

# 'MUMMY'S BOYS': DO MOTHERS ACCOMMODATE THEIR CHILD'S OCD DIFFERENTLY FROM FATHERS AND DOES THIS AFFECT TREATMENT DECISIONS?

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## Background

Obsessive compulsive disorder (OCD) has a lifetime prevalence of 1-3% and it can have profound effects on the family members of people affected.

'Family accommodation' (FA) is the term for the modification of behaviours by relatives and carers in direct response to the patient's symptoms; typically rituals. Higher levels of FA are associated with:

- Greater symptom severity;
- Higher levels of functional impairment;
- Increased family distress;
- Less favourable treatment outcomes.

Assessing Family Accommodation is, therefore, an essential part of evaluating patients for any treatment, including neurosurgery.

## Methods

The Family Accommodation Scale – Self Rated (FAS-SR)<sup>1</sup> was used to rate the severity of FA in patients and their parents who were presenting to the Advanced Interventions Service for assessment.

The FAS-SR is a 19-item scale that measures FA on two domains:

1. The relative's reports of the patient's symptom severity;
2. Self-reported ratings of their own accommodation in terms of frequency and severity of their own behaviours in response to their relative's symptoms.

Severity of symptom severity in OCD was measured using the self-reported Yale-Brown Obsessive-Compulsive Scale (Y-BOCS-SR).<sup>2</sup>

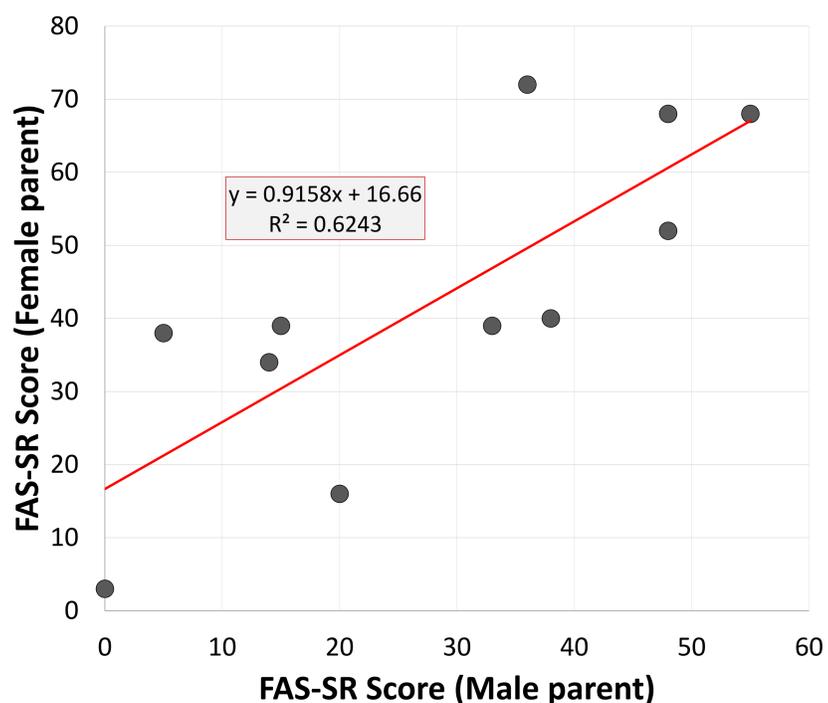
## Results

### Patient demographics

Seven (64%) ratings were performed before treatment, whilst 36% were performed during or after a course of treatment.

Characteristic	
Sex	6M:5F
Age (mean ± SD)	32.1 ± 9.2
Age (range)	20 yrs – 46 yrs
Y-BOCS-SR Score (mean ± SD)	28.3 ± 10.9

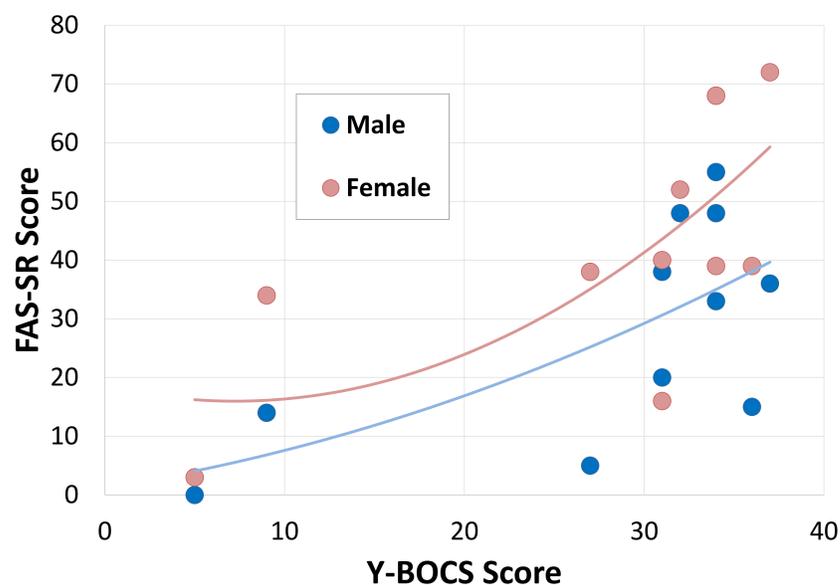
### Maternal vs paternal ratings of family accommodation



On average, mothers rated accommodation approximately 50% higher than fathers. Only one father rated accommodation higher than the mother.

In seven (64%) parents, the difference between maternal and paternal ratings was less than 50%, but in four (36%) parents the mother rated accommodation between 100% and 660% percent higher than the father.

### Relationship between symptom severity and reported Family Accommodation (for each gender of parent)



At higher severity scores, female parents tended to not only rate Family Accommodation higher, but the relationship appeared to increase; largely due to a small number of mothers who had high levels of accommodation.

## Conclusions

On average, maternal ratings of accommodation were 50% higher than that of the father, with one-third of mothers rating their own accommodation at least twice that of the father.

The reasons for this are unclear. Possible explanations include:

- A shared predisposition to anxiety;
- Gender differences in parental ability to tolerate distress.

There is little reported in the literature but poor 'distress tolerance' appears to predict less favourable outcomes from psychological therapy in paediatric OCD. However, distress tolerance does not seem to be closely related to Family Accommodation.<sup>3</sup>

## Treatment implications

- The factors associated with parental gender and the effects on assessments of symptom severity and effects on the family should be considered when assessing for, and planning specialist treatment for complex and chronic disorders.
- Differences in the reporting of accommodating behaviours by parents should be considered when discussing neurosurgical pathways for mental disorders.
- The possible effects on treatment outcome might need to be sensitively managed by clinicians and may need to be addressed directly to achieve maximum benefit from neurosurgical intervention.
- Discussions about treatment should involve both parents (whenever possible) and should incorporate an understanding of the 'family system' functions.
- Clinicians with expertise in assessing Family Accommodation should be part of all psychiatric neurosurgery services.

