

## Quantitative and Qualitative Assessment of Phenomenology of OCD at Saraswathi Institute of Medical Sciences, Hapur

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### Original Research Article

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**Abstract:** The study was performed from January 2017 to May 2018 Outdoor & Indoor patient, Department of psychiatry, Saraswathi Institute of Medical Sciences, Hapur, Uttar Pradesh, The study had 50 patients of OCD, 50 caregiver of OCD patients, 50 normal persons. Strong negative correlation between YBOCS score and physical & psychological domain of QOL. Weak negative correlation between YBOCS score and social relationship & environmental domain of QOL. Strong negative correlation between compulsive score and psychological domain of QOL. Weak negative correlation between compulsive score and physical, social relationship & environmental domain of QOL. Most common obsession was aggression (84%) followed by contamination (76%), religious (64%), somatic (60%), need for symmetry (56%), sexual (36%) and hoarding/saving (32%). 92% patient had miscellaneous obsessions. Gender distribution shows that obsessions of contamination were more in females as compared to males i.e. 100% v/s 67%. Where as in male's aggressive obsession (89%) were found higher as compared to females i.e. 71%. The present study exhibits a considerable impairment in QOL of the patients with OCD. Noticeable impairment was found in all the specific domains of QOL.

**Keywords:** Phenomenology, (Obsessive-compulsive disorder) OCD,

**Study Designed:** Cross Sectional study.

### INTRODUCTION

Obsessive-compulsive disorder (OCD) is the fourth most common mental illness with a population prevalence of 1-2% [1]. OCD is defined by the presence of obsessions and/or compulsions. Obsessions are intrusive and unwanted repetitive thoughts, urges, or impulses that often lead to a marked increase in anxiety or distress. Compulsions are repeated behaviours or mental acts that are done in response to obsessions, or in a rigid rule-bound way [2]. Until the 1980s, OCD was a difficult disorder to manage given treatment outcome.

National Epidemiological Catchment Area (ECA) survey has made good progress in understanding the occurrence of OCD [3] concluding that OCD is the fourth most common psychiatric disorder. With the availability of newer effective treatment, there is increased interest in the diagnosis of OCD. However, only a small fraction of the sufferers consult a professional due to stigma associated with the illness. Patients often feel embarrassed and delay in seeking

treatment. It is only after years of suffering that medical help is sought.

### CLINICAL FEATURES

Obsessions are characterized by recurrent and persistent thoughts, images or impulses that are perceived as intrusive and inappropriate, resulting in marked distress and/or anxiety. Almost all patients with obsessions agree that their thoughts/images/impulses are irrational, excessive and unwanted, as well as are present in their own mind and not external.

### MATERIALS & METHODS

The study was performed from January 2017 to May 2018 Outdoor & Indoor patient, Department of psychiatry, Saraswathi Institute of Medical Sciences, Hapur, Uttar Pradesh, The study had 50 patients of OCD, 50 caregiver of OCD patients, 50 normal persons.

#### Inclusion criteria

- Patient diagnosed as OCD according to ICD-10 (DCR) criteria.

- Patient aged between 18-60 years.
- Patients who are accompanied by a family member staying with the patient.
- Written consent given

**Exclusion criteria**

- Any co-morbid long standing major medical illness.
- Any co-morbid psychiatric illness and substance use disorder except nicotine.
- Those having organic brain disease and head injury

**METHOD OF STUDY**

Step 1 - Approval of the Principal and Controller of Medical College & ethical committee was taken for conducting the study

Step 2 - 50 patients of OCD, diagnosed by consultant psychiatrist in outdoor as well as in psychiatric wards, Saraswathi Institute of Medical Sciences, Hapur, and gave informed consent were selected for the study

Step 3 - All the patients were assured confidentiality and that the information will be used for

research purpose only. After gaining confidence of all the patients were evaluated in detail.

Step 4 - All the patients were thoroughly evaluated on socio demographic profile proforma, Hindi Mental State Examination, Present State Examination, YBOCS scale and YBOCS symptoms checklist, WHOQOLBREF, Global Assessment Functioning (GAF) scale.

Step 5 - Consent were also taken from patient’s caregiver. They also evaluated on socio demographic proforma, Hindi Mental State Examination, WHOQOLBREF and Family Burden Interview Schedule.

Step 6 - Consent were also taken from normal person, they were also evaluated on socio demographic proforma, Hindi Mental State Examination and WHOQOLBREF.

Step 7 - Information so gained and data so collected were subjected to suitable statistical analysis.

**RESULTS**

**Table-1: Distribution of patients according to Phenomenology**

OCD phenomena	N (%)	Male	Female
Aggression obsession	42 (84%)	32 (89%)	10 (71%)
Contamination	38 (76%)	24 (67%)	14 (100%)
Obsession			
Sexual obsession	18 (36%)	14 (39%)	04 (28.5%)
Hoarding obsession	16 (32%)	14 (39%)	02 (14%)
Religious obsession	32 (64%)	24 (67%)	08 (57%)
Needforsymmetry	28 (56%)	22 (61%)	06 (43%)
Obsession			
Miscellaneous	46 (92%)	34 (94%)	12 (86%)
Obsession			
Somatic obsession	30 (60%)	22 (61%)	08 (57%)
Cleaning compulsion	36 (72%)	22 (61%)	14 (100%)
Checking compulsion	40 (80%)	32 (89%)	08 (57%)
Repeatingcompulsion	26 (52%)	26 (72%)	00 (0%)
Counting compulsion	14 (28%)	10 (28%)	04 (28.5%)
Ordering compulsion	16 (32%)	12 (33%)	04 (28.5%)
Hoarding compulsion	20 (40%)	16(44%)	04 (28.5%)
Miscellaneous	40 (80%)	28 (78%)	12 (86%)
Compulsion			

Table 1 shows distribution of OCD patients according to types of obsessions. Majority of the patients had obsessions of aggression (84%) followed by contamination (76%), religious (64%), somatic (60%), need for symmetry (56%), sexual (36%) and hoarding/saving (32%). 92% patient had miscellaneous

obsessions which included, need to know or remember, fear of losing things, fear of not saying just the right thing, intrusive (peaceful) images, intrusive non-sense sounds, words, or music, bothered by certain sounds/noise, unlucky/lucky numbers, superstitious fears etc.

**Table-2:**

Comorbid psychiatric features N (%)		Male		Female
Health, worry, tension 48 (96%)	36	(100%)	12	(86%)
Autonomic anxiety 34 (68%)	28	(78%)	06	(43%)
Thinking, concentration 34 (68%)	26	(72%)	08	(57%)
Depressed mood 44 (88%)	30	(83%)	14	(100%)
Self & others 42 (84%)	30	(83%)	12	(86%)
Appetite, sleep, retardation,42 (84%) libido	30	(83%)	12	(86%)
Irritability 40 (80%)	26	(72%)	14	(100%)

**Table-3: Correlation between phenomenology of OCD and particular domain of QOL of patients**

	Physical Domain	Psychological Domain	Social Relationship Domain	Environment domain
Ybocs R Score	- 0.5363	- 0.5641	- 0.326	- 0.206

Strong negative correlation between YBOCS score and physical & psychological domain of QOL

Weak negative correlation between YBOCS score and social relationship & environmental domain of QOL

	Physical Domain	Psychological domain	Social Relationship domain	Environment domain
Obsessive R Score	- 0.5623	- 0.5586	- 0.3018	- 0.2165

Strong negative correlation between obsessive score and physical & psychological domain of QOL

Weak negative correlation between obsessive score and social relationship & environmental domain of QOL

**Table-4**

	Physical Domain	Psychological domain	Social Relationship domain	Environment domain
Compulsiv R E score	- 0.455	- 0.506	- 0.311	- 0.1754

Strong negative correlation between compulsive score and psychological domain of QOL. Weak negative correlation between compulsive score and physical, social relationship & environmental domain of QOL.

to the contamination, aggression, doubt and harming, need for symmetry[6]; Karadag F *et al.* concluded that the most frequently occurring obsessions were contamination (56.7% followed by aggressions (48.9%), somatic (24.1%), religious (19.9%) symmetry (18.4%), sexual imagery (15.6%) [7].

**DISCUSSION**

Amitabh saha and Sumeet Gupta & Rahman and kamal who found that common obsessions was dirt and contamination which was present in 53.3%; 64%; 52% and 55% of patients respectively [4,5]. Rasmussen and Eisen found most prevalent obsession were related

Gender distribution shows that obsessions of contamination were more in females as compared to males i.e. 100% v/s 67%. Where as in male's aggressive obsession (89%) were found higher as compared to females i.e. 71%. In this regard our study is in line with

Christoday *et al.* who found that 94% of female patients had increased frequency of obsessions of dirt and contamination obsession were slightly more common in females[8].

Sex wise distribution shows that male patients most common compulsion was checking (89%) followed by cleaning and washing (72%), repeating (72%) whereas among females it were 57%, 100%, 0% respectively. Christoday *et al.* [8]; Karadag F *et al.* both found that washing compulsions were most common in females 94% and 57% respectively[7].

Distribution of other co morbid psychiatric features according to Present State Examination Hindi version in OCD patients. It is evident from the table that 96% patients had health, worry & tension, 88% had depressed mood, 84% had self & others, 84 % had disturbance in appetite, sleep, libido and retardation, 80% had irritability, 68% had autonomous anxiety and 68% had disturbance in thinking and concentration.

The present study exhibits a considerable impairment in QOL of the patients with OCD. Noticeable impairment was found in all the specific domains of QOL that were considered for the measurement, including Physical, Psychological, Social Relationships, and Environment. Past studies Koran L *et al.* Antony M *et al.* have indicated that the patients with OCD show a greater impairment in many aspects of QOL [4,9]. The results showed that the severity of OCD has a negative correlation with QOL of patients. The findings are similar to results of previous studies by Koran L *et al.* Masellis M *et al.* [4,10].

Solanki R *et al.* Vikas A *et al.* that OCD patients show relatively better scores on QOL for physical health domain than psychological health [11,12]. Results of our study suggest that environment domain is less affected than other domain of QOL while psychological domain is worst affected.

## CONCLUSION

Most common obsession was aggression (84%) followed by contamination (76%), religious (64%), somatic (60%), need for symmetry (56%), sexual (36%) and hoarding/saving (32%). 92% patient had miscellaneous obsessions. Gender distribution shows that obsessions of contamination were more in females as compared to males i.e. 100% v/s 67%. Where as in male's aggressive obsession (89%) were found higher as compared to females i.e. 71%.

The present study exhibits a considerable impairment in QOL of the patients with OCD. Noticeable impairment was found in all the specific domains of QOL.

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