

## A Study of Depression among Individuals Suffering From Obsessive Compulsive Disorder

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### ABSTRACT

**Background:** OCD is the fourth most common psychiatric illness which is a chronic and heterogeneous condition that causes distress and compulsive rituals in individual. Psychiatric comorbidities are very common with OCD but there is a point of dispute about the depression. Some studies claim that depression is very common comorbidity with OCD where, others claimed that, there is no significant relationship between OCD and depression. However, it is also important to keep in mind that the close association between OCD and depression may also be related to common biological and psychological factors. **Materials and Method:** 30 individuals diagnosed with OCD were selected from the Psychiatry Department of a Medical Institute in Haryana. They were explained the objectives and written informed consent was taken from them. The socio-demographic details were recorded using the semi-structured Performa. After recording the socio-demographic data of the individuals the diagnosis was made according to ICD-10's guidelines thereafter Yale Brown Obsessive Compulsive scale was administered to assess the symptoms and the severity of OCD, and Hamilton Depression Rating Scale to assess the depression. **Results:** 10% patients had no depressive features, a majority of patients i.e. 46.7% had mild level of depression whereas 33.3% were having moderate level of depression and around 10% patients had severe level of depression. **Conclusion:** Findings of the study suggested that mild to moderate level of depression is commonly associated with OCD.

**Keywords:** *Depression and Obsessive Compulsive Disorder*

Obsessive-compulsive disorder (OCD) is a chronic and heterogeneous condition that involves unwanted thoughts and compulsive rituals that repeatedly present in person's mind. It occurs against the will of individual which results significant distress and dysfunction. (Abramowitz, 2006; Math & Reddy, 2007)

It is fourth most common psychiatric disorder. It is a severely incapacitating mental illness that causes profound impairment in psychosocial functioning and quality of life. The lifetime

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prevalence of obsessive compulsive disorder is ranging from 2 to 3 percent (Karno, Golding, Sorenson & Burnam, 1998; Sadock, & Sadock, 2007; Gournay, 2006) The prevalence studied found both men and women are equally affected. The Epidemiological Catchment Area study yielded that OCD was more common in young, divorced, separated, unemployed subjects (Karno, et al., 1998).

The most common obsessions are related to the contamination, doubt, aggression, harming, and need for symmetry, while the most common compulsions are checking, cleaning, counting, ordering, repeating and hoarding (Parkin, 1997).

Patient with Obsessive compulsive disorder often suffer from one or more co-morbid disorders. Major depression has been the most common co-morbid syndrome, lifetime prevalence of which is reported between 12 to 70% (Karno, et al., 1998).

Depression is recognized as a serious public health concern in developing countries. The Global Burden of Disease study showed that depression will be the single leading cause of Disability Adjusted Life Years by 2020 in the developing countries (Murray & Lopez, 1997). Depressive symptoms seem to be more strongly associated with obsessive features than with compulsive. Individuals with some forms of OCD may be more prone to the development of comorbid depression. In particular, several studies on depression in OCD patients have shown that aggressive, sexual, and religious obsessions are related to higher levels of depression (Besiroglu, Uguz, Saglam, Agargun & Cilli, 2007; Hasler, LaSalle Ricci, Ronquillo, Cral, Cochran, et al., 2005).

These types of obsessions are often very distressing due to their associated shame and guilt and it is reasonable to expect that the cognitive appraisals of such OCD phenomena can have a strong influence on mood then compulsions (Rachman, 1993).

OCD is a disorder that seems to be under-diagnosed and under-treated in all age groups (Heyman, Fombonne, Simmons, Ford, Meltzer & Goodman, 2003). Whereas comorbid cases usually require more complex therapeutic approaches (Angst, 1993). and may be less responsive to treatment, presenting a worse outcome (Pallanti, Grassi, Sarrecchia, Cantisani & Pellegrini, 2011; Shavitt, Belotto, Curi, Hounie, Rosário-Campos, 2006; Belotto-Silva, Diniz, Malavazzi, Valério, Fossaluza, 2012). There were very few literature in Indian context that claim or comment on the relationship between OCD severity and level of depression. There is immense scarcity of information which will suggest that depression affected by OCD severity.

### **METHODOLOGY**

#### ***Sample:***

A total sample of 30 Individuals diagnosed with Obsessive compulsive disorder according to ICD-10 attending the Psychiatry department of a Medical Institute of Haryana constituted as the sample.

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### *Inclusion criteria:*

- Fulfilling the ICD-10's diagnostic criteria for Obsessive- Compulsive Disorder
- Age range 18-45 years
- Either gender
- Patient who gave informed consent for the study
- Duration of illness 6 months and above

### *Exclusion criteria:*

- Presence of any other Psychiatric/ severe medical illness.
- Presence of psychoactive substance abuse from last 6 months.

### *Material Used:*

#### **1. Socio-demographic and clinical variables data sheet**

A semi-structured Performa was used to gather the basic information about Socio-Demographic and clinical variables data of the Individuals.

#### **2. Yale Brown Obsessive Compulsive scale**

Yale Brown Obsessive Compulsive scale (Y-BOCS) is a semi-structured interview that contains a symptoms checklist and a severity scale. The symptoms checklist was used in this study include a list of 40 obsessive and 29 compulsions organized by content into 16 intuitively derived categories i.e. aggressive obsessions, contamination, cleaning / washing compulsions. The Yale-Brown Obsessive Compulsive Scale for Severity is considered the gold standard severity measures of Obsessive compulsive disorder. It contains 10 items, 5 for obsession and 5 for compulsions. Each symptoms is rated for time, inference, distress, resistance and control on a scale 0 (none) to 4 (extreme). Yielding two subscales, each ranging from 0 (no symptoms) to 20 (severe). Subscale scores are summed to produce a total score that range from 0 to 40. This instrument has satisfactory reliability and validity (Goodman, Rasmussen, Storch, Lasso, et al., 1989).

#### **3. Hamilton Rating Scale for Depression**

Hamilton Rating Scale for Depression was used to measure the severity of depressive symptoms in patients suffering from obsessive compulsive disorder. It is used by clinician during a semi-structured interview. For the present study 17-items version of the scale is used. This instrument has satisfactory reliability and validity. There is some consensus for interpretation of the total scores: very severe, >23; severe, 19–22; moderate, 14–18; mild, 8–13; and no depression, 0-7 (Hamilton, 1960).

### *Procedure:*

30 individuals diagnosed with obsessive compulsive disorder were selected from the Psychiatry department of a Medical Institute of Haryana. They were explained the objectives and written informed consent was taken from them. The socio-demographic details were recorded using the semi- structure perform made for this purpose. After recording the socio-demographic data of the individuals the diagnosis were made according to ICD-10's guidelines. Yale Brown Obsessive Compulsive scale was administered to assess the symptoms and severity of OCD and Hamilton Depression Rating Scale was administered to

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assess the level of depression. Thereafter appropriate statistical analysis was carried out and the findings were discussed.

### RESULTS & DISCUSSION

*Table No. 1 showing the Socio-demographical profile of the patients in terms of Mean, SD, Frequencies and Percentages*

Variables		FREQUENCY N(30)	PERCENTAGE (%)
Age	M ± SD 29±6		
Gender	Male	22	73.3
	Female	8	26.7
Residence	Urban	16	53.3
	Semi-urban	1	3.3
	Rural	13	43.3
Family type	Joint family	18	60
	Nuclear family	12	40
Marital status	Married	18	60.0
	Unmarried	10	33.3
	Separated	00	-
	Divorced	2	6.7
Occupation	Agriculture	2	6.7
	Self-business	7	23.3
	Government job	2	6.7
	Private job	5	16.7
	Student	6	20.0
	Labor	2	6.7
	Others	6	20.0
Religion	Hindu	28	93.3
	Sikh	0	-
	Muslim	2	6.7
	Other	0	-
Education	Illiterate	0	-
	Primary	5	16.7
	Middle	0	-
	Matriculate	1	3.3
	High secondary	9	30.0
	Graduate	10	33.3
	Post graduate/ above	5	16.7
Socio-economic status	Upper	4	13.3
	Upper middle	14	46.7
	Lower middle	7	23.3
	Upper lower	5	16.7
	Lower	0	-

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This table shows that the mean age is  $29 \pm 6$  years in which males were 22 (73.3%) and females were 8. (26.7%)

In this study, 16 Individuals i.e. 53.3 were belonging to urban area, rest 13 (43.3%) were belonging to rural area and 1 (3.3%) was from semi-urban area.

A majority, 18 (60%) Individuals were from joint family and 12 (40%) patients from nuclear family.

In this study, 18 (60%) Individuals were married, 10 (33.3%) patients were unmarried, and only 2 (6.7%) patients were divorced.

7 (23.3%) had their own business, 6 (20%) were students, 5 (16.7%) were engaged in private jobs, 2(6.7%) patients were working in government jobs, 2 (6.7) were involved in agriculture, 2 (6.7%) patients were working as laborer and 6 (20%) were engaged in other occupations like household tasks etc.

Majority of Individuals were from Hindu religion i.e. 28 (93.3%), only 2(6.7%) patients were from Muslim religion.

In this study, 5 (16.7%) were educated up to primary, 1 (3.3%) was matriculate, 9 (30%) were higher/ senior secondary, 10 (33.3%) were graduate and 5 (16.7%) were post-graduate or above.

Majority of Individuals were from upper middle socio-economic status i.e. 14 (46.7%), 4 (13.3%) were from upper, 7 (23.3%) were from lower middle and 5 (16.7%) were belonging to upper lower socioeconomic status.

**Table No. 2 showing the clinical history of patients in terms of Mean, SD, Frequencies and Percentages**

Variables		FREQUENCY N(30)	PERCENTAGE (%)
Age of onset (year)	M ± SD 23±7		
Duration of illness (year)	M ± SD 6±5		
Past history of any Psychiatric Illness	Present	00	-
	Absent	30	100
Past history of any Medical Illness	Present	2	6.7
	Absent	28	93.3

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Variables		FREQUENCY N(30)	PERCENTAGE (%)
History of any Psychiatric Illness in family	Present	6	20.0
	Absent	24	80.0
History of any Medical Illness in family	Present	2	6.7
	Absent	28	93.3
Past history of any Substance abuse	Present	5	16.7
	Absent	25	83.3

Table no. 2 shows the mean age of the onset of illness was  $23 \pm 7$  years and mean of the duration of illness was  $6 \pm 5$  years.

There was no past history of any psychiatric illness however there was history of medical illness in only 2 (6.7%) individuals.

Only 6 (20.0%) had history of any psychiatric illness in the family and very few individuals i.e. 2 (6.7%) were having history of medical illness in the family.

Only 5(16.7%) Individuals had history of substance abuse in the past.

***Table No. 3 showing the scores on Y-BOCS symptoms checklist and severity scale in terms of their presence and absence, frequency and percentage***

Y-BOCS ( Obsessions)		Frequencies N = 30	Percentage (%)
Aggressive Obsessions	Present	11	36.7
	Absent	19	63.3
Contamination Obsessions	Present	23	76.7
	Absent	7	23.3
Sexual Obsessions	Present	9	30.0
	Absent	21	70.0
Hoarding/Saving Obsessions	Present	9	30.0
	Absent	21	70.0
Religious obsessions	Present	3	10.0
	Absent	27	90.0
Need for symmetry Obsessions	Present	9	30.0
	Absent	21	70.0
Somatic Obsessions	Present	10	33.3
	Absent	20	66.7
Miscellaneous Obsessions	Present	10	33.3
	Absent	20	66.7
Y-BOCS ( Compulsions)			
Cleaning/Washing compulsions	Present	22	73.3
	Absent	8	26.7

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Y-BOCS ( Obsessions)		Frequencies N = 30	Percentage (%)
Checking Compulsions	Present	15	50.0
	Absent	15	50.0
Repeating compulsions	Present	9	30.0
	Absent	21	70.0
Counting compulsions	Present	3	10.0
	Absent	27	90.0
Ordering/Arranging Compulsions	Present	5	16.7
	Absent	25	83.3
Hoarding/Collecting Compulsions	Present	4	13.3
	Absent	26	86.7
Miscellaneous Compulsions	Present	15	50.0
	Absent	15	50.0
Y-BOCS Severity Scale			
OCD Severity	Subclinical	00	-
	Mild	5	16.7
	Moderate	6	20.0
	Severe	10	33.3
	Extreme	9	30.0

Table no. 3 shows that the aggressive obsessions were present in 11 (36.7%) individuals, 23 (76.7%) were having contamination related obsessions, 9 (30%) were having sexual obsessions, 9 (30%) were having hoarding/saving obsessions, 9 (30%) were having obsessions of need for symmetry and the miscellaneous obsessions were present in 10 (33.3%). Only 3 (10%) had religious obsessions.

Majority of the individuals i.e. 22 (73.3%) were having compulsion of cleaning and washing, 15 (50%) were having checking compulsion, 9 (30%) were having repeating compulsion, 3 (10%) had counting compulsion, 5 (16.7%) were present with ordering/arranging compulsions, 4 (13.3%), 15 (50%) individuals had with hoarding/collecting and miscellaneous compulsions respectively.

On Y-BOCS severity scale of OCD, it was found that majority of the individuals 10 (33.3%), 9 (30%) were having severe and extreme level of OCD respectively. Only 5 (16.7%) individuals were having mild level, 6 (20%) were having moderate level of severity.

**Table No. 4 showing the level of depression among individuals with OCD in terms of frequency and percentage**

Scale	Level of Depression	Frequency of cases	Percentage
<b>HDRS</b>	No Depression	3	10.0
	Mild	14	46.7
	Moderate	10	33.3
	Severe	3	10.0
	Very Severe	0	-

## **A Study of Depression among Individuals Suffering From Obsessive Compulsive Disorder**

Hamilton depression rating scale shows 3 (10%) patients had no depressive features, a majority of patients 14 (46.7%) had mild level of depression, 10 (33.3%) were having moderate level of depression and only 3 (10%) patients were having severe level of depression.

Findings of the present study are also supported by the studies done of Besiroglu, L., et al., (2007) & Hasler, G., et al., (2005) which found that depression is highly comorbid with the obsessive compulsive disorder and also suggested that depression is followed by OCD severity.

### **CONCLUSION**

It has been observed in the present study that 3 (10%) patients had no depressive features and a majority of patients 14 (46.7%) had mild level of depression whereas 10 (33.3%) were having moderate level of depression and only 3 (10%) patients were having severe level of depression. It is evident from this study that to moderate level of depression is commonly associated with OCD.

### **LIMITATIONS OF THE STUDY**

- In the present study the sample size was small and not normally distributed.
- Present study had no comparison group so there was lacking of predictability of some variables.
- In the present study the criteria for selecting the population was rigid only 18-45 years old patients was in the study so it was affect the generalization and applicability of results on whole population.
- The minimum duration of illness was six months and if the duration was increased results may be affected.

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**Conflict of Interests:** The author declared no conflict of interests.

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