

## Assessment of cases of obsessive- compulsive disorder

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### ABSTRACT

**Background:** Obsessive compulsive disorder is a chronic psychiatric disorder classified by recurrent intrusive thoughts and/or repetitive compulsive behaviors. The presents study was conducted to assess cases of obsessive- compulsive disorder. **Materials & Methods:** 68 cases of OCD were confirmed using the Structured Clinical Interview for DSM-5-Research Version (SCID-5-RV). Parameters such as duration of illness, duration, past psychotherapy, Episodic course etc. was recorded. **Results:** Out of 68 patients, males were 38 and females were 30. We found that age of onset <5 years was present in 15, 5-10 years in 30 and >10 years in 23. Duration of illness was 2.4 years, duration of treatment was 1.3 years, past psychotherapy was seen in 45 and episodic course in 28 patients. **Conclusion:** OCD is a chronic psychiatric disorder. Males were affected more as compared to females.

**Keywords:** *Obsessive Compulsive Disorder, Psychiatric Disorder, Compulsive Behaviors*

Obsessive compulsive disorder (OCD) is a chronic psychiatric disorder classified by recurrent intrusive thoughts and/or repetitive compulsive behaviors. Subclinical OCD (SOCD) is characterized by obsessive or compulsive symptoms or both.<sup>1</sup> These symptoms do not meet the required duration, intensity/frequency and severity of clinical impairment. For clinical samples, the DSM-51 documented a general prevalence of OCD from 1.1% to 1.8%. In case of subclinical samples, a general prevalence of SOCD has been observed as 12.3%.<sup>2</sup>

Obsessions are recurrent, persistent, thoughts, images or impulses that are experienced as intrusive & inappropriate. Compulsions are repetitive behaviors or mental acts that the person feels driven to perform in response to an obsession or according to rigid rules.<sup>3</sup>

The cause is unknown. The recently reported role of cholesterol in the function and organization of the neuronal serotonin 1A receptor, a representative of the GPCR family which is present endogenously in the hippocampal region of the brain, is highlighted. The neurotransmitter release at the synapses underlies fundamental brain activities such as cognition, emotion, and memory.<sup>4</sup> It is therefore natural to speculate that the neurotransmitter release depends on the cholesterol level in the brain. A low cholesterol level may alter the pattern of the release, which in turn perturbs the brain activities to the

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extent that it could lead to behavioral dysfunction, depression, suicide, and memory loss.<sup>5</sup> The presents study was conducted to assess cases of obsessive- compulsive disorder.

### MATERIALS & METHODS

The present study was conducted among 68 cases of OCD of both genders. All were informed and their written consent was obtained.

Data such as name, age, gender etc. was recorded. A thorough clinical examination was performed in all patients. A DSM-5 diagnosis of OCD was confirmed using the Structured Clinical Interview for DSM-5-Research Version (SCID-5-RV). Parameters such as duration of illness, duration, past psychotherapy, Episodic course etc. was recorded. Results thus obtained were subjected to statistical analysis. P value less than 0.05 was considered significant.

### RESULTS

*Table I Distribution of patients*

Total- 68		
Gender	Males	Females
Number	38	30

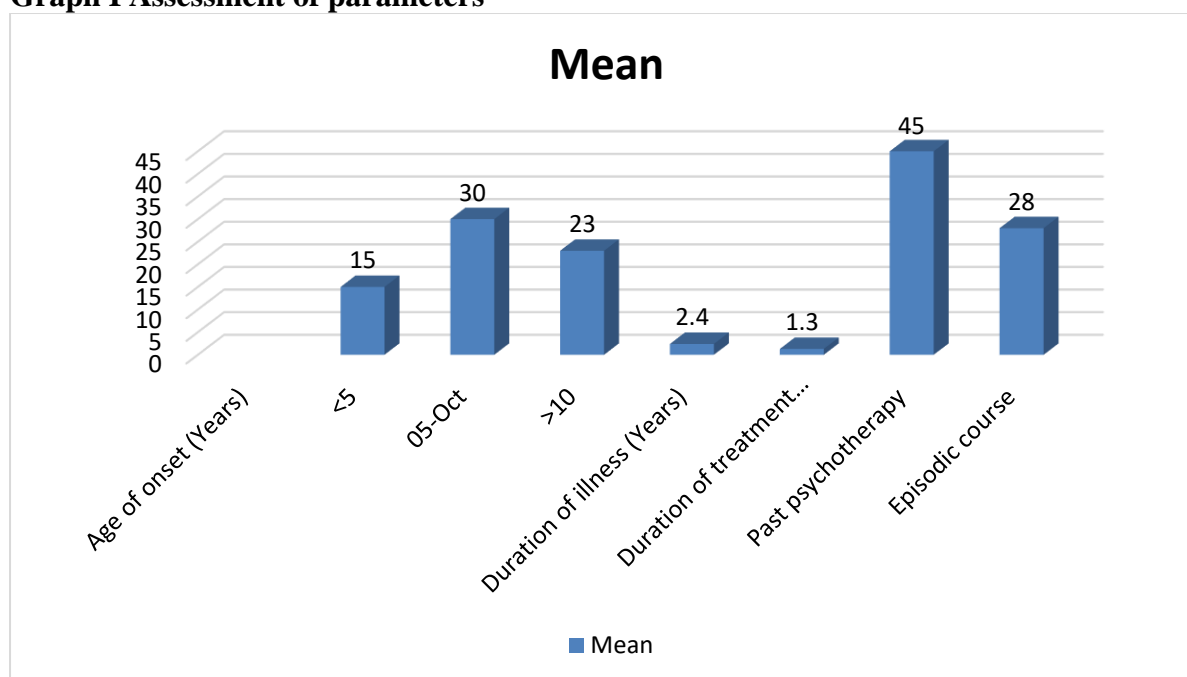
Table I shows that out of 68 patients, males were 38 and females were 30.

*Table II Assessment of parameters*

Parameters	Mean	P value
Age of onset (Years)		
<5	15	0.05
5-10	30	
>10	23	
Duration of illness (Years)	2.4	-
Duration of treatment (Years)	1.3	-
Past psychotherapy	45	-
Episodic course	28	-

Table II, graph I shows that age of onset <5 years was present in 15, 5-10 years in 30 and >10 years in 23. Duration of illness was 2.4 years, duration of treatment was 1.3 years, past psychotherapy was seen in 45 and episodic course in 28 patients.

Graph I Assessment of parameters



## DISCUSSION

Obsessive-compulsive disorder (OCD) is a mental disorder where people feel the need to check things repeatedly, perform certain routines repeatedly (called "rituals"), or have certain thoughts repeatedly.<sup>6</sup> People are unable to control either the thoughts or the activities for more than a short period of time.<sup>7</sup> Common activities include hand washing, counting of things, and checking to see if a door is locked. Some may have difficulty throwing things out. These activities occur to such a degree that the person's daily life is negatively affected.<sup>8</sup> Often they take up more than an hour a day. Most adults realize that the behaviors do not make sense. The condition is associated with tics, anxiety disorder, and an increased risk of suicide. The OCD usually presents at the age of 20-30 yr.<sup>9</sup> If it presents in older age (in 4th decade) it usually comes after a stressful situation in life. OCD usually begins in adolescence or early adulthood although it can begin in childhood. Nearly 65% of the patients have the onset before 25 years of age.<sup>10</sup> The presents study was conducted to assess cases of obsessive- compulsive disorder.

In present study, out of 68 patients, males were 38 and females were 30. Subramaniam et al<sup>11</sup> established the prevalence and correlates of obsessive-compulsive disorder in the Singapore population, to determine types of obsessive compulsive (O/C) symptoms, the comorbidity of the disorder and to examine the quality of life among those with OCD. Face-to-face interviews were completed with 6,616 respondents between December 2009 and December 2010 giving a survey response rate of 75.9 %. The diagnoses of lifetime and 12-month mental disorders were established using Version 3.0 of the Composite International Diagnostic Interview (CIDI-3.0); clinical severity of cases in past 12-months was assessed using a fully structured version of the Yale-Brown Obsessive-Compulsive Scale and functional impairment was assessed by using the disease specific Sheehan Disability Scale, which are incorporated in the CIDI. Health-related quality of life was measured using the Euro-Quality of Life Scale. The lifetime and 12-month prevalence of OCD was 3.0 and 1.1 %, respectively. Younger age and marital status (divorced or separated) were significantly associated with OCD. About 40 % of respondents with lifetime OCD met criteria for other

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lifetime mental disorders, while 51.6 % of respondents with lifetime OCD had a comorbid physical disorder. The mean score of EQ-Index (0.89) and EQ-VAS (75.58) were lowest in OCD cases as compared with those with any other mental or physical disorders. The proportion of those with lifetime OCD who had sought treatment was 10.2 %.

We found that age of onset <5 years was present in 15, 5-10 years in 30 and >10 years in 23. Duration of illness was 2.4 years, duration of treatment was 1.3 years, past psychotherapy was seen in 45 and episodic course in 28 patients. Sharma et al<sup>12</sup> determined demographic and clinical characteristics of children and adolescents (age ≤18 years) with OCD. Participants 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. 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.

The limitation of the study is small sample size.

## CONCLUSION

Authors found that OCD is a chronic psychiatric disorder. Males were affected more as compared to females.

## REFERENCES

1. 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.
2. Fenske JN, Schwenk TL. Obsessive compulsive disorder: diagnosis and management. Am Fam Physician. 2009; 80: 239- 245.
3. Ahuja N. A short textbook of psychiatry. Neurotic, stress related and Somatoform disorders (7th edn), Jaypee Brothers, Medical Publishers. 2000; 89-112.
4. Ganong WF. Review of medical Physiology. Neurotransmitters and neuromodulators (23rd edn), Tata Mc Graw Hill education private limited. 1999; 129-148.
5. 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.
6. 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.
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.

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9. Wewetzer C, Jans T, Müller B, Neudörfl 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, Abdin 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. Sharma E, Tripathi A, Grover S, Avasthi A, Dan A, Srivastava C, Goyal N, Manohari SM, Reddy J. Clinical profile of obsessive-compulsive disorder in children and adolescents: A multicentric study from India. *Indian journal of psychiatry*. 2019 Nov;61(6):564.

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#### ***Conflict of Interest***

The author declared no conflict of interest.

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