismo y personalidad obsesiva. Se concluye que un amplio rango de puntos de corte pueden producir resultados similares, los cuales son interpretables en el contexto de los modelos teóricos actuales del Trastorno Obsesivo-Compulsivo (TOC). Asimismo se sugiere que los sujetos con un posible diagnóstico de TOC deberian ser cuidadosamente exluidos de los estudios subclínicos.

Palabras clave: Trastorno Obsesivo-Compulsivo, subclínico, no clínico, criterios de selección.

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