

## Original Article

### Assessment of patients with Obsessive-compulsive disorders

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#### ABSTRACT:

**Background:** The present study recorded the patients with Obsessive-compulsive disorders. **Materials & Methods:** 58 patients diagnosed with OCD of both genders were subjected to Yale Brown Obsessive Compulsive Scale was recorded.

**Results:** Age of onset was <5 years in 25, 5-10 years in 20 and >10 years in 13. Duration of illness was 2.4 years, duration of treatment was 1.3 years and positive family history was seen in 21 patients. **Conclusion:** Common symptoms were harming others, contamination, symmetry, hoarding, cognitive, cleaning and checking.

**Key words:** Cleaning, symmetry, Obsessive-compulsive disorder.

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#### INTRODUCTION

Obsessive-compulsive disorder (OCD), a debilitating condition common across childhood, adolescence, and adulthood, has a lifetime prevalence of 1%–4%. It varies in its clinical presentations and comorbidity profile.<sup>1</sup> It typically runs a chronic, fluctuating course and has a significant negative impact on the individual and caregivers. OCD has a bimodal age of onset, the first peak at age 11 and a 2nd peak in early adulthood.<sup>2</sup> The suffering, functional impairment, and economic cost due to OCD are substantial. Untreated OCD is associated with higher rates of unemployment, less work productivity, lower rates of marriage, and adverse effects upon family members.<sup>3</sup> Moreover, OCD is associated with high rates of major depression, social phobia, and other mental disorders and poor long-term social adjustment. Fortunately, effective pharmacological and behavioral treatments are available.<sup>4</sup>

A few studies that have examined comorbid patterns in subthreshold OCD found that they were associated with elevated odds for substance abuse/dependence, mood and anxiety disorders, and somatoform disorders/syndromes when compared to the non-OCD group. They had lower rates of comorbidity in comparison to that of OCD subjects with patterns of comorbidity mirroring that of OCD subjects.<sup>5</sup>

Comorbid disorders are present in almost 2/3rd of childhood/adolescent; common comorbidities include anxiety disorders, mood disorders, tic disorders, attention deficit/hyperactivity disorder, and conduct disorders. Family studies with childhood/ adolescent probands show higher rates of family history of OCD as compared to studies with adult probands.<sup>6</sup> The present study recorded the patients with Obsessive-compulsive disorders.

#### MATERIALS & METHODS

The present study was conducted in the department of Psychiatry. It comprised of 58 patients diagnosed with OCD of both genders. All enrolled patients were informed regarding the study and their consent was obtained. Ethical clearance was obtained before starting the study.

Data pertaining to patients such as name, age, gender etc. was recorded. A DSM-5 diagnosis of OCD was confirmed using the Structured Clinical Interview for DSM-5-Research Version (SCID-5-RV). Yale Brown Obsessive Compulsive Scale was recorded. A thorough clinical examination was performed in all. Parameters such as comorbidities, duration of illness, precipitating factor, duration of treatment, current treatment details, adequate treatment trials, treatment with psychotherapeutic method etc. was recorded. Results were tabulated and subjected to statistical

analysis. P value less than 0.05 was considered significant.

**RESULTS**

**Table I Distribution of patients**

Total- 58		
Gender	Males	Females
Number	30	28

Table I shows that out of 58 patients, males were 30 and females were 28.

**Table II Assessment of parameters**

Variables	Parameters	Number	P value
Age of onset (Years)	<5	25	0.04
	5-10	20	
	>10	13	
Duration of illness (Years)		2.4	-
Duration of treatment (Years)		1.3	-
Positive family history (n)		21	-

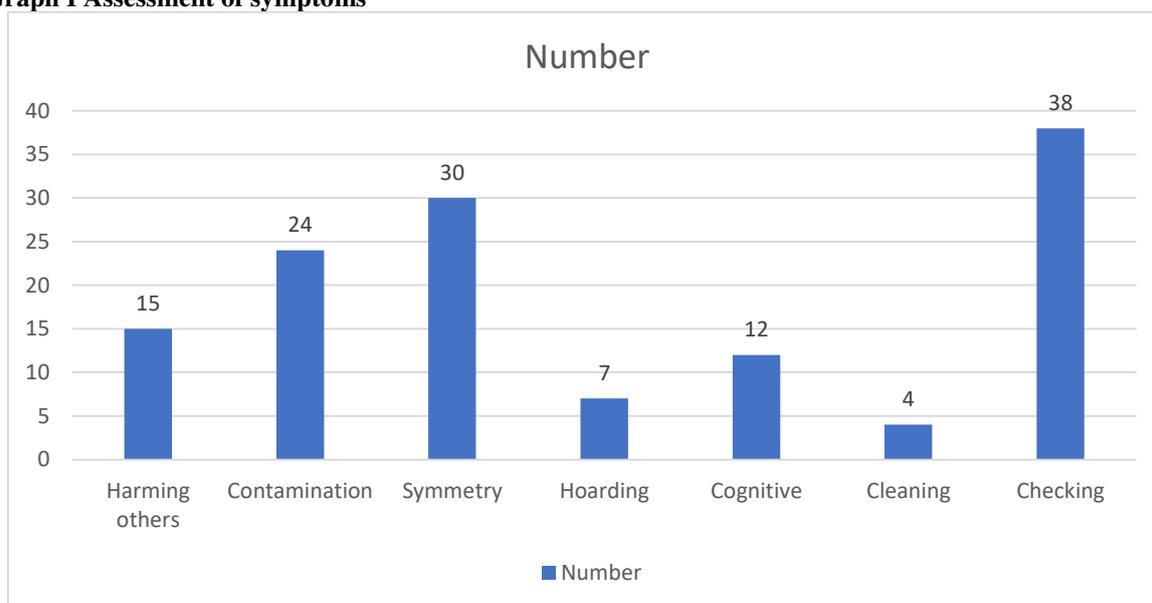
Table II shows that age of onset was <5 years in 25, 5-10 years in 20 and >10 years in 13. Duration of illness was 2.4 years, duration of treatment was 1.3 years and positive family history was seen in 21 patients.

**Table III Assessment of symptoms**

Symptoms	Number	P value
Harming others	15	0.01
Contamination	24	
Symmetry	30	
Hoarding	7	
Cognitive	12	
Cleaning	4	
Checking	38	

Table III, graph I shows that common symptoms were harming others in 15, contamination in 24, symmetry in 30, hoarding in 7, cognitive in 12, cleaning in 4 and checking in 38 patients. The difference was significant (P< 0.05).

**Graph I Assessment of symptoms**



**Table IV Assessment of the Children's Yale Brown Obsessive Compulsive Scale**

Parameters	Mean	SD
YBOCS total score	17.2	4.2
YBOCS obsessions score	8.6	1.1
YBOCS compulsions score	8.9	1.2

Table IV shows that mean YBOCS total score was 17.2, YBOCS obsessions score was 8.6 and YBOCS compulsions score was 8.9.

## DISCUSSION

Epidemiological studies have reported that obsessive-compulsive disorder (OCD) is a common psychiatric illness.<sup>7,8</sup> However, prevalence estimates have varied across major studies, partly owing to methodological differences, with the epidemiological catchment area study reporting lifetime prevalence of 1.9%–3.3%, the Cross-National Collaborative Group reporting 12-month prevalence of 1.1%–1.8%.<sup>9</sup> The present study recorded the patients with Obsessive-compulsive disorders.

In present study, out of 58 patients, males were 30 and females were 28. We found that age of onset was <5 years in 25, 5-10 years in 20 and >10 years in 13. Duration of illness was 2.4 years, duration of treatment was 1.3 years and positive family history was seen in 21 patients. Reddy et al<sup>10</sup> conducted a survey of 5784 students of the age range of 18–25 years. The point prevalence of OCD was 3.3% (males = 3.5%; females=3.2%). 8.5% students (males=9.9%; females=7.7%) fulfilled criteria of subthreshold OCD. Taboo thoughts (67.1%) and mental rituals (57.4%) were the most common symptoms in OCD subjects. Compared to those without obsessive-compulsive symptoms (OCSs), those with OCD and subthreshold OCD were more likely to have lifetime tobacco and alcohol use, psychological distress, suicidality, sexual abuse, and higher attention-deficit/hyperactivity disorder symptom scores. Subjects with subthreshold OCD were comparable to those with OCD except that OCD subjects had higher psychological distress scores and academic failures.

We found that common symptoms were harming others in 15, contamination in 24, symmetry in 30, hoarding in 7, cognitive in 12, cleaning in 4 and checking in 38 patients. Bloch et al<sup>11</sup> conducted a study on 113 males and 60 females which were assessed using a semi-structured pro forma for sociodemographic information, clinical characteristics, the Children's Yale Brown Obsessive Compulsive Scale (CYBOCS), Structured Clinical Interview for Diagnostic and Statistical Manual, 5th Edition Research Version, Children's Depression Rating Scale, and Family Interview for Genetic Studies. Results: The sample was largely male with a moderate illness severity. Nearly 75% of the sample had illness onset before the age of 14 years. Aggressive, contamination-related obsessions and washing, checking, and repeating compulsions were the most common symptoms. CYBOCS assessment revealed that >2/3rd of children and adolescents

endorsed avoidance, pathological doubting, overvalued sense of responsibility, pervasive slowness, and indecisiveness. Family history and comorbidity rates were low. OC-related disorders were present in about 10% of the sample.

Salkovskis et al<sup>12</sup> proposed that experiencing heightened responsibility, overprotective parents and rigid rules, and thinking that one influenced or caused a negative life event act as "pathways" to the development of inflated responsibility beliefs, thereby increasing risk for OCD. In fact, overvalued sense of responsibility has been proposed as a target for both prevention and management in OCD; cognitive restructuring techniques to address this phenomenon would also help facilitate insight into illness. These phenomena are understudied in children. Avoidance, indecisiveness, pervasive slowness, and overvalued sense of responsibility are related to functional impairment in childhood OCD and they reduce with treatment. The shortcoming of the study is small sample size. The management of the OCD was not taken into consideration.

## CONCLUSION

Authors found that common symptoms were harming others, contamination, symmetry, hoarding, cognitive, cleaning and checking.

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