Development and initial psychometric evaluation of the Obsessional Jealousy Severity Scale

Braz J Psychiatry. 2023 Jan-Feb;45(1):85-86
doi:10.47626/1516-4446-2022-2657

BY-NC

Romantic jealousy could be understood as a continuum, from normal to morbid, where normal jealousy is reality-based, transient, and functional, while morbid jealousy is a more chronic form of jealousy with varying insight, intensity, and duration.[1] Morbid jealousy has typically been described in the context of delusions in schizophrenia or alcohol-related psychoses,[2] though it seems quite rare.[3] A non-psychotic type may be more common[4] and has clear phenomenological overlaps with obsessive-compulsive disorder.[5] Furthermore, the DSM-5 included "Obsessional Jealousy" under the section "other specified obsessive-compulsive and related disorders."

Several rating scales have been developed to measure various aspects of jealousy. However, none of the existing instruments capture the distress and impairment associated with jealous thoughts and behaviors, which means that their clinical utility is questionable. We aimed to develop and evaluate a measure of jealousy severity that captures clinically important aspects, such as distress and impairment: the Obsessional Jealousy Severity Scale (OJSS).

The OJSS was modelled on the Yale Brown Obsessive Compulsive Scale and includes two symptom checklists and two severity scales that measure jealous thoughts and behaviors, respectively (checklist and severity scale items are presented in Tables S1-S3, available as online-only supplementary material). The severity scales are then summed to form a total severity score. A total of 1,087 adults completed an online survey published on the Karolinska Institutet website. An advertisement for the study was published on Facebook. We applied several methods to control for the validity of the responses, e.g., we excluded careless responders who gave inconsistent responses and outliers using the Mahalanobis distance statistic. The final sample included 1,038 participants (574 women, 441 men, and 23 others; median age 44 years [range 18-79]).

Exploratory factor analysis revealed a single factor as the underlying dimension of the OJSS, explaining 67% of the total variance. All items loaded strongly on this single factor (range 0.50-0.92). The internal consistency of scores was excellent (Cronbach's alpha = 0.89).

The OJSS was strongly correlated with functional impairment and perceived need of help. Weaker correlations were observed with worry, depression, and obsessive-compulsive symptoms (Table 1). Analysis of measurement invariance showed that the items functioned similarly between men and women and between heterosexual and other participants.

The OJSS is a promising instrument for assessing the severity of obsessional jealousy that could be particularly useful in clinical settings. The OJSS was strongly correlated with both functional impairment caused by jealousy and the perceived need of treatment for jealousy. This indicates that the scale captures clinical aspects of jealousy, as intended. Weaker correlations with other psychiatric symptoms suggest that specific therapeutic approaches may need to be developed for obsessional jealousy. Additional validation work is warranted, particularly in samples of individuals seeking treatment for morbid jealousy. This study focused on a self-administered version of the instrument, but it can easily be administered as a clinical interview, just like the Yale Brown Obsessive Compulsive Scale. For further details on the methods and results, see https://doi.org/10.17605/OSF.IO/93SJ7.

Johan **Ahlen**,[1] Paulina **Ghaderi**,[2] Rebecka **Boyaci**,[2] David **Mataix-Cols**[2]
[1]*Department of Global Public Health, Karolinska Institutet, Stockholm, Sweden.* [2]*Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden.*

Submitted Mar 17 2022, accepted Jun 01 2022, Epub Aug 29 2022.

Table 1 Pearson correlations between included variables

	OJSS jealous behavior severity	OJSS total severity	WSAS	Perceived need of help	GAD-7	PHQ-9	OCI-12
OJSS jealous thought severity	0.82*	0.96*	0.70*	0.66*	0.27*	0.25*	0.26*
OJSS jealous behavior severity		0.95*	0.69*	0.63*	0.28*	0.24*	0.30*
OJSS total severity			0.73*	0.68*	0.29*	0.26*	0.29*
WSAS				0.64*	0.27*	0.29*	0.27*
Perceived need of help					0.23*	0.23*	0.22*
GAD-7						0.77*	0.55*
PHQ-9							0.52*

OJSS = Obsessive Jealousy Severity Scale; WSAS = Work and Social Adjustment Scale, GAD-7 = Generalized Anxiety Disorder-7; PHQ-9 = Patient Health Questionnaire-9; OCI-12 = Obsessive-Compulsive Inventory-12.
*$p < 0.001$.

Disclosure

The authors report no conflicts of interest.

How to cite this article: Ahlen J, Ghaderi P, Boyaci R, Mataix-Cols D. Development and initial psychometric evaluation of the Obsessional Jealousy Severity Scale. Braz J Psychiatry. 2023;45:85-86. http://doi.org/10.47626/1516-4446-2022-2657

References

1 Marazziti D, Di Nasso E, Masala I, Baroni S, Abelli M, Mengali F, et al. Normal and obsessional jealousy: a study of a population of young adults. Eur Psychiatry. 2003;18:106-11.
2 Batinic B, Duisin D, Barisic J. Obsessive versus delusional jealousy. Psychiatr Danub. 2013;25:334-9.
3 Easton JA, Shackelford TK, Schipper LD. Delusional disorder-jealous type: how inclusive are the DSM-IV diagnostic criteria? J Clin Psychol. 2008;64:264-75.
4 Cobb JP, Marks IM. Morbid jealousy featuring as obsessive-compulsive neurosis: treatment by behavioral psychotherapy. Br J Psychiatry. 1979;134:301-5.
5 Ecker W. Non-delusional pathological jealousy as an obsessive-compulsive spectrum disorder: Cognitive-behavioural conceptualization and some treatment suggestions. J Obsessive Compuls Relat Disord. 2012;1:203-10.

Weak evidence for a relation between bipolar disorder and heterozygous *ZNF92* and *CLN6* variants

Braz J Psychiatry. 2023 Jan-Feb;45(1):86-87
doi:10.47626/1516-4446-2022-2826

CC BY-NC

We read with interest the article by Privitera et al.[1] about a study of a five-generation family in which 12 members have bipolar disorder, eight of whom underwent whole exome sequencing to detect a common underlying genetic defect. Three patients who underwent whole exome sequencing had bipolar disorder and one was a "borderline" case.[1] It was found that a heterozygous missense variant in *CLN6* was associated with the "borderline" phenotype and the combination of heterozygous missense variants in *CLN6* and *ZNF92* was associated with the bipolar phenotype.[1] The study is appealing but raises concerns that should be discussed.

We disagree with the conclusions that the "borderline" case was due to the heterozygous *CLN6* variant and that the bipolar disorder was due to the combination of the heterozygous *ZNF92* variant and the heterozygous *CLN6* variant.[1] No studies were conducted to confirm that either the *CLN6* or *ZNF92* gene products were dysfunctional. Furthermore, previous studies have shown that heterozygous variants in either gene are not pathogenic. Only homozygous or compound heterozygous *CLN6* or *ZNF92* variants have been found pathogenic and were associated with depression and anxiety.[2,3]

One limitation of the study is its small sample. To demonstrate an effect of *CLN6* and *ZNF92* variants on psychological perception, larger cohorts with bipolar disorder are needed.

Another argument against bipolar disorder as a phenotypic manifestation of *CLN6* and *ZNF92* variants is that none of the mutation carriers manifested with phenotypic features of neuronal ceroid lipofuscinosis (NCLs) other than psychiatric disease. NCLs are a heterogeneous group of neurodegenerative diseases, characterized by progressive cerebral atrophy due to lysosomal storage. Common clinical features include epileptic seizures, progressive cognitive and motor decline, and visual impairment, which occur over different time points according to the subtype.[4] The main clinical features include progressive deterioration of cognitive functions and pigmentary retinal degeneration.[5] In some of these patients, dementia is associated with personality and behavior changes, suggesting a psychotic disorder with dysarthria and tic-like dyskinetic movements.[5] NCLs may have juvenile or adult onset. Adult NCL is also known as Kufs disease.[5] Patients with juvenile NCL often have severe psychiatric symptoms. These are common in the mid-teens and include symptoms such as anxiety and affective and psychotic disorders. This is why mutation carriers should have undergone investigations with cerebral magnetic resonance imaging, electroencephalography, and of the cerebrospinal fluid.

Since NCLs frequently manifest with pigmentary retinal degeneration, readers should be informed whether any of the eight investigated patients were visually impaired. Moreover, there were also no neuropsychological investigations to determine the presence of cognitive impairment.

Overall, this interesting study has limitations that call both the results and their interpretation into question. Clarifying these weaknesses would strengthen the conclusions and could improve the study.

Josef **Finsterer**,[1] Fulvio Alexandre **Scorza**,[2] Carla Alessandra **Scorza**,[2] Ana Claudia **Fiorini**[3,4]
[1]*Neurology & Neurophysiology Center, Vienna, Austria.* [2]*Disciplina de Neurociência, Escola Paulista de Medicina – Universidade Federal de São Paulo (EPM-UNIFESP), São Paulo, SP, Brazil.* [3]*Programa de Estudos Pós-Graduados em Fonoaudiologia, Pontifícia Universidade Católica de São Paulo (PUC-SP), São Paulo, SP, Brazil.* [4]*Departamento de Fonoaudiologia, EPM-UNIFESP, São Paulo, Brazil.*

Submitted Aug 19 2022, Submitted Sep 12 2022.

Disclosure

The authors report no conflicts of interest.

How to cite this article: Finsterer J, Scorza FA, Scorza CA, Fiorini AC. Weak evidence for a relation between