

ORIGINAL RESEARCH

Analysis of patients with obsessive-compulsive disorders

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ABSTRACT

Background: Up until roughly 20 years ago, obsessive-compulsive disorder (OCD) was thought to be a rather uncommon condition. The present study was conducted to assess cases of obsessive-compulsive disorders. **Materials & Methods:** 70 patients of obsessive-compulsive disorders of both genders were selected. 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 70 patients, 38 were males and 32 were females. The common symptoms were checking in 35, symmetry in 29, harming others in 13, contamination in 16, cognitive in 12, cleaning in 5 and hoarding in 8 patients. The difference was significant ($P < 0.05$). Duration of illness in patients was 4.6 years, duration of treatment was 1.9 years and positive family history was seen in 45 patients. The mean YBOCS total score was 16.2, YBOCS obsessions score was 8.3 and YBOCS compulsions score was 8.5. **Conclusion:** Common symptoms in OCD patients were contamination, symmetry, hoarding, cognition, cleaning, and checking, as well as harming other people.

Key words: obsessive-compulsive disorder, somatoform disorders, hoarding

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INTRODUCTION

Up until roughly 20 years ago, obsessive-compulsive disorder (OCD) was thought to be a rather uncommon condition. Since then, significant progress has been made in comprehending the biology, comorbidity, treatment, epidemiology, and clinical characteristics of OCD.¹ Obsessive-compulsive spectrum disorders are a collection of linked illnesses that have garnered attention in the past ten years.² When compared to the non-OCD group, comorbid patterns in subthreshold OCD have been linked to increased risks for substance abuse/dependence, mood and anxiety disorders, and somatoform disorders/syndromes, according to a few studies that have looked at these patterns.³ Their comorbidity rates were lower than those of OCD subjects, and their comorbidity patterns mirrored those of OCD subjects.⁴

OCD has historically been defined as a disorder in which sufferers have a solid understanding of their symptoms. Thirty percent of participants in the DSM-IV field study had inadequate insight, indicating a wide range of insight. According to further research, 15–36% of OCD patients exhibit weak insight. "With poor insight," a new OCD specifier included in the DSM-IV, refers to a failure to recognize that the

symptoms are excessive or irrational.⁵ Since obsessive-compulsive symptoms frequently appear inwardly and people with OCD may not be motivated to identify and report symptoms, it might be challenging to evaluate them (i.e., inadequate insight).⁶ To address these issues, this study examines widely used OCD measures that have been studied in order to improve clinicians' capacity to identify and track the intensity of OCD symptoms throughout evaluation and therapy.^{7,8} The present study was conducted to assess cases of obsessive-compulsive disorders.

MATERIALS & METHODS

The present study comprised of 70 patients of obsessive-compulsive disorders of both genders. All enrolled patients gave their written consent to participate in the study.

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-70		
Gender	Males	Females
Number	38	32

Table I shows that out of 70 patients, 38 were males and 32 were females.

Table II Assessment of symptoms

Symptoms	Number	P value
Checking	35	0.05
Symmetry	29	
Harming others	13	
Contamination	16	
Cognitive	12	
Cleaning	5	
Hoarding	8	

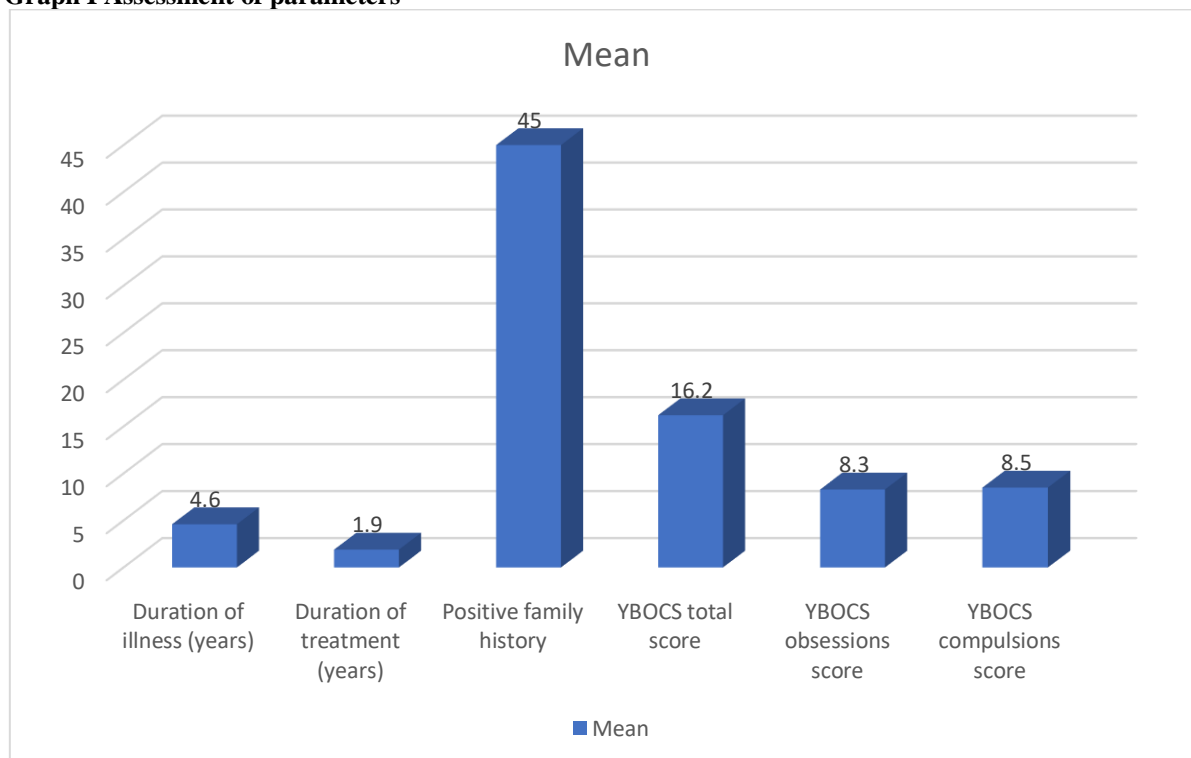
Table II shows that common symptoms were checking in 35, symmetry in 29, harming others in 13, contamination in 16, cognitive in 12, cleaning in 5 and hoarding in 8 patients. The difference was significant ($P < 0.05$).

Table III Assessment of parameters

Parameters	Mean
Duration of illness (years)	4.6
Duration of treatment (years)	1.9
Positive family history	45
YBOCS total score	16.2
YBOCS obsessions score	8.3
YBOCS compulsions score	8.5

Table III, graph I shows that duration of illness in patients was 4.6 years, duration of treatment was 1.9 years and positive family history was seen in 45 patients. The mean YBOCS total score was 16.2, YBOCS obsessions score was 8.3 and YBOCS compulsions score was 8.5.

Graph I Assessment of parameters



DISCUSSION

The lifetime prevalence of obsessive-compulsive disorder (OCD), a crippling illness that affects children, adolescents, and adults, ranges from 1% to 4%. Its comorbidity profile and clinical manifestations vary.⁹ Both the person with it and their caregivers suffer greatly, and it usually has a chronic, erratic course.¹⁰ OCD has a bimodal age of onset, peaking around age 11 and early adulthood, respectively. OCD causes significant misery, functional damage, and financial costs. Higher unemployment rates, decreased productivity at work, lower marriage rates, and negative effects on family members are all linked to untreated OCD.¹¹ Additionally, poor long-term social adjustment and high incidence of major depression, social anxiety, and other mental disorders are linked to OCD. Thankfully, efficient behavioral and pharmacological.¹² The present study was conducted to assess cases of obsessive-compulsive disorders.

We found that out of 70 patients, 38 were males and 32 were females. A survey of 5784 students between the ages of 18 and 25 was carried out by Reddy et al.¹³ OCD was present in 3.3% of people (3.5 percent of men and 3.2% of women). 8.5% of students (of whom 9.9% were male and 7.7% were female) met the requirements for subthreshold OCD. The most prevalent symptoms among OCD individuals were mental rituals (57.4%) and taboo thoughts (67.1%). Obsessive-compulsive disorder (OCD) and subthreshold OCD were associated with greater attention deficit/hyperactivity disorder symptom ratings, lifetime alcohol and tobacco use, psychological distress, suicidality, and sexual abuse than those without OCD. Except for OCD individuals' greater psychological distress scores and academic failures, subjects with subthreshold OCD were similar to those with OCD.

We found common symptoms were checking in 35, symmetry in 29, harming others in 13, contamination in 16, cognitive in 12, cleaning in 5 and hoarding in 8 patients. Gururaj et al¹⁴ evaluated OCD patients' family burden, quality of life, and impairment and contrasted them with those who had similar degrees of schizophrenia. Schizophrenia patients were similar to OCD patients in terms of disability and quality of life, but they also had a greater family burden. According to the study, OCD sufferers had substantial family burden, low quality of life, and considerable disability that was comparable to schizophrenia.

We found duration of illness in patients was 4.6 years, duration of treatment was 1.9 years and positive family history was seen in 45 patients. The mean YBOCS total score was 16.2, YBOCS obsessions score was 8.3 and YBOCS compulsions score was 8.5. In their study of suicidal behavior in 100 consecutive DSM-IV OCD patients, Kamath et al¹⁵ found that 28% of the patients had current suicidal ideation and 59% had "worst ever" (lifetime) suicidal ideation. Of the respondents, 27% reported having a history of suicidal attempts. The main risk variables

for suicide behavior were hopelessness, significant depression, and being single.

Nestadt et al¹⁶ investigated the relationship of specific anxiety and affective disorders to obsessive-compulsive disorder (OCD) in a blind, controlled family study. Eighty case and 73 control probands, as well as 343 case and 300 control first-degree relatives of these probands, participated in the study. Subjects were examined by psychologists or psychiatrists using the Schedule for Affective Disorder and Schizophrenia-Lifetime Anxiety version (SADS-LA). Except for bipolar disorder, all anxiety and affective disorders investigated were more frequent in case than control probands. Substance dependence disorders were not more frequent. Generalized anxiety disorder (GAD), panic disorder, agoraphobia, separation anxiety disorder (SAD) and recurrent major depression were more common in case than control relatives. These disorders occurred more frequently if the relative was diagnosed with OCD. Only GAD and agoraphobia were more frequent in case relatives independent of OCD.

CONCLUSION

Authors found that common symptoms in OCD patients were contamination, symmetry, hoarding, cognition, cleaning, and checking, as well as harming other people.

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