

# Examination of Moderators in the Relationship Between OCD and Suicide Behavior in Latin Adults

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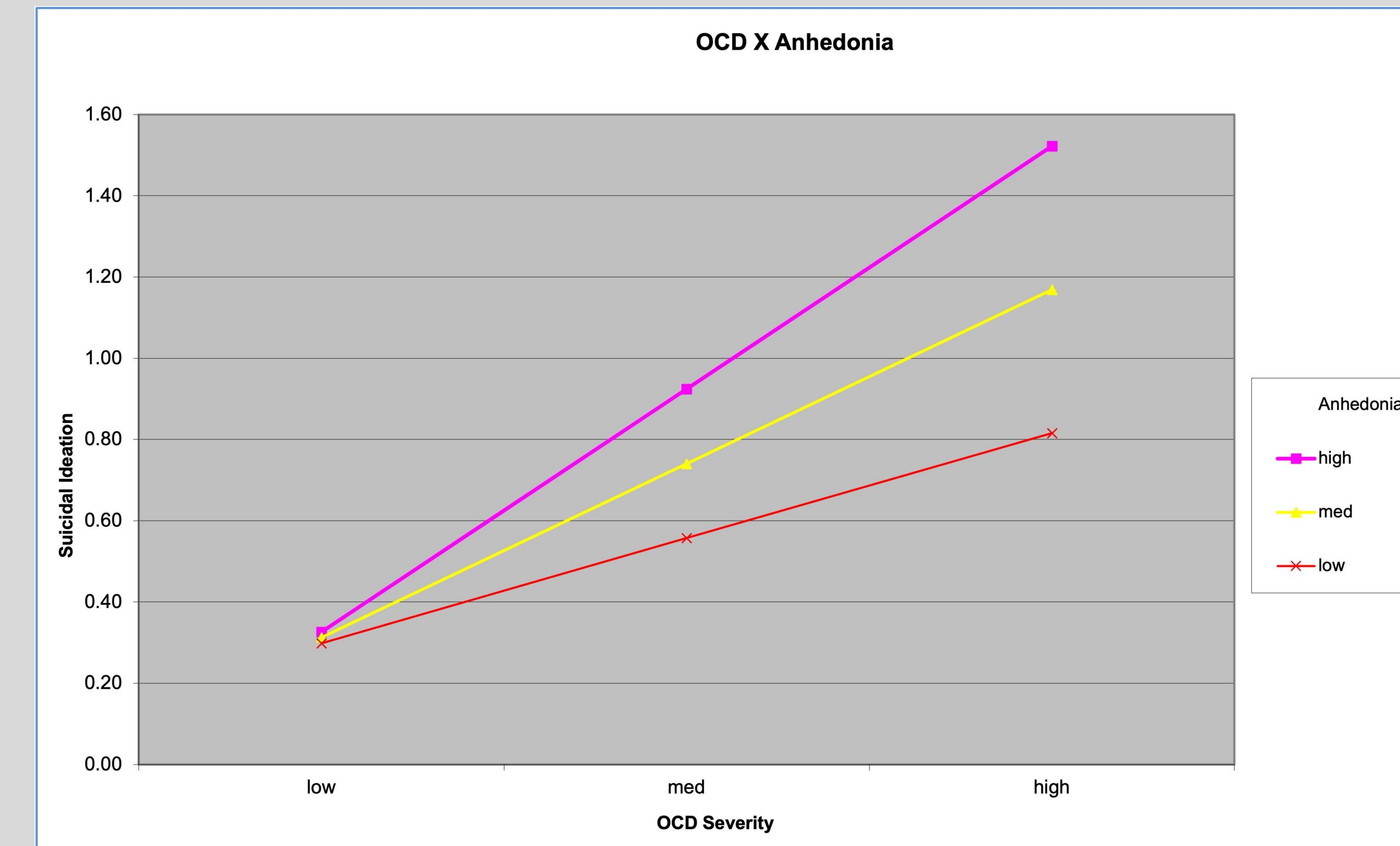
## BACKGROUND & PURPOSES

- Although individuals with OCD had been historically conceptualized as being at relatively low risk for suicide (Albert et al., 2019), research has found that OCD severity is related to increased suicide attempts and ideation (de la Cruz et al., 2017; Dhyani et al., 2013; Gupta et al., 2014).
- A systematic review (Albert et al., 2019) found that, on average, 14.2% of individuals with OCD had attempted suicide, 44.1% reported lifetime ideation, and 25.9% reported current ideation.
- Despite the connection between OCD and suicide risk, scant research has examined potentially modifiable variables that can enhance or buffer the influence of OCD on suicide behavior.
- Research indicates that up to 75% of those with OCD also present with major depression (Quarantini et al., 2011), which may serve to increase the risk for suicide thoughts and behavior.
- Scant research has examined OCD and suicide in individuals of Latin heritage.
- Purposes of the study were thus to (1) examine the prevalence of current suicidal ideation, past suicidal ideation, and suicide attempts in individuals with OCD; (2) examine the association of OCD severity to suicidal ideation and suicide attempts; (3) examine whether those with a history of OCD and depression report more severe OCD symptoms and suicide behavior; and (4) in individuals with a history of OCD and depression, examine potential moderators in the relationship between current OCD severity and suicidal ideation. These include brief experiential avoidance, loneliness, anhedonia, and quality of life.

## METHODS

- Data:** From Latin American Trans-ancestry Initiative for OCD genomics project (Crowley et al., 2024), which is examining genetic and environmental influences on obsessive-compulsive disorder (OCD) in individuals of Latin American ancestry.
- Participants:**  $N = 3,393$  adults with OCD symptoms (67% female;  $M$  age = 31.6,  $SD$  age = 11.4; Spanish language = 89%).
- Measures:** *Yale-Brown Obsessive-Compulsive Scale, 2<sup>nd</sup> Edition* (Storch et al., 2010), *Mini International Neuropsychiatric Interview* (Sheehan et al., 1998), *Columbia-Suicide Severity Rating Scale* (Posner et al., 2011), *General Anxiety Disorder-7* (Spitzer et al., 2006), *Patient Health Questionnaire-9* (Kroenke et al., 2001), *Brief Experiential Avoidance Questionnaire* (Gamez et al., 2014), *UCLA Loneliness Scale* (Russell et al., 1980), *Snaith-Hamilton Pleasure Scale* (Snaith et al., 1995), *Quality of Life Enjoyment and Satisfaction Questionnaire* (Endicott et al., 1993).
- Procedure:** Data were collected through 31 psychology clinics and labs in the United States, Mexico, Central America, and South America.

## RESULTS CONTINUED



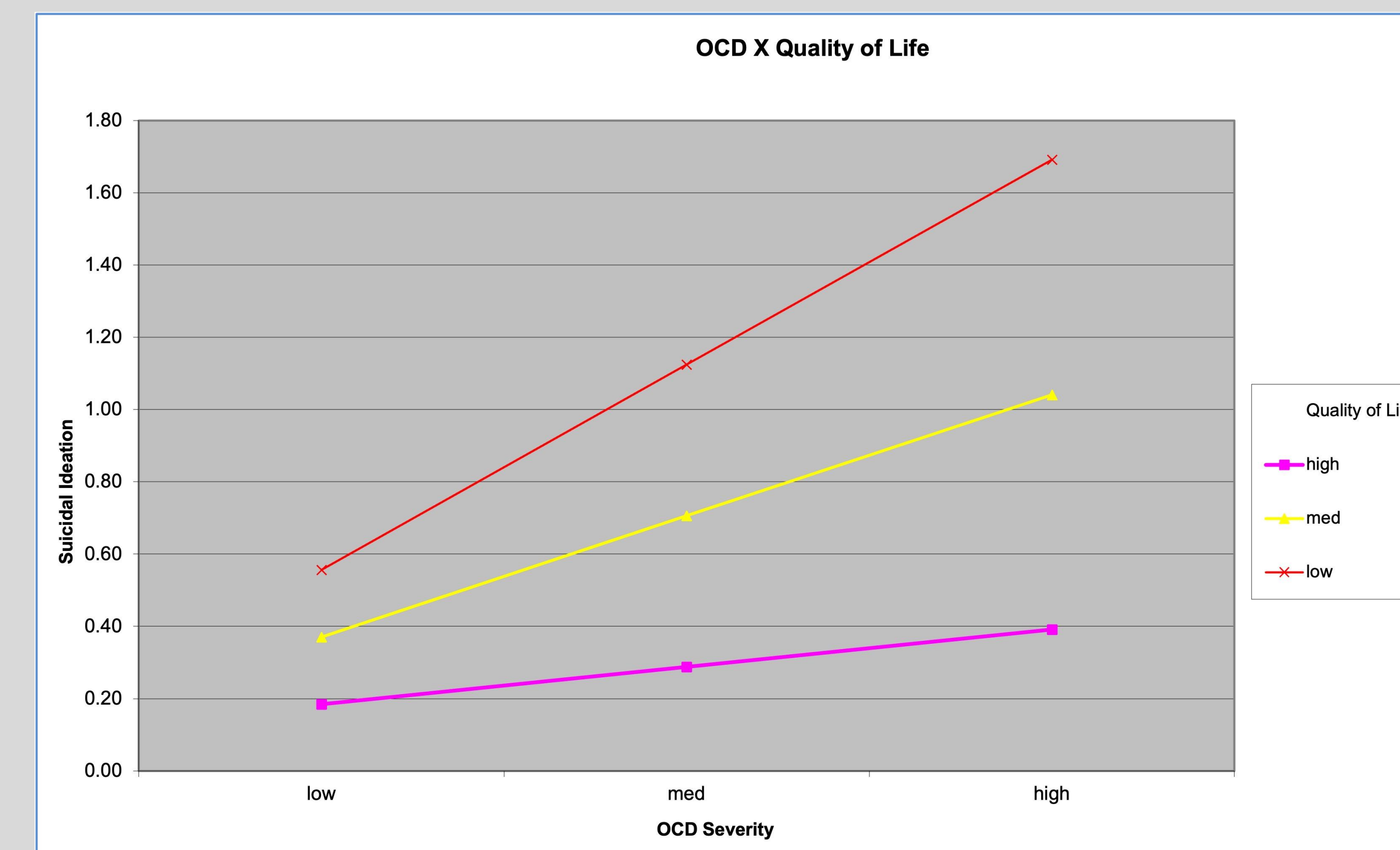
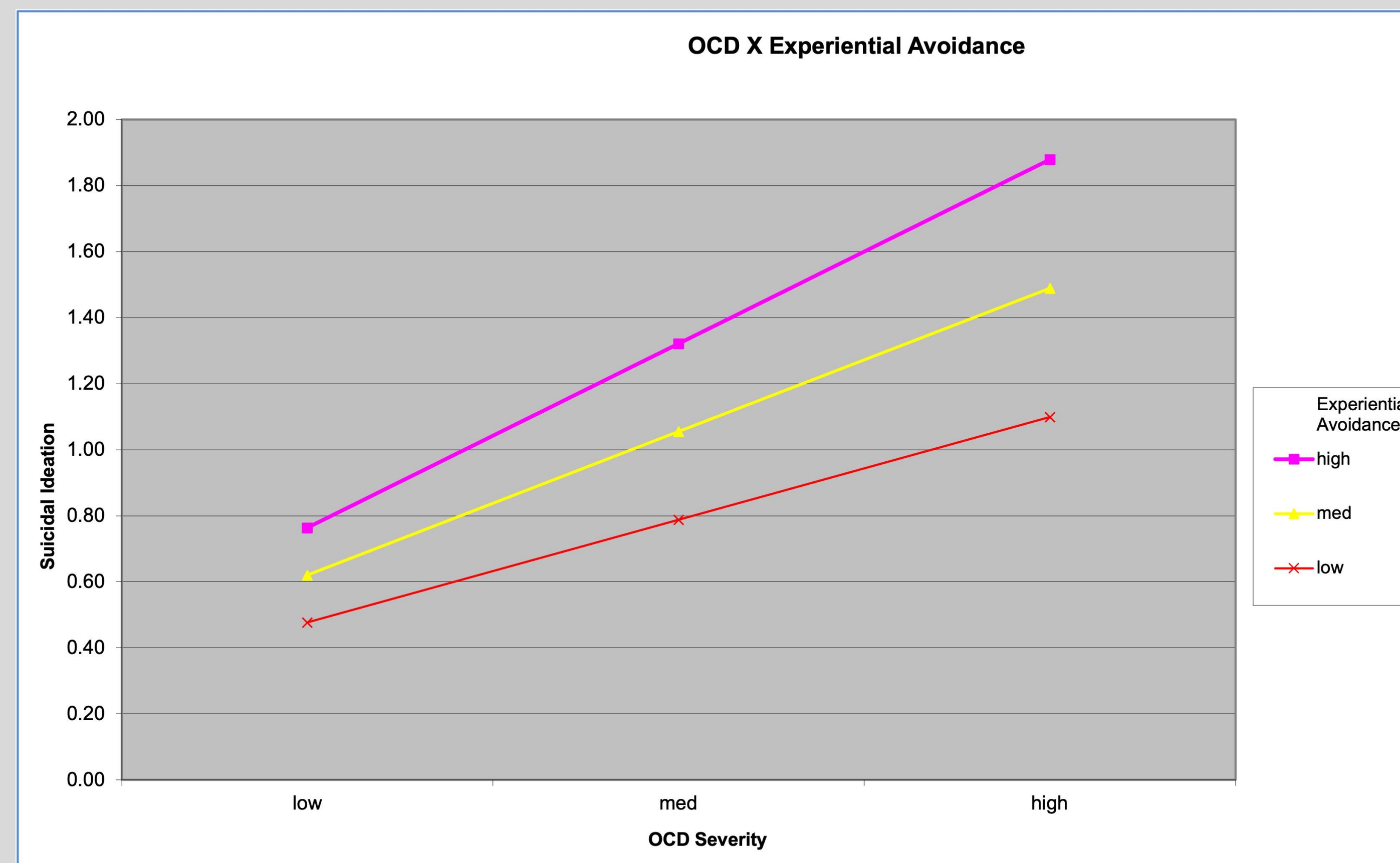
## RESULTS

Frequencies for Depression and Columbia-Suicide Severity Rating Scale Items

C-SSRS ITEM	Overall	Female	Male
History of Depressive Episode	70.4%	73.7%	63.7%***
In the past month, have you wished you were dead or wished you could go to sleep and not wake up?	26.6%	27.8%	24.2%
In your lifetime, have you wished you were dead or wished you would go to sleep and now take up?	72.7%	76.1%	64.6%***
In the past month, have you actually had any thoughts of killing yourself?	14.5%	15.2%	12.9%
In your lifetime, have you actually had any thoughts of killing yourself?	55.9%	58.4%	49.9%***
In the past month, have you been thinking about how you do this?	12.0%	12.0%	12.1%
In your lifetime, have you thought about how you might do this?	53.5%	57.4%	44.6%***
In the past month, have you had these thoughts and had some intention of acting on them?	7.6%	8.8%	4.9%*
In your lifetime, have you had these thoughts and had some intention of acting on them?	42.2%	45.7%	34.5%***
In the past month, have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	5.1%	5.2%	5.0%
In your lifetime, have you ever started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	31.4%	34.1%	25.1%***
Have you ever done anything, started to do anything, or prepared to do anything to end your life?	23.9%	26.1%	19.0%***
Have you ever attempted suicide?	23.0%	24.8%	18.8%**
Do you have any family history of suicidality (attempt or died by suicide) or any family member who has attempted suicide?	30.2%	33.2%	23.3%***

Notes: \* $p \leq .05$ , \*\* $p \leq .01$ , \*\*\* $p \leq .001$ . Percentages indicate those individuals who answered yes to the query. History of depression assessed by the Mini International Neuropsychiatric Interview.

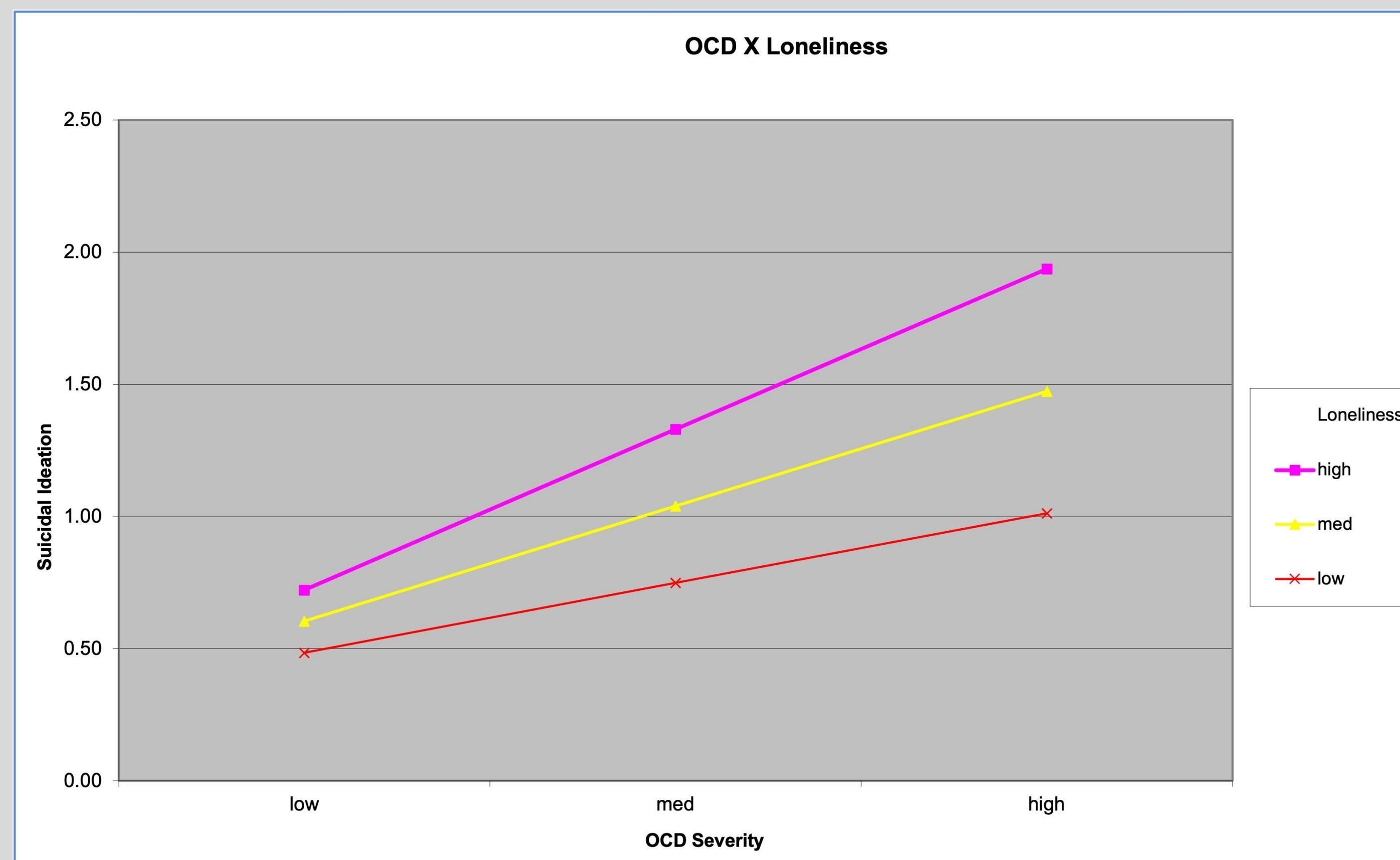
## RESULTS CONTINUED



Correlations Between Variables

	Current OCD Severity	Worst OCD Severity	Anxiety	Depression	Current Ideation	Lifetime Ideation	Suicide Attempt
Current OCD Severity	--	.49***	.45***	.42***	.32***	.28***	.19***
Worst Ever OCD Severity	.49***	--	.23***	.25***	.21***	.30***	.14***
Anxiety	.45***	.23***	--	.73***	.37***	.23***	.18***
Depression	.42***	.25***	.73***	--	.50***	.35***	.27***
Loneliness	.36***	.27***	.44***	.51***	.27***	.33***	.26***
Experiential Avoidance	.35***	.15***	.45***	.52***	.26***	.22***	.19***
Quality of Life	-.37***	-.20***	-.48***	-.57***	-.41***	-.32***	-.18***
Anhedonia	.18***	.08***	.24***	.31***	.23***	.17***	.10***

Notes: \*\*\* $p \leq .001$ . Suicide variables were derived from the Columbia-Suicide Severity Rating Scale items, except for those utilized in the associations with Loneliness and Experiential Avoidance, which were derived from the Mini-International Neuropsychiatric Interview suicide items.



## SUMMARY & CONCLUSIONS

- Participants with a history of major depressive episodes experienced greater current OCD severity ( $t = 8.8, p < .001$ ), worst ever OCD severity ( $t = 10.3, p < .001$ ), current ideation ( $t = 9.3, p < .001$ ), and lifetime ideation ( $t = 16.5, p < .001$ ) than participants without depression.
- Individuals with OCD are at extreme risk for experiencing suicide thoughts and behavior.
- Greater severity of OCD symptoms is associated with increased suicide thoughts and behavior.
- In individuals with comorbid depression, brief experiential avoidance, loneliness, anhedonia, and quality of life significantly moderated the relationship between OCD and current suicidal ideation, thus suggesting greater suicide risk for individuals with comorbid OCD and depression who are lonely, unable to experience pleasure, lack enjoyment and satisfaction in daily life, and who avoid uncomfortable emotions, thoughts, memories, and sensations.
- Our findings suggest great applied benefits as the moderators represent modifiable factors that can be targeted through prevention and intervention efforts.
- Such interventions could lead to reduced suicide risk in individuals with OCD.
- Future cross-sectional and longitudinal research should examine other potential moderators in the relationship between OCD and suicide behavior.

