## The Clinical Correlates Of Current Suicidal Ideation In Obsessive Compulsive Disorder

Background: The risk factors for suicidal behaviour in Obsessive-Compulsive Disorder (OCD) have been less studied compared to other anxiety disorders. In the present study, we examined the demographic and clinical correlates of current suicidal ideation (SI) in patients with OCD.

Methods: Fourty-four patients were grouped into those with ( $\mathrm{n}=23$ ) and without current SI ( $\mathrm{n}=21$ ) through by The Scale for Suicidal Ideation. Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) was used to assess the obsessive-compulsive (OC) symptomatology. The clinical variables of axis I and axis II disorders among the patients were evaluated using Beck Depression Inventory, Beck Hopelessness Scale and Beck Anxiety Inventory.

Results: Following Bonferroni correction, only the severity of depression differed significantly between two groups ( $\mathrm{p}<0.001$ ). The presence of major depression (OR:7.89, CI: 1.73-36.03, $\mathrm{p}=0.008$ ) and aggressive obsessions (OR:6.17, CI:1.29-29.57, $\mathrm{p}=0.023$ ), the level of hopelessness (OR:1.21, CI:1.03-1.41, $\mathrm{p}=0.015$ ), and the severity of OC symptomatology (OR: 1.15, CI:1.03-1.29, $\mathrm{p}=0.009$ ) were significant predictors of current SI in patients with OCD.

Limitations: The relatively lower frequency of some comorbid Axis I disorders is based on small sample size and therefore may be vulnerable to type II error. We did not examine the relationship between the recent suicidal attempts and OCD. Also, we did not look at the effect of impulsivity in the occurence of SI in patients with OCD.

Conclusion:: Associated depression, hopelessness, and aggressive obsessions might play an important role in the occurence of SI in patients with OCD. However, future studies using psychological autopsy design are required to systematically assess for OCD among those who have completed suicide.

Keywords: Obsessive-Compulsive disorder; Suicidal ideations; Suicidal attempt; Axis I and II comorbidity.

