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OBSESSIVE-COMPULSIVE SYMPTOMS IN PRIMARY DYSTONIA: REACTIVE AND PSYCHOGENIC OR PRIMARY AND NEUROPHYSIOLOGICAL?

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Introduction: Primary dystonia (PDy) is an idiopathic neurological disorder causing involuntary muscle contraction. Its pathophysiology is believed to involve basal-ganglia (BG) dysfunction. A possible association with Obsessive-compulsive symptoms (OCS) is regarded as further evidence of BG involvement but remains controversial due to contradictory research data. We proposed to answer three questions:

1. Do PDy patients have high OCS scores?
2. Are OCS in PDy reactive?
3. Does botulinum toxin treatment (BT) influence PDy psychopathology?

Subjects: 45 patients with blepharospasm, spasmodic torticollis, writer's cramp; 43 patients with hemifacial spasm, cervical spondylarthropathy, peripheral hand neuropathy; 27 healthy volunteers.

Assessment: non-structured DSM-IV based psychiatric interview; Symptom Checklist 90 Revised (SCL-90R); Yale-Brown Obsessive-Compulsive Scale (YBOCS); Unified Dystonia Rating Scale (UDRS).

Results: PDy patients scored significantly higher than controls and healthy controls on the YBOCS (11.1 ± 7.24 ; 5.98 ± 4.33 ; 2.07 ± 0.92 , both $p < 0.001$). Controls' mean score was also significantly higher than healthy subjects'. Controls scored higher than PDy and healthy subjects on the SCL-90R somatization scale. BT treated PDy patients had significantly lower anxiety and somatization but higher UDRS and similar YBOCS ratings compared to untreated patients.

Discussion: Higher ratings of OCS but not of depression, anxiety or somatization in PDy patients suggests a neurophysiological origin for OCS in PDy. However, diseased controls also scored higher than healthy subjects, suggesting that OCS may nevertheless be partly reactive in PDy. BT may decrease anxiety/depressive symptoms but not OCS, lending further strength to a possible neurophysiological aetiology for OCS in PDy.