

**ORIGINAL ARTICLE****Assessment of cases of obsessive-compulsive disorders**<sup>1</sup>Nishindra Kinjalk, <sup>2</sup>Ashish Kumar Pandey<sup>1</sup>Assistant Professor, Department of General Medicine, Narayan Medical College and Hospital, Sasaram, Rohtas, Bihar, India;<sup>2</sup>Assistant Professor, Department of Psychiatry, Narayan Medical College and Hospital, Sasaram, Rohtas, Bihar, India**ABSTRACT:**

**Background:** Obsessive-compulsive disorder (OCD) was considered a relatively rare disorder until about two decades ago. The present study was conducted to assess cases of obsessive-compulsive disorders. **Materials & Methods:** 84 patients of OCD of both genders were enrolled. 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. **Results:** Out of 84 patients, males were 30 and females were 54. Common symptoms were harming others in 8, contamination in 11, checking in 32, symmetry in 24, cognitive in 4, cleaning in 2 and hoarding in 3 patients. The difference was significant ( $P < 0.05$ ). Duration of illness in patients was 4.2 years, duration of treatment was 1.6 years and positive family history was seen in 38 patients. **Conclusion:** In patients with OCD, common symptoms were harming others, contamination, symmetry, hoarding, cognitive, cleaning and checking.

**Key words:** cognitive, cleaning, obsessive-compulsive disorder**Corresponding author:** Ashish Kumar Pandey, Assistant Professor, Department of Psychiatry, Narayan Medical College and Hospital, Sasaram, Rohtas, Bihar, India**This article may be cited as:** Kinjalk N, Pandey AK. Assessment of cases of obsessive-compulsive disorders. J Adv Med Dent Scie Res 2017;5(9):141-144.**INTRODUCTION**

Obsessive-compulsive disorder (OCD) was considered a relatively rare disorder until about two decades ago. Since then, considerable advance has been made in understanding the various aspects of OCD that include epidemiology, clinical features, comorbidity, biology and treatment. In the last one decade, there has also been interest in a group of related disorders called obsessive-compulsive spectrum disorders.<sup>1</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>2</sup>

Traditionally, OCD is described as a condition in which patients have good insight into their symptoms. The DSM-IV field trial demonstrated a broad range of insight with 30% having poor insight. Subsequent studies have also reported poor insight in 15-36% of patients with OCD. The DSM-IV has added a new OCD specifier: "With poor insight"

which involves a lack of recognition that the symptoms are unreasonable or excessive.<sup>3,4</sup> Obsessive-compulsive symptoms can be difficult to assess, given that they are often manifested internally, and individuals with OCD may not be inclined to recognize and report symptoms (ie, limited insight).<sup>5</sup> In response to these challenges, this paper reviews commonly used OCD measures that have been examined in research studies to enhance clinicians' abilities to detect and monitor OCD symptom severity during assessment and treatment.<sup>6</sup> The present study was conducted to assess cases of obsessive-compulsive disorders.

**MATERIALS & METHODS**

The present study comprised of 84 patients of OCD of both genders. The consent was obtained from all enrolled patients.

Data 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. Data thus obtained were subjected to statistical analysis. P value  $< 0.05$  was considered significant.

**RESULTS****Table I Distribution of patients**

Total- 84		
Gender	Males	Females
Number	30	54

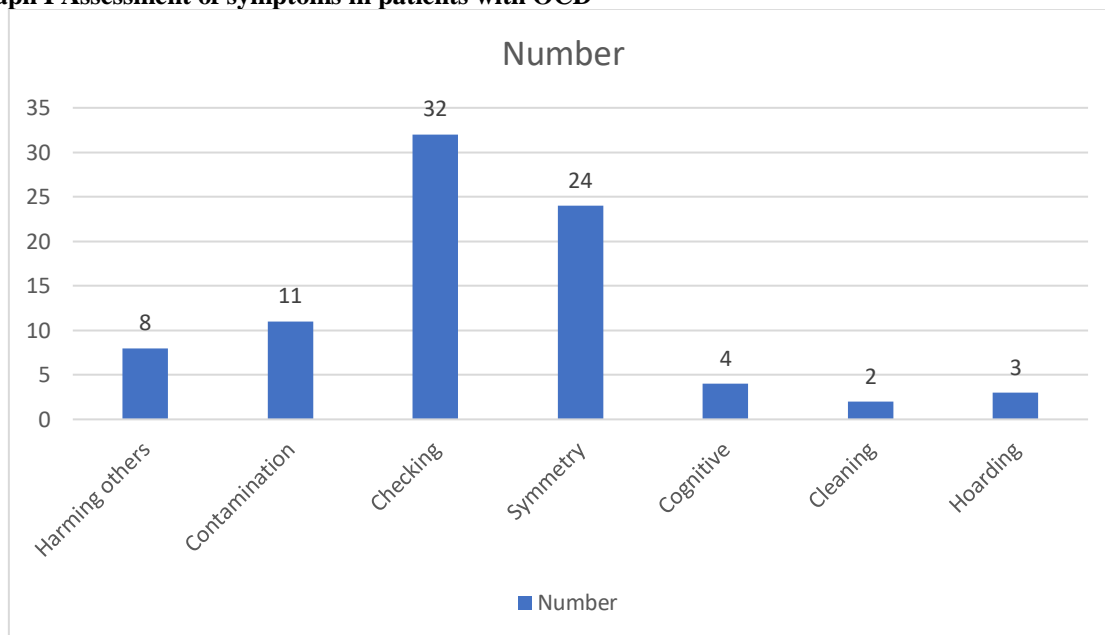
Table I shows that out of 84 patients, males were 30 and females were 54.

**Table II Assessment of symptoms in patients with OCD**

Symptoms	Number	P value
Harming others	8	0.01
Contamination	11	
Checking	32	
Symmetry	24	
Cognitive	4	
Cleaning	2	
Hoarding	3	

Table II, graph I shows that common symptoms were harming others in 8, contamination in 11, checking in 32, symmetry in 24, cognitive in 4, cleaning in 2 and hoarding in 3 patients. The difference was significant ( $P < 0.05$ ).

**Graph I Assessment of symptoms in patients with OCD**



**Table III Assessment of parameters**

Parameters	Mean
Duration of illness (years)	4.2
Duration of treatment (years)	1.6
Positive family history	38
YBOCS total score	17.4
YBOCS obsessions score	8.5
YBOCS compulsions score	8.8

Table III shows that duration of illness in patients was 4.2 years, duration of treatment was 1.6 years and positive family history was seen in 38 patients. The mean YBOCS total score was 17.4, YBOCS obsessions score was 8.5 and YBOCS compulsions score was 8.8.

**DISCUSSION**

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>7,8</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>9,10</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>11</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>12,13</sup> The present study was conducted to assess cases of obsessive-compulsive disorders.

We found that out of 84 patients, males were 30 and females were 54. Kamath et al<sup>14</sup> examined suicidal behavior in 100 consecutive DSM-IV OCD patients; 59% had ‘worst ever’ (lifetime) suicidal ideation and 28% had current suicidal ideation. History of suicidal

attempt was reported in 27% of the subjects. Major depression, unmarried status and hopelessness were the major risk factors for suicidal behavior.

We found that common symptoms were harming others in 8, contamination in 11, checking in 32, symmetry in 24, cognitive in 4, cleaning in 2 and hoarding in 3 patients. Gururaj et al<sup>15</sup> assessed the family burden, quality of life and disability in OCD patients and compared them with patients with schizophrenia of comparable severity. Patients with schizophrenia had higher family burden but were comparable to OCD patients with respect to quality of life and disability. The study showed that OCD patients were associated with significant disability, poor quality of life and high family burden comparable to schizophrenia.

We observed that duration of illness in patients was 4.2 years, duration of treatment was 1.6 years and positive family history was seen in 38 patients. Reddy et al<sup>16</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 observed that the mean YBOCS total score was 17.4, YBOCS obsessions score was 8.5 and YBOCS compulsions score was 8.8. Bloch et al<sup>17</sup> in their study on 113 males and 60 females assessed cases of OCD. 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.

## CONCLUSION

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

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