

Depression and Suicidal Ideation in Patients with Obsessive Compulsive Disorder

Ms. Avani Naik^{1*}, Dr. Rajendra Sharma²

ABSTRACT

Higher percentages of suicidal ideation and attempt have been reported in relation to OCD patients. Consistent findings as to the role of depression and suicidal ideation have not been reported and thus these phenomena need more research. The aim of the current study was to study the relationship of suicidal ideation, depression with the severity of obsessions and compulsions. 30 patients diagnosed with OCD were checked for the severity of obsessions and compulsions using Yale-Brown Obsessive Compulsive Scale (Y-BOCS), the severity of depression using Hamilton Scale for Depression (HAM-D) and presence of suicidal ideation using Beck's scale for suicidal ideation (BSIS). Frequency of scores on HAM-D and BSIS were calculated in relation to the severity of scores obtained on Y-BOCS. Pearson product moment correlation was done to assess the relationship between depression and OCD as well as suicidal ideation and OCD. The severity of depression and suicidal ideation varied in accordance with the severity of OCD scores. There was a significant positive correlation between scores on HAM-D and Y-BOCS as well as a significant positive correlation between scores on BSIS and Y-BOCS.

Keywords: *Depression, Suicidal Ideation, OCD*

Obsessive-compulsive disorder (OCD) is a disabling mental health condition which involves repetitive thoughts, images or urges which are experienced as intrusive, unwanted, distressing, anxiety-provoking and irrational. An individual suffering from such obsessions tries to avoid, suppress or neutralise the same by performing some repetitive behaviours or mental acts. Such behaviours or mental acts are termed as compulsions (hand washing, checking, ordering, etc.) which are either not meaningfully related to the obsession or are performed in excess (takes hours in a day). These obsessions and compulsions consume a lot of time through the day and cause significant impairment in day to day functioning (American Psychiatric Association, 2013). The lifetime prevalence of OCD in the general population is 2-3% (Solanki, 2015). A recent study conducted in India reported the point prevalence of OCD among adults to be 3.3%. (Jaisoorya, et al., 2017).

¹ M.Phil Trainee, Dept. of Clinical Psychology, Amity University, Madhya Pradesh, India

² Associate Professor, Dept. of Clinical Psychology, Amity University, Madhya Pradesh, India

*[Responding Author](#)

Received: May 13, 2019; Revision Received: June 23, 2019; Accepted: June 30, 2019

Depression and Suicidal Ideation in Patients with Obsessive Compulsive Disorder

OCD is found to co-occur majorly with depressive and anxiety disorders (Chaudhary, Kumar, & Mishra, 2016; Torres, et al., 2006). OCD is reported to be amongst the most debilitating psychiatric disorders which cause a substantial amount of stress and burden for the patient as well as the family (Subramaniam, Soh, Vaingankar, Picco, & Chong, 2013). As a result of this constant frustration, OCD has been found to be increasingly associated with a wish to end one's life. Suicidal behaviours are defined as an act of voluntarily harming oneself in any manner regardless of the extent of lethal intention or awareness of the genuine reason for the act (World Health Organisation, 2002). Suicidal ideation involves thinking about, considering or planning about suicide. The range in suicidal ideation might vary from thoughts which come in intermittent periods, to ones which are continuous along with detailed planning regarding the action (Klonsky, David, & Saffer, 2016).

It has been found that 36% of patients with OCD report suicidal thoughts through their lifetime and 11% are reported to have a history of attempted suicide (Zohar, et al., 1992). A study conducted to assess the suicidal ideation and attempt among patients with OCD found that 52% of patients had suicidal ideation and 18% of them had actually attempted suicide. Hamilton scale for Depression (Hamilton, 1960) was used to assess the severity of Depressive Symptoms, Columbia Suicide Severity Scale (Posner, et al., 2011) for assessing the risk of suicide and Yale-Brown Obsessive Compulsive Scale (Goodman, et al., 1989) was used to determine the severity of obsessions and compulsions. It was further found that 18% of the patients had a history of past suicidal attempt which is reportedly greater than the suicidal rates found among the general population. It was seen that scores on the depression scale significantly correlated with and predicted scores of suicidal ideation (Chaudhary, Kumar, & Mishra, 2016).

Another study conducted in a hospital setting in Lucknow aimed at assessing suicidal behaviours among OCD patients. Yale-Brown Obsessive Compulsive Scale (Goodman, et al., 1989) was used for assessing the severity of OCD symptoms. Beck's Scale for Suicidal Ideation (BSIS) (Beck, Kovacs, & Weissman, 1979) and Beck Scale for Hopelessness (BSH) (Beck, Steer, Kovacs, & Garrison, 1985) were used in the study. 3 groups were made dividing the patients among the subclinical group and clinical group based on the severity of scores on Y-BOCS. Around 52% of patients diagnosed with OCD reported a score of more than two on the suicidal ideation scale. The clinical group has significantly higher scores on BSIS and BSH as compared to the subclinical group. Overall, BSIS and BSH scores correlated significantly with Y-BOCS scores (Dhyani, Trivedi, Nischal, Sinha, & Verma, 2013).

Thus, it seems that suicide is a major risk factor as far as patients of OCD are concerned. Some studies have found that depression is a major risk factor contributing to the suicidal ideation in patients with OCD. When depressive symptoms are being controlled for, the OCD symptoms no longer remain contributory towards the suicidal ideation scores. Other studies have noted that suicidal ideation is reported in the majority of patients with OCD and through depression might be a contributing factor to the suicidal ideation but is not the sole contributing factor (Huz, et al., 2016; Jaisoorya, et al., 2017; Gupta, Avasthi, Grover, & Singh, 2014). Thus, it has been seen that consistent results regarding the role of suicide in OCD are not clear and more studies are needed to establish the purpose (Heun, 2018). This study thus aims to look into the role of depression and suicidal ideation among OCD patients.

METHOD

A cross-sectional study was conducted over a period of 1 month in a government hospital setting in Gwalior. 30 patients diagnosed as having OCD according to DSM-V criteria as well as ICD-10 criteria were included in the sample. Patients ranging from 18 years to 50 years of age were included in the sample. Patients with a history of organic mental disorders, substance use, major disorders from the spectrum of psychotic disorders (schizophreniform, schizophrenia, etc.) along with the presence of any other major mental disorders apart from depression were excluded. Patients were given entire information regarding the purpose of the study and informed consent was taken.

Patient was first given a socio-demographic form which obtained information regarding their age, gender, education, occupation, and other relevant socio-demographic variables. In addition, information regarding the type of onset, duration of illness and delay in treatment taken were also obtained.

Y-BOCS was used to know the severity of OCD. Y-BOCS was drawn on the basis of clinical features of OCD (American Psychiatric Association, 2013) (Goodman, et al., 1989). Y-BOCS measures severity of obsessions along different dimensions such as time consumed, interference, distress, resistance, and control. It involves 10 items: 5 belonging to obsessions and 5 to compulsions. HAM-D was administered to calculate the severity of depressive symptoms. This scale was developed by Hamilton in 1960. It consists of 17 domains namely depressed mood, feelings of guilt, insomnia, somatic disturbance, retardation, disturbance in work and regular activities, agitation, anxiety, etc. Each of the domain contains a 2, 3 or a 4-point scale which involves rating of the problem at varying levels of intensity. BSIS was used to determine the suicidal ideation among the patients diagnosed with OCD. BSIS is a 19 item inventory which is used for assessing patient's thoughts, intent and plans for suicide. The scale was constructed by Beck, Kovacs, and Weismann in 1979 (Beck, Kovacs, & Weissman, 1979).

Pearson product moment correlation was used to determine the correlations between suicidal ideation scores and Y-BOCS as well as between HAM-D and Y-BOCS. Data were analysed using SPSS software version 23.

RESULTS

Table 1: Showing socio-demographic characteristics of patients with OCD

Variables		Patients (%) Mean±SD (n=30)
Age		27.7±6.7
Gender	Male	50
	Female	50
Education	Under-graduate	40
	Graduate	36
	Post-Graduate	23.33
Socio-economic Status	Lower	23.3
	Lower-Middle	30
	Upper-Middle	40
	Upper	6.7

Depression and Suicidal Ideation in Patients with Obsessive Compulsive Disorder

Variables		Patients (%) Mean±SD (n=30)
Religion	Hindu	96.7
	Muslim	3.3
Habitat	Rural	3.3
	Urban	96.7
Marital Status	Single	56.7
	Married	40
	Divorced	3.3
Family Type	Nuclear	63.3
	Joint	36.6
Occupation	Student	33.3
	Homemaker	23.3
	Service	30
	Business	13.3
	Unemployed	0

Table 1 shows the socio-demographic profile of the OCD patients included in the sample. Mean age of the sample was 27.7 ± 6.7 years with a range of 18-50 years. An equal number of males and females were included in the sample. Majority of patients were undergraduates and belonged to a lower socio-economic status. A majority of patients were unmarried, belonged to an urban background and came from nuclear families.

Table 2: Showing clinical characteristics of patients with OCD

Variables	Patients (%) Mean±SD (n=30)
Age of Onset (years)	21.6±7.9
Duration of Illness (Months)	75.9±61.9
The time gap between the onset of illness and first psychiatric treatment (Weeks)	35.60±41.7

Table 2 indicates that the age of onset on an average was found to be 21 ± 7 years. Duration of illness on an average was found to be 76 ± 61.9 months and delay between onset of symptoms and psychiatric treatment was 35.60 ± 41.7 weeks on an average.

Table 3: Showing severity of scores on HAM-D and BSSI in relation to severity on Y-BOCS

Tests	Ham-D			BSSI
	Normal	Mild	Moderate	Column1
Mild (23.33%)	85%	14.28%	0	0
Moderate (46.67%)	7.14%	35.71%	57.14%	35.71%
Severe (16.67)	0	60%	40%	60.00%
Extreme (13.33%)	0	0	100%	75.00%
Total	24%	30%	46%	36.67%

Depression and Suicidal Ideation in Patients with Obsessive Compulsive Disorder

Table 3 indicates that of the 23.33% of patients scoring mild on the severity of OCD, 85% did not have any significant scores on the HAM-D scale whereas 14.28% obtained mild scores on HAM-D scale. Of the 46.67% who obtained moderate scores on Y-BOCS, 57.14% obtained moderate scores on the HAM-D scale whereas 35.71% obtained a mild score. 24% obtained a normal score, 30% obtained mild scores and 46% obtained moderate scores on HAM-D. Of the 16.67% of patients who obtained severe on Y-BOCS scale, 60% obtained a mild score on HAM-D and 40% obtained a moderate score. Of the 13.33% of patients who obtained extreme scores on Y-BOCS, all of them belonged to the moderate category of scores on HAM-D. Of the total patients who scored positive on the Suicidal Ideation Scale (BSIS), 35.71% belonged to the moderate category of Y-BOCS, 60% belonged to the severe category of Y-BOCS and 13.33% belonged to the extreme category of Y-BOCS. Overall, 37% of patients from the sample reported being positive on suicidal ideation scales.

Table 4: Table showing Pearson Product-moment correlation of Y-BOCS with HAM-D and BSIS

	HAM-D		BSIS	
	Correlation	Significance	Correlation	Significance
Y-BOCS	0.63**	0.01	0.49**	0.006

Table 4 indicates that scores on Y-BOCS have obtained a significantly positive correlation with HAM-D scores and BSIS scores. The correlations are significant at the 0.01 level.

DISCUSSION

Obsessive-compulsive disorder has been reported as the sixth most disabling mental health condition (Projections of mortality and burden of disease, 2004-2030, 2004 and had been reported to cause significant distress both to the patients and well as their family members (American Psychiatric Association, 2013). Many recent studies conducted in India have tried to study the relationship between suicidal behaviours and severity of obsessions and compulsions (Chaudhary, Kumar, & Mishra, 2016; Gupta, Avasthi, Grover, & Singh, 2014; Huz, et al., 2016). These studies have found that patients with OCD have a history of past suicidal attempts and those with these past histories score higher on the suicidal ideation scales (Dhyani, Trivedi, Nischal, Sinha, & Verma, 2013). They further report that patients with severe symptoms of OCD are more likely to report higher scores on suicidal ideation. Positive correlations have been reported between scores on the Y-BOCS scale and Suicidal Ideation Scales. (Dhyani, Trivedi, Nischal, Sinha, & Verma, 2013; Gupta, Avasthi, Grover, & Singh, 2014). Depression has been found to be a major comorbid condition with OCD and it has been reported that patients with higher scores on depression scales are more susceptible to have higher scores on suicidal ideation scales (Chaudhary, Kumar, & Mishra, 2016). Other studies have reported that depression solely contributes towards suicidal ideation scores and OCD symptoms independently do not play a role in the same (Huz, et al., 2016). Higher rates of suicidal ideation and actual suicidal attempts in case of OCD patients have been reported (Heun, 2018).

The present study examined suicidal ideation scores among 30 patients diagnosed with OCD. These patients were also scored on the depression scale. The average age of onset, duration of illness and time gap between the onset and beginning of the treatment reported in the present study (Table 2) was in lines with other studies conducted in India (Dhuri & Parkar, 2014). Significant positive correlations were found between scores on Y-BOCS and HAM-D as well

Depression and Suicidal Ideation in Patients with Obsessive Compulsive Disorder

as scores on Y-BOCS and BSIS (Table 4). This indicates that suicidal ideation and depression are significantly associated with obsessions and compulsions which is supported by other studies (Chaudhary, Kumar, & Mishra, 2016; Gupta, Avasthi, Grover, & Singh, 2014). The rate of suicidal ideation reported in the present study (37%) is less as compared to findings of the similar studies (Dhyani, Trivedi, Nischal, Sinha, & Verma, 2013; Chaudhary, Kumar, & Mishra, 2016). This may be due to the fact that small sample size was involved. The highest number of patients in the sample reported moderate depression scores in the present study and it has been seen that they vary according to the severity of obsessions and compulsions (Table 3). It has been seen that the majority of patients reporting mild depression fall within the mild category of OCD whereas the majority of patients reporting moderate depression fall within the moderate category of Y-BOCS (Table 3). This may be indicative that the severity of obsessions and compulsions is related to the severity of depressive symptoms. The maximum percentage of patients reporting suicidal ideation was found in the extreme category of Y-BOCS followed by the other three categories in the descending order. This also indicates that the severity of suicidal ideation is also related to the severity of OCD (Table 3 & Table 4). Suicidal ideation has been reported by patients at varying severity levels of OCD. In the present study, suicidal ideation has been reported in moderate, severe and extremely severe OCD patients. Thus, OCD and depression seem to go hand in hand in contributing towards the severity of suicidal ideation and assessment of suicidal ideation and depressive symptoms at every stage of the disease is important to assure complete recovery for the patient (Chaudhary, Kumar, & Mishra, 2016; Gupta, Avasthi, Grover, & Singh, 2014). These patients, who solely report suicidal ideation, can be further involved in treatment and prevention programmes aimed at reducing life-risking behaviours. Assessing them at this initial stage becomes important. More studies are needed to clear out the specific role played by OCD and depression in relation to suicidal ideation and attempt.

CONCLUSION

Suicidal ideation and depression are significantly associated with obsessive-compulsive behaviours. The severity of suicidal ideation is associated with the severity of obsessions and compulsions

REFERENCES

- American Psychiatric Association, A. (2013). *Diagnostic and Statistical Manual of Mental Disorders-5th Edition*. Washington DC.
- Beck, A., Kovacs, M., & Weissman, A. (1979). Assessment of Suicidal Intention: The Scale for Suicide Ideation. *Journal of Consulting and Clinical Psychology*, 285-87.
- Beck, A., Steer, R., Kovacs, M., & Garrison, B. (1985). Hopelessness and Eventual Suicide: A 10-Year Prospective Study of Patients Hospitalised with suicidal Ideation. *American Journal of Psychiatry*.
- Chaudhary, R., Kumar, P., & Mishra, B. (2016). Depression and risk of suicide in patients with obsessive compulsive disorder: a hospital based study. *Indian Journal of Psychiatry*, 166-170.
- Dhyani, M., Trivedi, J., Nischal, A., Sinha, P., & Verma, S. (2013). Suicidal behaviour of Indian patients with obsessive compulsive disorder. *Indian Journal of Psychiatry*, 161-166.
- Dhuri, C., & Parkar, S. (2014). Role of Life Events in Onset of Obsessive Compulsive Disorder. *Srilanka Journal of Psychiatry*, 10-13.

Depression and Suicidal Ideation in Patients with Obsessive Compulsive Disorder

- Goodman, W., Price, L., Rasmussen, S., Mazure, C., Heninger, G., Charney, D., & Delgado, P. (1989). The Yale-Brown Obsessive Compulsive Scale. II. Validity. *Archives of General Psychiatry*, 1012-6.
- Gupta, G., Avasthi, A., Grover, S., & Singh, S. (2014). Factors associated with suicidal ideations and suicidal attempts in patients with obsessive compulsive disorder. *Asian Journal of Psychiatry*, 140-146.
- Hamilton, M. (1960). A rating scale for depression. *Journal of Neurology, Neuropsychiatry and Neurosurgery*, 56-62.
- Heun, R. (2018). Increased Risk of Attempted and Completed Suicide in Obsessive Compulsive Disorder. *Global Psychiatry*.
- Huz, I., Nyer, M., Dickson, C., Farabaugh, A., Alpert, J., Fava, M., & Baer, L. (2016). Obsessive-Compulsive Symptoms as a Risk Factor for Suicidality in U.S. College Students. *Journal of Adolescent Health*, 481-484.
- Jaisooriya, T., Reddy, Y., Nair, B., Rani, A., Menon, P., Revamma, M., . . . Thennarasu, K. (2017). Prevalence and correlates of obsessive-compulsive disorder and subthreshold obsessive-compulsive disorder among college students in Kerala, India. *Indian Journal Of Psychiatry*.
- Klonsky, E., David, M., & Saffer, B. (2016). Suicide, Suicide Attempts and Suicidal Ideation. *Annual Review of Clinical Psychology*, 307-330.
- Posner, K., Brent, D., Lucas, C., Gould, M., Stanley, B., Brown, G., . . . Mann, J. (2011). The Columbia–Suicide Severity Rating Scale: Initial Validity and Internal Consistency Findings From Three Multisite Studies With Adolescents and Adults. *American Journal of Psychiatry*, 1266-1277.
- Solanki, M. (2015, May). *Obsessive Compulsive Disorder*. Retrieved from National Health Portal India: <http://www.nhp.gov.in/disease/neurological/obsessive-compulsive-disorder>
- Subramaniam, M., Soh, P., Vaingankar, J., Picco, L., & Chong, S. (2013). Quality of life in obsessive-compulsive disorder: impact of the disorder and of treatment. *CNS Drugs*, 367-83.
- Torres, A., Prince, M., Bebbington, P., Bhugra, D., Brugha, T., Farrell, M., . . . Singleton, N. (2006). Obsessive-compulsive disorder: prevalence, comorbidity, impact, and help-seeking in the British National Psychiatric Morbidity Survey of 2000. *American Journal of Psychiatry*, 1978-85.
- World Health Organisation. (2002). *Multisite Intervention Study on Suicidal Behaviours-SUPRE-MISS*. Retrieved from <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.174.5140&rep=rep1&type=pdf>
- Zohar, A., Ratzoni, G., Pauls, D., Apter, A., Bleich, A., Kron, S., . . . Cohen, D. (1992). An Epidemiological Study of Obsessive-Compulsive Disorder and Related Disorders in Israeli Adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 1057-1061.

Acknowledgment

The authors profoundly appreciate all the people who have successfully contributed in ensuring this paper in place. Their contributions are acknowledged however their names cannot be mentioned.

Conflict of Interest

The authors carefully declare this paper to bear not a conflict of interests

Depression and Suicidal Ideation in Patients with Obsessive Compulsive Disorder

How to cite this article: Naik. A., & Sharma. R. (2019). Depression and Suicidal Ideation in Patients with Obsessive Compulsive Disorder. *International Journal of Indian Psychology*, 7(2), 707-714. DIP:18.01.085/20190702, DOI:10.25215/0702.085