Screening Utility of the Dimensional Obsessive-Compulsive Scale in OCD Assessment

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BACKGROUND

OBSESSIVE COMPULSIVE DISORDER
• Given its high prevalence, chronicity, and associated burden, OCD necessitates accurate assessment to ensure timely treatment.
• The Dimensional Obsessive-Compulsive Scale (DOCS) was developed to measure the severity of the four most consistently identified OCD symptom dimensions:
  • Contamination;
  • Responsibility for harm;
  • Symmetry;
  • Unacceptable thoughts.
• To date, no study has examined the validity of the DOCS subscales as a way of distinguishing OCD from nonclinical controls.

The present study compares the diagnostic accuracy of the DOCS scale and subscales in discriminating OCD from nonclinical controls.

METHOD

PARTICIPANTS
Participants (N = 1078) were recruited from specialty anxiety clinics (OCD; N = 245) and universities (non-clinical controls; N = 833) across the US between 2005 and 2008. DOCS severity scores were as follows: OCD patients (M = 30.62, SD = 15.16), non-clinical controls (M = 12.72, SD = 9.69).

MEASURES
• DSM-IV diagnoses for OCD participants were established using the MINI and SCID (First et al., 2002) administered by trained mental health professionals.
• The DOCS (Abramowitz et al., 2010) was administered as part of a self-report battery (for OCD patients) and an online survey (for non-clinical controls).

PROCEDURES
• Receiver operating characteristic (ROC) analyses determined diagnostic accuracy of DOCS scales and subscales in distinguishing OCD from non-clinical controls.
• The Venkatraman method determined any significant difference in area under the curve (AUC) values between all scales.
• LATRs were also generated (DLR+ = odds, DLR− = odds). LATRs for Symmetry and Contamination were not clinically useful.

RESULTS

ROC Analyses indicated the DOCS scales achieved statistical significance in distinguishing members of the OCD group from the non-clinical group, ranging from slightly above chance level to excellent (all ps < .0005). See Figure 1 and Table 1.

Diagnostic Likelihood Ratios (DLRs)
Odds of an OCD diagnosis were in the clinically decisive range for intrusive thoughts (DLR+ = 11.5 if Intrusions score > 10, DLR− = 0.15 if score < 3; Total: DLR+ = 7.76 if score > 28, DLR− = 0.15 if score < 10). DLRs for Symmetry and Contamination were not clinically useful.

Binary logistic regressions:
• Logistic regressions indicated that the Total scale was strongest in discriminating between OCD and nonclinical controls after controlling for age and gender, ΔR² = 16%, p < .0005, followed by intrusive thoughts (15%), Harm (12%), Symmetry and Contamination (6%).

DISCUSSION

• The DOCS-Total, Harm, and Intrusions subscales are clinically useful for differentiating between OCD and nonclinical controls, with higher scores indicating increased risk of OCD.
• Low DOCS-Total scores can be used to “rule out” an OCD diagnosis, with low scores indicating a ten-fold decrease in risk of OCD.
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• Future research should use ROC analyses and DLRs to consider the DOCS (Total and subscales) to other screeners commonly used for diagnosing OCD (i.e., OCI-R).

REFERENCES


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