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Obsessive-compulsive disorder in black South Africans — a case series

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Background. Obsessive-compulsive disorder (OCD) has been shown to be highly prevalent in both developing and developed countries. Nevertheless, data on OCD in blacks, and black South Africans in particular, are limited.

Method. Records of patients presenting with OCD at a tertiary hospital serving a predominantly black population were reviewed. Patient data, including demographic information, presenting symptoms and clinical course, were collated.

Results. Six black South Africans had presented with OCD in the previous year. Phenomenology and psychopharmacology of the disorder were largely reminiscent of those previously reported in the international literature.

Conclusion. Not surprisingly, black South Africans may suffer from OCD. Nevertheless, it is likely that such patients do not present for treatment or are underdiagnosed. Future rigorous epidemiological research on OCD in South Africa is necessary.

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Although obsessive-compulsive disorder (OCD) has been shown to be extremely common, with a lifetime prevalence of 2 - 3% in both developed and developing countries,^{1,2} data on OCD in Africa are extremely sparse. A number of reviews of psychiatric disorders in Africa make no mention of OCD,^{3,4} while others have suggested that the incidence of obsessive-compulsive symptoms in blacks is low.^{5,6}

In individual studies documenting diagnoses of psychiatric disorders in African settings, anxiety and neurotic disorders have unfortunately often either been classified together⁷⁻¹⁶ or have not included OCD as an anxiety disorder.^{17,18} A number of studies have, however, found that OCD in black (particularly from sub-Saharan Africa) psychiatric patients¹⁹⁻²⁶ is low (Table I). Nevertheless, many of these studies suffer from significant methodological problems, such as failure to use structured clinical interviews.

Table I: Prevalence of OCD in African studies

Authors	Diagnosis	Country	No.	OCD (%)
Lambo ¹⁹	Clinical obsessive-compulsive neurosis	Nigeria	7 946	0.004
Leighton <i>et al.</i> ²⁰	Clinical obsessive-compulsive neurosis	Nigeria		0.0
Elsarrag ²¹	Clinical obsessive-compulsive neurosis	Sudan	2 160	0.5
Okasha ²²	Clinical obsessive-compulsive disorder	Egypt	1 000	2.6
German and Arya ²³	Clinical obsessive-compulsive neurosis	Uganda	121	0.0
Orley and Wing ²⁴	Present state examination obsessions	Uganda	206	2.4
Gureje <i>et al.</i> ²⁵	Clinical obsessional neurosis	Nigeria	1 914	0.1
Bertschy and Ahyi ²⁶	Clinical obsessive-compulsive disorder	Benin	351	1.4

There is no mention of OCD in South Africa in a number of general reviews of the South African psychiatric literature.^{27,28} South African psychiatrists have, however, taken part in multinational clinical trials of OCD, which suggests that OCD patients are seen and treated here.²⁹ Nevertheless, we are unaware of any reports on black South Africans with OCD. In this paper, we therefore provide retrospective clinical data on a series of black South African patients treated for symptoms of this disorder.

Methods

Records of 6 patients who had presented to a large tertiary hospital with OCD during the last year were reviewed. The hospital serves a predominantly black population, and all patients were black South Africans. All patients met diagnostic criteria for OCD, as outlined in the current *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*.³⁰

Patient data, including demographic information, presenting symptoms and course, were collated and tabulated (Table II).

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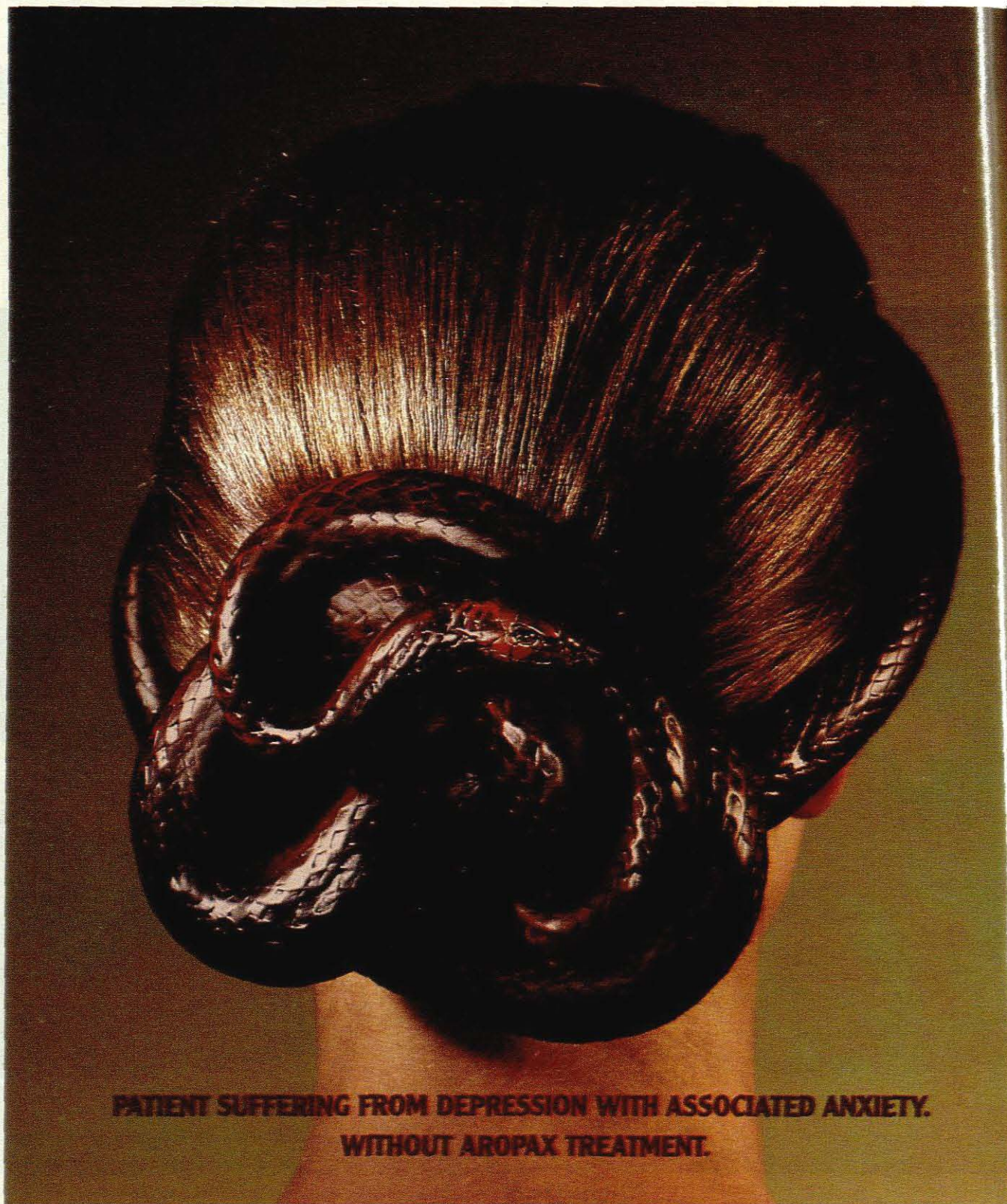
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Table II. Demographic variables and clinical features in black South Africans with OCD

Patient No.	Age	Onset	Sex	Obsessions	Compulsions	Co-morbid disorders	Family history
1	22	21	F	Fear of dirt and smells, concerns with certain numbers	Washing, cleaning	Histrionic personality disorder	Nil
2	24	22	M	Concerns about breaking wind in public	Checking body	Major depression (suicide attempt)	Nil
3	55	52	F	Fear of burning house, killing children	Saying words to neutralise thoughts	Major depression	Alcohol dependence
4	17	13	M	Worries about nasal discharge, doubt about what to wear	Checking nose, checking clothes	Social phobia, specific phobia	Nil
5	18	15	M	Worries about body odour	Washing	Major depression (suicide attempt)	Nil
6	22	15	M	Sexual images of mother	—	Major depression	Nil

Results

Six black South Africans had reported to the centre and been diagnosed with OCD. Four of these patients were male, 2 were female. Mean age of presentation for treatment was 26.3 ± 14.3 years. Mean age of onset of symptoms was 23.0 ± 14.7 years.

Symptoms included obsessions and compulsions concerning contamination issues, including washing and cleaning (patients 1, 2, 5), and concerning aggression and harm, including checking (patients 3, 4). Other symptoms included somatic obsessions and compulsions (patients 2, 4, 5) and sexual obsessions (patient 6). Co-morbid psychiatric disorders included depression (patients 2, 3, 5, 6), social phobia (patient 4) and personality disorder (patient 1).

All of the patients initially consented to medication treatment, but follow-up data were available on only 4 patients. Patient 1 received clomipramine 75 mg/d, after which symptoms were very much improved (Clinical Global Impression (CGI) change score of 1). Patient 2 received clomipramine 75 mg/d with much improvement in symptoms (CGI = 2). Patients 3 and 5 were both treated with tricyclic antidepressants other than clomipramine (together with cognitive-behavioural therapy in patient 5), with remission of symptoms in patient 5 (CGI = 1) and no change in symptoms in patient 3 (CGI = 4).

Discussion

The main findings of this case series are that: (i) black South Africans do, in fact, suffer from OCD; (ii) OCD in black South Africans appears phenomenologically rather similar to that reported in the international literature; (iii) OCD in black South Africans appears to respond to psychopharmacological agents that are effective in other populations.

Despite early reports that OCD was rare in blacks, a number of early cases were also documented.^{31,32} Furthermore, in the first study to use a structured clinical interview to enquire directly about obsessions and compulsions, the incidence of these symptoms was comparable to that seen in other parts of the world.²⁴ Certainly, OCD has been documented in African Americans.^{1,33}

An immediate question is whether black patients frequently present with OCD symptoms that are not classic. In our small series, typical OCD symptoms concerning contamination and aggression were common. Of interest, 3 of the 6 patients had somatic symptoms. Recent studies in American patients, however, suggest that somatic symptoms may also be more common than once thought in that population.³⁴ While mean age of onset of OCD symptoms appears greater in our patients than is usually reported, there was one outlier with very late onset (patient 3).

There were other similarities between patients in our case series and patients reported in the international literature. Co-morbid psychiatric disorder was most commonly depression, as in other samples.³⁵ Patients responded to clomipramine, an agent that is commonly used in this disorder. Interestingly, however, patients responded to lower doses of this agent than are usually used, in keeping with anecdotal reports that black South Africans may respond to lower doses of tricyclics than do white South Africans.

Despite the similarities between the OCD patients discussed in this report and those documented in the international literature, OCD in black patients is not commonly seen in South Africa. In a random telephone survey of 18 academic psychiatrists, we found that 2 had treated more than 10 such patients in the last year, while another 2 had seen 1 - 5 patients. In a survey of members of the South African Obsessive-Compulsive Association (Stein *et al.* — unpublished data) none was black.

It is possible that in South Africa, black patients with OCD present primarily to non-psychiatric practitioners. Traditional healers are often consulted for psychiatric symptoms, and psychiatrists remain primarily consulted for disruptive psychopathology. Consistent with this explanation, of the 6 patients presented here, 2 presented after a suicide attempt (patients 2, 5), and 2 others had suicidal ideation (patients 3, 6). Similarly, it has been suggested that black patients with anxiety disorders are often somatisers,³⁶ and such patients may therefore present primarily to general practitioners. Indeed, in the USA, it has been suggested that African Americans with OCD may present to dermatologists rather than to psychiatrists.³³

There are currently no data of which we are aware that conclusively indicate that the prevalence of OCD in black South Africans is as high as in other population groups.

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Various neurobiological mechanisms, including auto-immune ones, have been postulated to be involved in the pathogenesis of OCD,³⁷ and genetic factors in black South Africans may provide protection from these. Similarly, the cognitive-behavioural response of OCD patients to their obsessions appears to have a direct (brain-based) effect on symptoms, so that sociocultural factors may influence the course and experience of OCD via this route.³⁸

It is crucial to revise the theoretical biases and cultural prejudices of a previous generation of researchers interested in OCD in blacks. Early workers argued, for example, that obsessive-compulsive disorders were less common in blacks because their lifestyle was controlled by group obsessional rituals which effectively precluded self-directed ritualistic behaviour,⁵ because of the lack of toilet training,²¹ or because of a 'relative absence of self-directed and self-centered symptoms such as notions of worthlessness and guilt, and obsession-compulsive rituals' in the black.⁵

In contrast, future work on OCD in South Africa will need to employ theoretical and methodological rigour to investigate this disorder. Careful epidemiological studies are needed to determine the prevalence and phenomenology of the disorder in our various communities. Detailed investigation of the explanatory models³⁹ commonly used by South Africans with obsessive-compulsive symptoms are needed to understand how varying sociocultural perceptions of disorder influence its course and experience. Finally, a focus on differences in immunogenetic factors between our populations may prove a useful way of exploring the neurology of this complex disorder.

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