

What Is the LATINO Study?

The Latin American Trans-ancestry INitiative for OCD genomics (LATINO) is an NIH-funded research study with the goal of identifying factors contributing to the development of Obsessive Compulsive Disorder (OCD) in individuals who identify as Latino/Hispanic. The study is being conducted by a group of researchers—including the Behavioral Health Lab—throughout the United States and Latin American countries. We are recruiting individuals who have had, or think they might have, OCD and are of Latin American/Hispanic ancestry. Participants in the study will answer questions about their experience with OCD and provide a saliva sample for DNA.

Participation Requirements

To participate in LATINO you must:

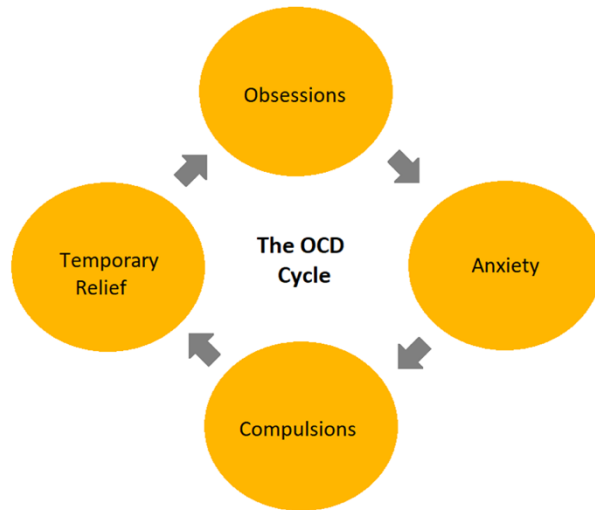
- Have experienced symptoms of OCD now or in the past (even if you did not seek treatment)
- Have at least one grandparent who identifies as Latino/Hispanic
- Be between the ages of 18 and 89

How to Participate

- To inquire about being a participant in the LATINO study, please call the Behavioral Health Lab at (956) 665-3304, text the Behavioral Health Lab at (956) 299-5558, or send an email to latinostudy@utrgv.edu
- Potential participants will undergo a 10 minute phone screen to determine whether they meet criteria for the study
- Individuals who meet study criteria will then be invited to participate in a 2 to 2 ½ hour data collection session. This session can be in-person or virtual. If in-person, during the session, the participant will be asked questions about their OCD, complete questionnaires about OCD and related behaviors, and provide a saliva sample. If virtual, the session will be similar, except that the saliva kit will be mailed to the participant, who will then mail the saliva sample back to the Behavioral Health Lab
- Participants have the option of participating in English or Spanish
- Participants who complete the data collection will receive a \$50 gift card

What is OCD (Obsessive Compulsive Disorder)?

OCD is a mental health condition that is characterized by persistent intrusive thoughts, images or urges (obsessions) that lead to unwanted repetitive behaviors or mental rituals (compulsions). People with OCD experience an elevated sense of distress whenever they experience intrusive thoughts,



images or urges, which trigger compulsive behaviors or avoidance to alleviate that distress. This becomes a vicious cycle, as the obsessions often become more frequent and severe when people engage in compulsions and avoidance.

While most people experience an occasional intrusive thought, image or urge, this is not OCD. Instead, a diagnosis of OCD requires the

presence of obsessions and/or compulsions (almost always both, and almost always accompanied by intense distress) together with significant impairment in functioning. The obsessions and compulsions take a significant amount of time in a person's life, causing difficulties in their relationships, work, and other important activities of daily living. If these symptoms sound familiar to you, we invite you to participate in the study.

What Exactly Are Obsessions?

Obsessions are recurring thoughts, images, or urges that are intrusive and cause distress. Individuals with OCD find their obsessions to be very distressing, which are often incompatible with a person's sense of self. People often recognize that their obsessions do not make sense, but nevertheless continue to recur.

Common feelings that may arise with these intrusive thoughts can include fear, disgust, and an internal sense of "wrongness." These obsessions can



take multiple hours a day and impair a person's ability to interact with their friends, family, and environment in a meaningful way.

An important distinction to make is that between OCD and obsessive compulsive personality disorder (OCPD). People with OCPD often have rigid control in their life, may be considered by others as perfectionistic, and can engage in rituals to maintain a sense of order. A main difference between OCD and OCPD is that individuals with OCPD do not find their thoughts or obsessions to be distressing. In fact, their rigid thinking and organized behavior will often align with their values and self-image, thus bringing a sense of comfort.

While in everyday life we may hear the phrase "obsession" often used in a positive context related to being drawn to something (for example, a movie, a song, a person), an "obsession" in OCD is unwanted, persistent, and accompanied by attempts to suppress or neutralize them. Further, while intrusive thoughts are commonly found in the population, they are fleeting and do not trigger an unreasonable level of anxiety that impairs daily functioning.

What are some categories and examples of common obsessions in OCD?

- **Symmetry** – preoccupation with orderliness, precision, evenness; numbers or colors
- **Forbidden Thoughts** – violent or sexual obsessions involving friends, family members, children; recurring images of genitalia
- **Cleaning/Contamination** – germs, bodily fluids, dirt, disease; getting a chronic physical illness
- **Religious Obsessions** – fear of offending or blaspheming against God, excessive concern with morality of actions
- **Perfectionism** – concern with a need to remember, know everything
- **Loss of Control** – fear of acting on an impulse, stealing on impulse, yelling expletives, impulsively harming others
- **Identity** – being uncertain about one's interests, gender, or sexual identity
- **Harm** – fear of something bad happening (for example, end of the world, family member dying)
- **Hoarding** – inability to throw away things for their perceived value; fear of losing things

What Exactly Are Compulsions?

Compulsions, the second component of OCD, are repetitive and purposeful behaviors or mental rituals that a person feels compelled to do as a way to relieve the distress associated with an obsession. Those with OCD consider the compulsion as being able to eliminate or nullify the obsessions. This



becomes a maladaptive coping mechanism by which those with OCD escape their distressing, intrusive thoughts. Avoidance is another

example of a compulsion, as a person attempts to evade the triggers of their obsessions. Like obsessions, compulsions are time-consuming, prevent healthy relationships, and interfere with daily functioning.

There are numerous repetitive behaviors most people engage in that are not considered compulsions. For example, most people have bedtime or morning routines that involve repeated actions, which are considered aspects of a healthy daily routine. The environment and context behind the action are important differentiators between compulsions and normative daily routines. A classic example is that of a librarian who arranges and organizes books all day. This would not be considered a compulsion, as such activity is an expected component of their job. Individuals with OCD feel the urge to engage in these behaviors to relieve their distress, but they would prefer not to engage in the behavior if they did not have to.

What are some categories and examples of common compulsions in OCD?

- **Washing, Cleaning, Rearranging** – excessive hand washing (sometimes over one hundred times per day), showering, grooming; cleaning household items; putting objects in order
- **Checking** – making sure nothing bad has happened to oneself or another person, making sure doors/windows are locked and stove knobs are turned off, making sure no mistakes are made
- **Repeating** – rereading, rewriting; walking over the same path in a particular way, repetitive body movements, performing tasks a certain number of times
- **Mental Compulsions** – counting, praying, “cancelling” or “undoing” a perceived wrong action, replaying scenarios in your head
- **Avoidance** – avoiding situations, objects, or people that relate to obsessions



Please note that the Principal Investigators for the LATINO project are Eric A. Storch, Ph.D., at Baylor College of Medicine (latinostudy@bcm.edu) and James J. Crowley, Ph.D., at The University of North Carolina. The Site Principal Investigators at the BHL are Joseph D. Hovey, Ph.D., and Laura D. Seligman, Ph.D., ABPP.