

A Study of Quality of Life and Co-Morbid Depression in Persons Suffering from Obsessive Compulsive Disorder

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ABSTRACT

Obsessive-compulsive disorder (OCD) is the fourth commonest mental disorder with disability in severe cases often comparable to the disability associated with mental illnesses such as schizophrenia and bipolar disorder. OCD is one of the top 10 disabling disorders as reported by WHO. To assess relationship of depression on quality-of-life in persons suffering from obsessive compulsive disorder. It is a comparative study; total sample size is 32 who satisfied the inclusion criteria and gave informed consent to be included in the study. The mean QOL scores in all domains were lower in the OCD than the control group. (Physical QOL, $p < 0.001$, Psychological QOL, $p < 0.001$, social QOL, $p = 0.001$, environmental QOL, $p < 0.001$). This shows that quality of life is poorer in the OCD group in comparison to the control group. This current study indicates that the quality of life in persons suffering from OCD can be effectively improved by simultaneous treatment of OCD and co morbid depression.

Key words: Obsessive-compulsive disorder OCD, Depression, Schizophrenia, Bipolar disorder

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INTRODUCTION

Excessive thoughts (obsessions) that lead to repetitive behaviours (compulsions). Obsessive-compulsive disorder is characterised by unreasonable thoughts and fears (obsessions) that lead to compulsive behaviours. OCD often centres on themes such as a fear of germs or the need to arrange objects in a specific manner. Symptoms usually begin gradually and vary throughout life. Treatment includes talk therapy, medication, or both. OCD is one of the top 10 disabling disorders as reported by WHO. However, till recently it was a rare disorder with a prevalence rate of less than 5 per 1000 adults. Epidemiological studies have shown that roughly about 2% of adults suffer from this intriguing disorder. It is now

evident that the prevalence of OCD in adolescents is comparable to that in adults although the exact prevalence of OCD in children is not known. Despite such a high prevalence only a minority of sufferers seek treatment and that too after several years of silent suffering. This is because of the secretive nature of the condition.

The OCD usually begins in adolescence or early adulthood although it can begin in childhood. Nearly 65% of the persons have their onset before age 25 whereas fewer than 15% have onset after age 35 [1-4]. In our clinic samples most, persons had onset before 18 years [3]. The following are the common obsessive-compulsive symptoms (Table 1). Thus, the study aimed to assess the quality of life and prevalence of depression in persons suffering from obsessive compulsive disorder in a general hospital outpatient set up.

Table 1: Common obsessive-compulsive symptoms.

Obsessions	%	Compulsions	%
Fear of contamination	61	Cleaning and washing	50
Aggressive thoughts, images & impulses	43	Ordering	41
Need for symmetry	35	Repeating	38
Sexual	31	Checking	18
Religion	30	Hoarding	7
Pathological doubt	21	Miscellaneous	41
Miscellaneous	40		

MATERIALS AND METHODS

This study was conducted after getting ethical clearance from the University ethical committee. It is a comparative study; total sample size is 32 who satisfied the inclusion criteria and gave informed consent to be included in the study. The study group consisted of persons of both sexes, 18 years and above with obsessive compulsive disorder attending the psychiatry outpatient of SBMCH, who satisfied the inclusion criteria and gave informed consent to be included in the study.

Inclusion criteria

- Age group 18 to 50 years with age, sex and socio demographic matched general population.
- No current or history of obsessive-compulsive disorder.

Exclusion criteria

- Present and history of schizophrenia, bipolar affective disorder, psychosis, recurrent.
- Substance abuse other than nicotine.
- Depressive disorder.

RESULTS

Comparison socio-demographic variables between OCD and control groups

Results are detailed in Table 2 to Table and Figure 1 to Figure 3.

Table 2: T-Test to compare mean age.

	Group	N	Mean	Std. Dev	t-value	P - Value
AGE	OCD	32	31.47	8.602	0.029	0.977
	Control	32	31.53	8.504		

Table 3: Chi-square test to compare the proportions.

	Group	Total		x2 value	P-value				
		OCD				Control	N	%	
		N	%			N		%	
Sex	Male	20	62.5	20	62.5	40	62.5	0	1
	Female	12	37.5	12	37.5	24	37.5		
	Total	32	100	32	100	64	100		
Ses	Lower SES	4	12.5	4	12.5	8	12.5	0	1
	Middle SES	3	9.4	3	9.4	6	9.4		
	High SES	25	78.1	25	78.1	50	78.1		
	Total	32	100	32	100	64	100		
Education	Primary	1	3.1	1	3.1	2	3.1	0	1
	Secondary	12	37.5	12	37.5	24	37.5		
	Graduate	18	56.2	18	56.2	36	56.2		
	Post Grad.	1	3.1	1	3.1	2	3.1		
	Total	32	100	32	100	64	100		

Table 4: Prevalence of-BOCS severity in subject group.

Y-BOCS	Frequency	Prevalence (%)
Mild	4	12.5
Moderate	20	62.5
Severe	8	25
Total	32	100

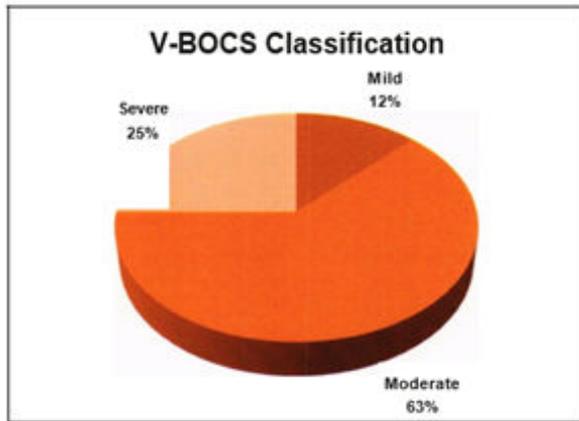


Figure 1: V-BOCS classification.

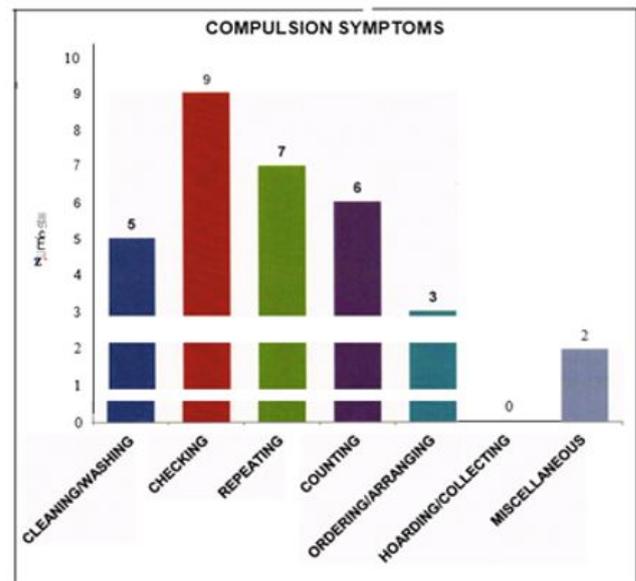


Figure 3: Compulsion symptoms.

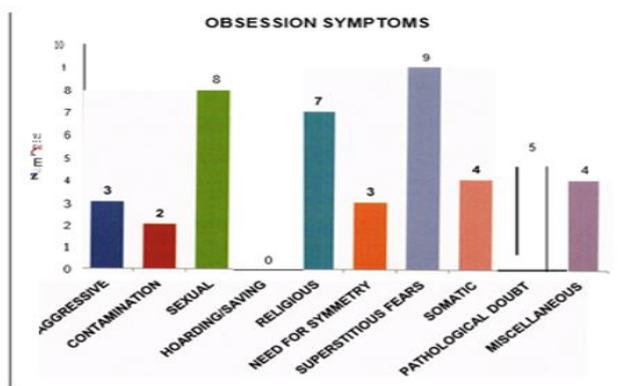


Figure 2: Obsession symptoms.

Table 5: Student't'-Test to compare the mean QOL between OCD and Control groups in each domain.

	GROUP	N	Mean	Std. Dev	t - Value	P - Value
Physical QOL on 0-100 scale	OCD	32	42.62	13.437	8.954	<0.001*
	Control	32	67.06	7.603		
Psychological QOL on 0-100 scale	OCD	32	35.44	12.176	10.867	<0.001*
	Control	32	64.81	9.251		
Social QOL on 0-100 scale	OCD	32	45.97	20.857	5.093	<0.001*
	Control	32	66.38	8.871		
Environmental QOL on 0-100 scale	OCD	32	51.84	14.503	4.514	<0.001*
	Control	32	65.38	8.791		

*Correlation is significant at the 0.05 level.

DISCUSSION

This study was hospital based and cross sectional like most of the studies done in this field. In this, OCD group contained persons who were diagnosed to have obsessive compulsive disorder according to standard criteria (ICD-10 diagnostic guidelines) and by a Professor in Psychiatry. The control groups were age, sex and socio demographic matched general population.

The OCD group contained 32 subjects with diagnosis of obsessive-compulsive disorder and the control group 32 subjects with age, sex and socio demographic matched general population. The mean age of the OCD group is 31.47 ± 8.6 years and that of control group as 31.53 ± 8.5

years with a p value of 0.977. There were 20 males and 12 females in the OCD as well as control group with a p value of 1.000. There was no significant difference between the educational and socio-economic status of the two groups.

Illness characteristics

This study examined the quality of life in persons with OCD in comparison to the control population. This was studied using World Health Organization Quality of Life Scale, brief version (WHOQOL-BREF) which contained 26 questions. This scale examined quality of life in 4 different domains (Physical, psychological, social, and

environmental). Earlier studies had used different scales for assessing quality of life. In a previous study researchers used the 36-Item Short Form (SF-36) to assess the quality of life in OCD subjects [5-24].

CONCLUSION

The quality of life of OCD persons was poor when compared to control population in all domains. OCD persons had poorer score in physical, psychological, social, and environmental domains. The severity of disease had a significant influence on quality of life in OCD persons. As the severity increases quality of life decreases and the more impact was on physical and psychological domains and impact on social and environmental domains were statistically not significant. 50% of persons suffering from OCD in the study group were having co morbid depression; this clearly demonstrates the importance of assessing co morbid depression for the effective management of OCD. The depression in OCD persons had a significant influence on quality of life and it was poor when compared to non-depressed OCD persons. This current study indicates that the quality of life in persons suffering from OCD can be effectively improved by simultaneous treatment of OCD and co morbid depression.

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ETHICAL APPROVAL

The study was approved by the Institutional Ethics Committee.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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