

Commentary

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## Obsessive-Compulsive Behaviors among Pediatric Patients with Chronic kidney disease: A Warning

Afshin Safaei Asl, MD

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Pediatric Nephrology Department,  
Guilan Medical University, Rasht, Iran

See article on page 107, Prevalence of Obsessive-Compulsive Disorder in Pediatric and adolescents with CKD.

**\*Corresponding Author**

Afshin Safaei Asl, MD  
Namjoo St, Rasht, Guilan, Iran  
Tel: +98 911 342 3413  
E-mail: [afshin\\_safaei2@yahoo.com](mailto:afshin_safaei2@yahoo.com)

Pediatric patients with end-stage renal diseases (ESRD) show important psychiatric morbidity, particularly depression and anxiety. Obsessive-compulsive symptoms, however, are much less frequently investigated in this group. Obsessive-compulsive symptoms may constitute an important aspect of the psychiatric profile of patients with ESRD. Psychiatric disorders in patients with end-stage renal disease are associated with a poor prognosis and quality of life. Pediatric obsessive-compulsive disorder (OCD) is a chronic and disabling anxiety disorder which is characterized by obsession and/or compulsion. OCD is associated with significant distress which interferes with the functions of daily life. Obsessions are recurring, upsetting intrusive thoughts or images that cause a kind of disabling distress. Common obsessions in ESRD patients include fear of contamination, religious taboos, aggressiveness which means fear of harming others or oneself, and symmetry and saving obsessions. The distressing nature of obsessions can usually motivate compulsions, which are repetitive, covert or overt behaviors performed to temporarily relieve the angst associated with obsessions. Common compulsions include repeating cleaning and checking or other repeating behaviors, reassurance seeking, covert

rituals and hoarding/collecting. In this regard, the potential interpretation involves disease- and management-associated factors or responses to emergence of otherwise uncontrollable problems and stresses [1, 2]. Totally, significant OCD occurs in about 1% of children and adolescents [3, 4]. The diagnosis of psychiatric disorders is based upon several structured interviews that increase the reliability of psychiatric diagnoses when compared with open interviews [5]. Several studies in the literature have been performed by researchers from other countries regarding the association between neurocognitive function in children and chronic kidney disease (CKD). A study by Mark et al revealed higher BP was independently associated with decreased WASI Performance IQ scores in children with mild-to-moderate CKD [6]. Another study by Moser reported that children with ESRD, despite optimal management, showed a mild cognitive deficit compared with the population norm [7]. Epameinondas et al in a research on patients with ESRD undergoing hemodialysis showed more obsessive traits than controls on the MOCI total score ( $P < 0.001$ ) [8]. Martiny demonstrated that the prevalence of psychiatric disorders in adult patients with ESRD was more than the patients with asthma, polycystic ovary syndrome, and HIV

infection [9]. Data on the potential contribution of CKD-associated psychiatric deficits in children are limited and most of studies in the review literature focused on neurocognitive function in pediatric patients with CKD [10,11] In this issue of the journal, Yousefi et al evaluated the prevalence of obsessive-compulsive disorder in children and adolescents with CKD and reported that the incidence of compulsion was three times higher in CKD compared to non-CKD children [12]. Due to limitations of evaluating CKD-associated psychiatric deficits in children, this is a valuable study but there are some conflicts that make it vague. The key question is the criteria for the selection of control group. Why did they not select a control group of healthy children without kidney disease? What was the correlation between these disorders and sex, age, and other factors which were included in the questionnaire? Details of the questionnaire are not clear in text. Meanwhile, there are many environmental factors that influence obsessive-compulsive disorder in children and adolescents with CKD. The role of environmental factors is important (for example the relationship between parents, social class, level of education, employment, etc.). Much of the discussion is about neurocognitive function in patients with CKD and the role of developmental disorders not behavioral disorder was highlighted. The application of statistical methods for analyzing the reported results is not mentioned in the paper. In conclusion, it is hoped that this article in this issue of the journal draws attention to behavioral disorders in pediatric patients with ESRD to enhance their quality of life. The paper sends a clear message to pediatric nephrologists and referring physicians to take better care of patients with ESRD. It seems that the prevalence of obsessive-compulsive disorder in children and adolescents with CKD should be substantiated in future studies with more patients and more defined selection criteria with regards to the limitations of this study. Ongoing and future researches will better define obsessive-compulsive symptoms which may constitute an important aspect of the psychiatric profile of children with ESRD.

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