

Overlap of Obsessive Compulsive and Psychosis Risk Symptoms in a Specialized Clinic

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Abstract

Aim: Psychotic disorders and obsessive-compulsive disorder (OCD) commonly co-occur. Likewise, subthreshold psychosis symptoms (clinical high risk for psychosis; CHR-p) and obsessive-compulsive symptoms (OCS) commonly overlap and may be difficult to differentiate. Previous work suggests some notable differences between OCS and psychosis include insight and the content of thoughts and experiences. **Methods:** The current study explored the overlap between OCS and psychosis symptoms in a CHR-p sample. **Results:** Results demonstrated 13.5% of the sample experienced co-morbid OCD and CHR-p. Individuals with comorbid OCD and CHR-p experienced no other significant differences in presenting concerns, including psychosis symptoms, social or role functioning, anxiety, or depression. Exploratory factor analyses conducted on the CFOCI-A revealed two subtype factors: 1) checking and counting, and 2) intrusive thoughts and images of harm/guilt. The checking and counting factor was significantly correlated with depression and social anxiety. The intrusive thoughts and images of harm/guilt factor was significantly correlated with unusual thought content, suspiciousness and persecutory ideas, attenuated positive symptoms, and social anxiety. **Conclusions:** These findings suggest individuals who experience intrusive thoughts and images may be more likely to rate on positive symptoms, while individuals with checking and counting symptoms may not rate on positive symptoms, though may experience greater levels of depression.

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