

Letter

Obsessive-Compulsive Disorder and the DST

To the Editors:

The dexamethasone suppression test (DST) is abnormal in many depressed people, but there is also an increased frequency of abnormal tests in several other psychiatric disorders. Six studies have examined the status of the DST in people with obsessive-compulsive disorder, but have come to different conclusions. Three studies have reported an increased incidence of abnormal tests (Åsberg et al., 1982; Insel et al., 1982; Cottraux et al., 1984), while three other studies failed to find such an increase (Schlessler et al., 1980; Lieberman et al., 1985; Monteiro et al., 1986). A review of these studies suggests that the following factors might be associated with abnormal tests: (1) older age at time of study; (2) older age at time of onset of the obsessive-compulsive disorder; (3) depressive symptoms in the population studied, but not in DST positive versus negative patients in the population; (4) possibly, inpatient status; (5) possibly, male sex; (6) positive family history of depression; and (7) negative family history of obsessive-compulsive disorder. We have attempted to replicate these findings in a sample of people with *DSM-III* defined obsessive-compulsive disorder (American Psychiatric Association, 1980).

Sixteen outpatients (mean age 37.5 years; 10 female) were studied; fourteen completed the Symptom Checklist-90-Revised (SCL-90-R) (Derogatis, 1977). Ten patients were drug free. All 16 had one cortisol determina-

tion at 4 p.m. after 1 mg of oral dexamethasone taken at 11 p.m. the previous night. Seven patients also had *DSM-III* defined major depressive disorder.

Seven of 16 patients had abnormal tests (4 p.m. cortisol $> 5.0 \mu\text{g}/\text{dl}$). There were no significant correlations between postdexamethasone cortisol and either age at time of the DST or the SCL-90-R depression subscale, and drug-free patients did not differ from those on medication. Furthermore, males (2/6) and females (5/10) were almost equally likely to have abnormal tests. Information on age at onset of obsessive-compulsive disorder and family history of psychiatric disorders was not available for this sample. Finally, there was no difference in the percentage of positive DSTs in patients with (3/7) versus without (4/9) major depression, and postdexamethasone mean cortisol values did not differ between depressed (4.71 $\mu\text{g}/\text{dl}$) and nondepressed (4.89 $\mu\text{g}/\text{dl}$) patients. On the basis of published norms for the SCL-90-R, however, this patient population was moderately to severely depressed (mean depression score = 2.74, allowable range = 0-4). Thus, of the potential factors examined, several were not supported, but it appears that the rate of DST nonsuppression might be elevated in samples of obsessive-compulsive patients who are at least moderately depressed as a group.

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September 29, 1986