

Introduction

Childhood obsessive-compulsive disorder (OCD) is a disabling psychiatric condition affecting roughly 1–3% of youth (Kalra & Swedo, 2009). Psychiatric comorbidity is the rule rather than the exception, with approximately 69% of affected individuals carrying at least one additional psychiatric diagnosis (Sharma et al., 2021). The most prevalent comorbidities are mood disorders, including depression (48%), anxiety disorders (32%), and ADHD (16%) (Sharma et al., 2021). These co-occurring conditions significantly worsen the impact of OCD, with comorbid ADHD and tic disorders associated with a more chronic course and greater treatment resistance (Geller, 2006; Kalra & Swedo, 2009). Longitudinal studies confirm that pediatric OCD is often chronic, with only approximately 27% of treated youth achieving full symptom remission, and over half continuing to experience symptoms into adolescence (Micali et al., 2010).

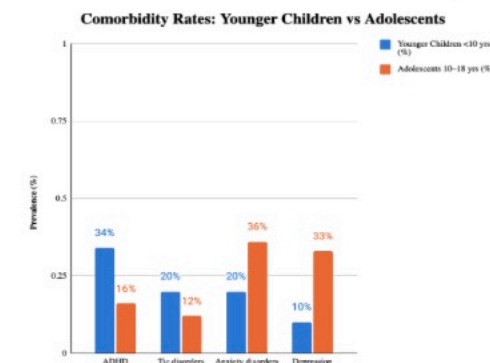
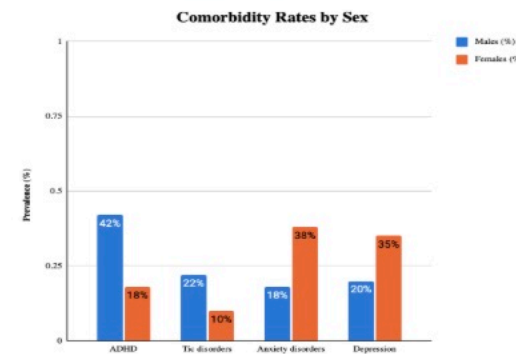
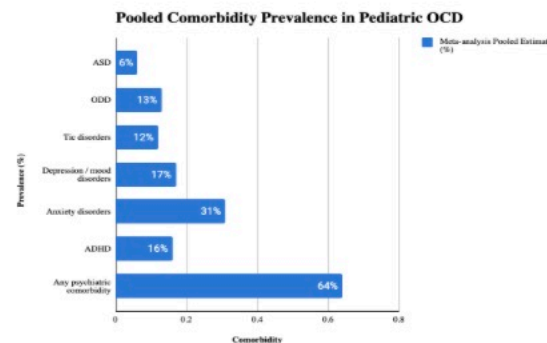
Objectives

- Identify the prevalence and distribution of psychiatric comorbidities in pediatric OCD, examining how these comorbidity rates vary by age and sex.

Methods

A systematic literature search was conducted using PubMed and Google Scholar to identify peer-reviewed studies reporting psychiatric comorbidity rates in children and adolescents diagnosed with OCD. Search terms included "pediatric OCD," "OCD comorbidities," "childhood OCD and ADHD," "OCD and anxiety disorders," and "OCD and tic disorders." Studies were included if they reported original prevalence data or pooled estimates for psychiatric comorbidities in samples under 18 years of age and used standardized diagnostic criteria. Studies that combined adult and pediatric populations without reporting separate pediatric data were excluded.

Results



Overall comorbidity prevalence

Approximately 64% of pediatric OCD patients had at least one comorbid psychiatric disorder (Sharma et al., 2021). Anxiety disorders were most common (31.2%), followed by ADHD (16.1%) and tic disorders (11.9%). Clinic based samples reported higher rates, with ADHD reaching 34–51% and depression 33–39%.

Age group differences

ADHD and tics peaked in younger children, while anxiety and depression increased in adolescence.

Sex differences

Males showed higher ADHD and tic rates. Females showed higher anxiety and depression rates, especially in adolescence.

Conclusion

This review shows that psychiatric comorbidities are nearly universal in pediatric OCD, with approximately 64% of children and adolescents being affected by at least one psychiatric disorder. Comorbidities are not uniform throughout they change by age and sex. ADHD and tic disorders focus in younger male samples, while anxiety and depressive disorders become increasingly common in adolescence, mainly in girls. Clinicians treating children with OCD should routinely screen for ADHD and tic disorders in younger boys, and prioritize evaluation of anxiety and depressive disorders in adolescent girls. Failing to address this comorbid disorders can increase psychological burden and possibly create poorer treatment responses, lower quality of life and greater long term healthcare costs. With only approximately 27% of treated youth achieving full symptom remission.

References

