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Obsessive–compulsive disorder and treatment with clozapine in 200 patients with recent-onset schizophrenia or related disorders

Sir,

Clozapine has been associated with emergence of obsessive–compulsive symptoms in patients with schizophrenia [2,3,6,7]. However, this association is not unequivocally found [5].

We identified obsessive–compulsive disorder (OCD) according to DSM-IV criteria before and after initiation of treatment with clozapine or other antipsychotic medication in a chart study of 200 patients (158 male, mean age at admission 21.5 years (S.D. = 5.03) with recent-onset schizophrenia ($n = 152$), schizophreniform disorder ($n = 12$) or schizoaffective disorder ($n = 36$), randomly chosen from 900 first admissions from 1984 to 2000 to a first psychosis unit in the Academic Medical Center, Amsterdam.

Four out of 41 patients (9.8%) on clozapine had OCD before the start of treatment. During treatment their OCD symptoms reduced and at discharge OCD was no longer diagnosed. However, another four patients (9.8%) developed de novo OCD during clozapine therapy.

In the group treated with other antipsychotic medication 10 out of 154 (6.5%) showed OCD before treatment and this number was reduced to three at discharge (1.9%). None of the patients developed de novo OCD during treatment with other antipsychotic medication. Five patients refused medi-

cation. Clozapine therapy was associated with more OCD cases at discharge (Pearson chi-square = 6.0, $df = 2$, $P = 0.05$) and with less net reduction in OCD cases (Pearson chi-square = 18.2, $df = 4$, $P = 0.001$) compared to treatment with other antipsychotic drugs.

Our results suggest that a subgroup of patients with recent-onset schizophrenia or related disorders is susceptible for induction of OCD during treatment with clozapine and that clozapine is associated with reduction of OCD in another subgroup. Our findings underscore the response complexity concerning OCD to clozapine in patients with schizophrenic disorders. This response complexity may be related to 5-HT_{2A} receptor gene polymorphism's. Such polymorphism's are associated with clinical response to clozapine [1] and OCD [4], and could explain the differential effects of clozapine in our patients.

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