

## Original Research

### Assessment of obsessive-compulsive disorder cases

<sup>1</sup>Tushar Goyal, <sup>2</sup>Deepak Bansal

<sup>1</sup>Associate Professor, Department of Psychiatry, Rajshree Medical Research Institute, Bareilly, Uttar Pradesh, India;

<sup>2</sup>Assistant Professor, Department of General Medicine, Rajshree Medical Research Institute, Bareilly, Uttar Pradesh, India

#### ABSTRACT:

**Background:** OCD is a long-term mental health condition characterized by persistent intrusive thoughts and/or repetitive compulsive activities. OCD symptoms that are either compulsive or obsessive, or both, are what define subclinical OCD (SOCD). The present study was conducted to assess cases of obsessive-compulsive disorder. **Materials & Methods:** 76 cases of OCD were confirmed using the Structured Clinical Interview for DSM-5-Research Version (SCID-5-RV). Parameters such as illness duration, past, etc. were recorded. **Results:** Out of 76 patients, males were 30 and females were 46. The age of onset <5 years was present in 22, 5-10 years in 28, and >10 years in 26. The duration of illness was 2.7 years, and the duration of treatment was 1.4 years. **Conclusion:** Obsessive-compulsive disorder is a long-term mental illness. Compared to females, males were more impacted.

**Keywords:** Obsessive-compulsive disorder, psychotherapy, Thought

Received: 21-11-2019

Accepted: 25-12-2019

**Corresponding author:** Deepak Bansal, Assistant Professor, Department of General Medicine, Rajshree Medical Research Institute, Bareilly, Uttar Pradesh, India

**This article may be cited as:** Goyal T, Bansal D. Assessment of obsessive-compulsive disorder cases. J Adv Med Dent Scie Res 2020;8(1):393-395.

#### INTRODUCTION

OCD is a long-term mental health condition characterized by persistent intrusive thoughts and/or repetitive compulsive activities. OCD symptoms that are either compulsive or obsessive, or both, are what define subclinical OCD (SOCD).<sup>1</sup> The required length, intensity/frequency, and severity of clinical impairment are not met by these symptoms. The DSM-5<sup>1</sup> reported an overall frequency of OCD ranging from 1.1% to 1.8% for clinical samples. An overall prevalence of 12.3% has been reported for SOCD in subclinical samples. Recurrent, uncontrollable thoughts, ideas, or urges that are deemed improper and invasive are known as obsessions.<sup>2</sup>

Compulsions are thought patterns or repeating behaviors that a person feels compelled to follow because of an obsession or strict guidelines.<sup>3</sup> It's unclear what caused it. Highlighted is the role that cholesterol plays in the structure and operation of the neuronal serotonin 1A receptor, which is an endogenous GPCR found in the hippocampus area of

the brain. This role was recently revealed. The release of neurotransmitters at synapses is the basis for basic brain functions like memory, emotion, and thought.<sup>4</sup> Thus, it seems sense to hypothesize that the brain's cholesterol level influences the release of neurotransmitters. A low cholesterol level may change the release rhythm, which can cause significant disruptions to brain activity and result in behavioral problems, depression, suicidal thoughts, and memory loss.<sup>5</sup> The present study was conducted to assess cases of obsessive-compulsive disorder.

#### MATERIALS & METHODS

The present study was conducted among 76 cases of OCD of both genders. All were informed and their written consent was obtained.

Data such as name, age, gender etc. was recorded. For every patient, a comprehensive clinical examination was conducted. Using the Structured Clinical Interview for DSM-5-Research Version (SCID-5-RV), an OCD diagnosis was verified using the DSM-5. Records were kept on parameters including the

length of the illness, the duration, previous psychotherapy, the episodic history, etc. Results thus obtained were subjected to statistical analysis. P value less than 0.05 was considered significant.

**RESULTS**

**Table I Distribution of patients**

Total- 76		
Gender	Males	Females
Number	30	46

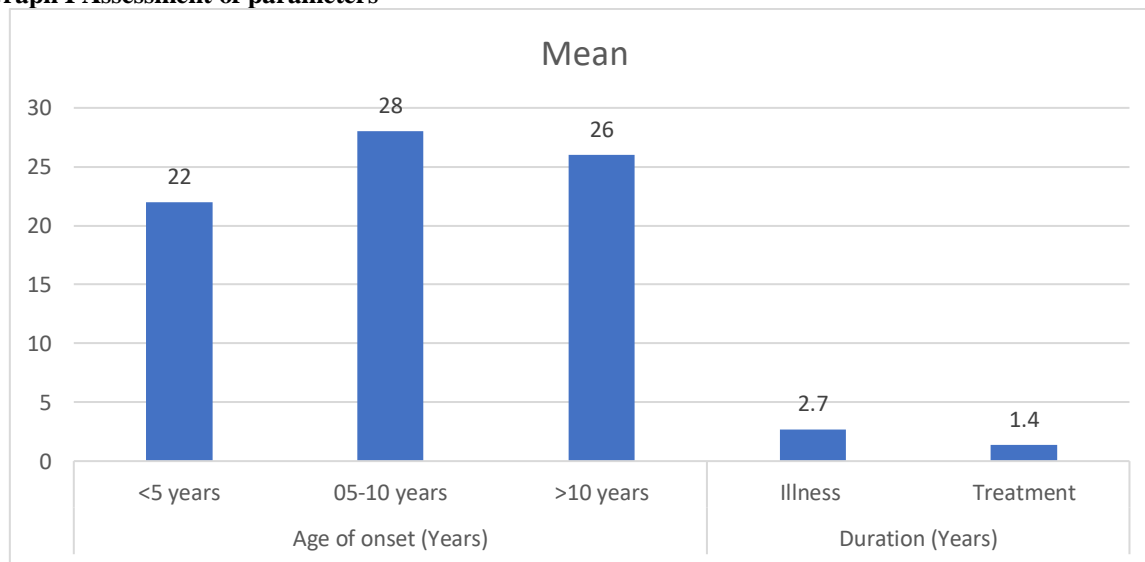
Table I shows that out of 76 patients, males were 30 and females were 46.

**Table II Assessment of parameters**

Parameters	Variables	Mean	P value
Age of onset (Years)	<5	22	0.51
	5-10	28	
	>10	26	
Duration(Years)	Illness	2.7	-
	Treatment	1.4	-

Table II, graph I show that age of onset <5 years was present in 22, 5-10 years in 28, and >10 years in 26. The duration of illness was 2.7 years, and duration of treatment was 1.4 years.

**Graph I Assessment of parameters**



**DISCUSSION**

Those who suffer from obsessive-compulsive disorder (OCD) feel compelled to inspect objects, carry out specific actions (referred to as "rituals"), or think about certain ideas on a regular basis.<sup>6</sup>For extended periods, people are not able to control their thoughts or their actions. Hand washing, counting, and making sure a door is locked are examples of common actions. Some people might find it difficult to discard items. These actions take place to the point that they adversely impact the person's day-to-day existence.<sup>7</sup> They frequently occupy more than an hour each day. The majority of adults understand that the actions are illogical. Anxiety disorders, tics, and a higher risk of suicide are linked to the illness.<sup>8</sup> Typically, the OCD manifests at the age of 20-30 years. When it manifests later in life, typically in the fourth decade, it frequently follows a stressful event. Although it can start in childhood, OCD typically manifests itself in

adolescence or early adulthood. In around 65 percent of cases, the beginning occurs before the age of 25.<sup>9,10</sup>The present study was conducted to assess cases of obsessive-compulsive disorder.

We found that out of 76 patients, males were 30 and females were 46. In order to ascertain the forms of obsessive-compulsive (O/C) symptoms, the comorbidity of the condition, and the quality of life among persons with OCD, Subramaniam et al<sup>11</sup> established the prevalence and correlates of OCD in the Singapore population. 6,616 respondents participated in in-person interviews between December 2009 and December 2010, yielding a 75.9% survey response rate. Version 3.0 of the Composite International Diagnostic Interview (CIDI-3.0) was used to establish the diagnoses of lifetime and 12-month mental disorders; the disease-specific Sheehan Disability Scale was used to assess functional impairment; and a fully structured version

of the Yale-Brown Obsessive-Compulsive Scale was used to evaluate the clinical severity of cases in the previous 12-month period. The Euro-Quality of Life Scale was used to measure quality of life in relation to health. The prevalence of OCD over a 12-month period was 1.1% and 3.0%, respectively. The presence of OCD was substantially correlated with younger age and marital status (separated or divorced). A comorbid physical disorder was present in 51.6% of respondents with lifetime OCD, whereas about 40% of respondents with lifetime OCD satisfied the criteria for other lifetime mental disorders. When comparing OCD cases to individuals with any other mental or physical disorders, the mean scores on the EQ-VAS (75.58) and EQ-Index (0.89) were the lowest. 10.2% of people with OCD for the rest of their lives had sought therapy.

We observed that the age of onset <5 years was present in 22, 5-10 years in 28, and >10 years in 26. The duration of illness was 2.7 years, and the duration of treatment was 1.4 years. Li et al<sup>12</sup> studied the symptom dimensions of Chinese patients with obsessive-compulsive disorder (OCD), the symptom checklist of the Dimensional Yale-Brown Obsessive-Compulsive Scale (DY-BOCS) was used to assess the symptom dimensions of 139 OCD patients at a mental health center in Shanghai. The most common symptom dimensions were symmetry (67.6%), contamination (43.2%), and aggression (31.7%). The frequency of patients with the miscellaneous, sexual/religious, and hoarding symptom dimensions was 25.9%, 10.8%, and 8.6%, respectively. The frequency of male patients with symmetry concerns was higher than that of female patients, and the frequency of female patients with contamination concerns was higher than that of male patients. OCD symptom dimensions can be identified in the Chinese context but there is a low frequency of endorsement of certain dimensions: sexual/religious, aggression, and hoarding concerns. Future studies need to further investigate the sociocultural and gender factors that may result in these findings: low numbers of people in China with a religious affiliation and the Chinese emphasis on Confucian harmony philosophy, thrift, and saving.

The limitation of the study is small sample size.

## CONCLUSION

Authors found that Obsessive-compulsive disorder is a long-term mental illness. Compared to females, males were more impacted.

## REFERENCES

1. Ganong WF. Review of Medical Physiology. Neurotransmitters and neuromodulators (23rd edn), Tata Mc Graw Hill education private limited. 1999; 129-148.
2. Eisenhofer G, Whitley RJ, Rosano TG Tietz Textbook of clinical chemistry and molecular diagnostics. Catecholamines and serotonin. Burtis CA, Ashwood ER, Bruns DE (5th edn), Elsevier. 2005; 851-894.
3. Nägler K, Mauch DH, Pfrieger FW. Glia-derived signals induce synapse formation in neurones of the rat central nervous system. *J Physiol*. 2001; 533: 665-679.
4. Sadock BJ, Sadock VA, Ruiz P. Anxiety disorders: Obsessive-compulsive disorder. Kaplan and Sadock's Comprehensive Textbook of Psychiatry (9th edn), Lippincott William and Walkins. 2009; 2: 1849-1851.
5. Fenske JN, Schwenk TL. Obsessive-compulsive disorder: diagnosis and management. *Am Fam Physician*. 2009; 80: 239- 245.
6. Ahuja N. A short textbook of psychiatry. Neurotic, stress-related and Somatoform disorders (7th edn), Jaypee Brothers, Medical Publishers. 2000; 89-112.
7. Scahill L, Riddle MA, McSwiggin-Hardin M, Ort SI, King RA, Goodman WK, et al. Children's yale-brown obsessive compulsive scale: Reliability and validity. *J Am Acad Child Adolesc Psychiatry*. 1997;36:844-52.
8. Poznanski EO, Grossman JA, Buchsbaum Y, Banegas M, Freeman L, Gibbons R. Preliminary studies of the reliability and validity of the children's depression rating scale. *J Am Acad Child Psychiatry*. 1984;23:191-7.
9. Wewetzer C, Jans T, Müller B, Neudörfel A, Bücherl U, Remschmidt H, et al. Long-term outcome and prognosis of obsessive-compulsive disorder with onset in childhood or adolescence. *Eur Child Adolesc Psychiatry*. 2001;10:37-46.
10. Scahill L, Riddle MA, McSwiggin-Hardin M, Ort SI, King RA, Goodman WK, et al. Children's yale-brown obsessive compulsive scale: Reliability and validity. *J Am Acad Child Adolesc Psychiatry*. 1997;36:844-52.
11. Subramaniam M, Abidin E, Vaingankar JA, Chong SA. Obsessive-compulsive disorder: prevalence, correlates, help-seeking and quality of life in a multiracial Asian population. *Social psychiatry and psychiatric epidemiology*. 2012 Dec 1;47(12):2035-43.
12. Li Y, Marques L, Hinton DE, Wang Y, Xiao ZP. Symptom dimensions in Chinese patients with obsessive-compulsive disorder. *CNS neuroscience & therapeutics*. 2009 Sep;15(3):276-82.