

Sensory Phenomena, "Just-Right" and "Not Just-Right" Experiences in OCD Patients: Looking for a Consensus

To the Editor:

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Several studies have addressed the subjective experiences that might precede or accompany repetitive behaviors, such as tics and/or compulsions, in obsessive-compulsive disorder (OCD) and Tourette's syndrome (TS) patients.

Janet¹ described feelings of imperfection and incompleteness preceding or accompanying compulsive behaviors. He wrote, "the patients feel that actions they perform are incompletely achieved, or that they do not produce the sought-for satisfaction."¹ Rasmussen and Eisen² reported that OCD patients had "an inner drive that is connected with a wish to have things perfect, absolutely certain, or completely under control". Leckman and colleagues³ used the term "Just-Right" as a need to perform compulsive acts until feeling "Just-Right." Leckman and colleagues⁴ later proposed the term "premonitory urges" to define sensations, as well as mental or physical awareness, normally described by the patients as an itch, discomfort, or pressure that make them do the tics as a response to these premonitory urges. Coles and colleagues⁵ and Coles and colleagues⁶ have described the experiences of "Not Just-Right" in OCD patients. Summerfeldt⁷ defined the term "Incompleteness" as "the troubling and irremediable sense that one's actions or experiences are not just-right".

This inconsistency in definitions makes the studies' results difficult to interpret and discourage more comprehensive investigations of these subjective experiences. Our group has proposed the term "sensory phenomena."⁸⁻¹¹ Under "sensory phenomena," we have incorporated all previous descriptions of these subjective experiences, including physical sensations (uncomfortable sen-

sations in the skin, muscles-joints, or body sensations, that come before or along with some of the repetitive behaviors); just-right perceptions (inner feelings and/or perceptions of discomfort that makes the patient do things until feeling just-right. These perceptions might be accompanied by sensory stimuli, such as the visual just-right); and/or energy (generalized inner tension or energy that builds up and needs to be released by doing some repeated movement or action).

We would like to emphasize the need for a consensus on how to define these subjective experiences. Considering that the term sensory phenomena unites previous definitions, we propose its use in studies assessing these experiences. We would also like to emphasize the need for the development of an instrument capable of properly assessing these sensory phenomena. Our group has recently developed the University of São Paulo Sensory Phenomena Scale (USP-SPS), which is currently being validated and is available upon request.

Being able to better investigate these sensory phenomena is of extreme relevance. Not only some do OCD patients refer that these sensory phenomena are more troublesome than the obsessions or compulsions, but some studies have also reported that the presence of these sensory phenomena can enhance the patient's ability to suppress tics; that pharmacologic treatment can alter these sensations; and that they have different frequencies between patients with OCD alone, OCD+TS, and TS alone.⁹

Sincerely,

Helena da Silva Prado

Maria Conceição do Rosário, MD, PhD

Roseli Gedanke Shavitt, MD, PhD

Eurípedes Constantino Miguel, MD, PhD

REFERENCES

1. Janet P. *Les Obsessions et La Psychasthénie* [French]. Paris, France: Baillière; 1903.
2. Rasmussen SA, Eisinger JA. The epidemiology and clinical features of obsessive-compulsive disorder. *Psychiatr Clin North Am.* 1992;15:743-758.
3. Leckman JF, Walker DE, Goodman WK, Pauls DL, Cohen DJ. "Just-Right" perceptions associated with compulsive behaviors in Tourette's syndrome. *Am J Psychiatry.* 1994;51:675-680.
4. Leckman JF, Walker BE, Cohen DJ. Premonitory urges in Tourette's syndrome. *Am J Psychiatry.* 1993;150:98-102.
5. Coles ME, Frost RO, Heimberg RG, Rhéaume J. "Not just right experiences": perfectionism, obsessive-compulsive features and general psychopathology. *Behav Res Ther.* 2003;41:681-700.
6. Coles ME, Heimberg RG, Frost RO, Steketee G. Not just-right experiences and obsessive-compulsive features: experimental and self-monitoring perspectives. *Behav Res Ther.* 2005;43:153-167.
7. Summerfeldt LJ. Understanding and treating incompleteness in obsessive-compulsive disorder. *J Clin Psychol.* 2004;60:1155-1168.
8. Miguel EC, Coffey BJ, Baer L, et al. Phenomenology of intentional repetitive behaviors in obsessive-compulsive disorder and Tourette's syndrome. *J Clin Psychiatry.* 1995;56:246-255.
9. Miguel EC, Baer L, Coffey BJ, et al. Phenomenological differences appearing with repetitive behaviours in obsessive-compulsive disorder and Gilles de la Tourette's syndrome. *Br J Psychiatry.* 1997;170:140-145.
10. Miguel EC, do Rosário-Campos MC, Prado SH, et al. Sensory phenomena in patients with obsessive-compulsive disorder and Tourette's syndrome. *J Clin Psychiatry.* 2000;61:150-156.
11. Rosário-Campos MC, Leckman JF, Mercadante MT, et al. Adults with early-onset obsessive-compulsive disorder. *Am J Psychiatry.* 2001;158:1899-1903.

Ms. Prado is a psychologist and post-graduate student, Dr. Shavitt is a fellow researcher, and Dr. Miguel is associate professor, all in the Department of Psychiatry at the University of São Paulo Medical School in Brazil. Dr. do Rosário is associate professor in the Department of Psychiatry at the Federal University of São Paulo Medical School and a fellow researcher in the Department of Psychiatry at the University of São Paulo Medical School.

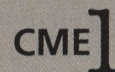
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