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# PROFILE OF PATIENTS WITH OBSESSIVE-COMPULSIVE DISORDER ATTENDING PSYCHIATRIC OUT PATIENT DEPARTMENT: A HOSPITAL BASED STUDY

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#### ARTICLE INFO ABSTRACT Aims and objectives: To Asses the Socio-Demographic profile and clinical profile of Article History: Patient with Obsessive Compulsive Disorder. Materials and Methods: This cross-Received 10<sup>th</sup> March, 2022 sectional study was conducted in the department of psychiatry SKIMS Medical College Received in revised form 2<sup>nd</sup> Bemina. The study was approved by the Institutional Ethical Committee. Written informed April, 2022 consent was taken from all the patients who expressed their willingness to participate in the Accepted 26<sup>th</sup> May, 2022 study. Published online 28<sup>th</sup> June, 2022 Results: In our study majority of the patients were in the age group of 18-34 years 66.27%, females 61.62%, belonged to rural area 69.76%, unmarried 53.48%, students 27.90%. Keywords: Majority of the patients had Contaminations related Obsessions 43.02%, and compulsion Obsessive compulsive disorder, in majority of our participants was Washing/Cleaning 38.37%. Pathological Doubts, Superstitious Conclusion: In our study majority of the patients were predominantly females, unmarried, Behavioursx students belonged the rural areas. People of productive ages were the most affected by obsessive compulsive disorder. Awareness programmes about the disorder is very important.

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## INTRODUCTION

Obsessive compulsive disorder (OCD) is one of the most disabling psychiatric disorder according to WHO. OCD is a chronic mental disorder which is characterized by recurrent intrusive thoughts (obsessions) and repetitive stereotyped behaviors (compulsions).[2] OCD prevalence varies over age, regions, and others however the lifetime prevalence of OCD is usually believed to be 2-3%. [3] Diagnosis of obsessivecompulsive disorder (OCD) was considered extremely rare mental health disorder as well as the prognosis for those patients with a diagnosis of OCD was also considered poor previously.[4] Nowadays OCD have at their disposal both pharmacological and psychological treatments that are highly effective for the good percentage of patients of OCD.[5] Prevalence of OCD is equal in males and females in adulthood, higher in male pediatric patients.OCD has been to occur in comorbidity with other psychiatric seen illnesses.[6] most commonly depression and anxiety disorders. Patients with OCD have high risk for suicidal behavior.[7,8]

#### Aim and Objectives

To Asses the Socio-Demographic profile and clinical profile of Patient with Obsessive Compulsive Disorder.

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## **MATERIALS AND METHODS**

This cross-sectional study was conducted in the department of psychiatry SKIMS Medical College Bemina. The study was approved by the Institutional Ethical Committee. Written informed consent was taken from all the patients who expressed their willingness to participate in the study.

*Duration of study:* One year from April 2021 to March 2022. 86 consecutive patients who satisfied the criteria for obsessive compulsive disorder according to ICD 10 diagnostic criteria were recruited for the study.

#### Inclusion Criteria

- 1. Those participants who gave consent.
- 2. More than 16 years of age and above.
- 3. Either Gender
- 4. Duration of illness greater than six months.

#### **Exclusion** Criteria

- 1. Not willing to provide informed consent for the interview
- 2. Uncooperative patients
- 3. Patients with evidence of organic disease
- 4. Patients with severe psychotic illness.

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#### Instruments Used

- 1. Semi structured proforma for socio demographic Data.
- 2. ICD 10 criteria for diagnosis OCD.[9]

## RESULTS

| Age of the patients                         | No. of the patients | Percent            | age        |  |
|---|---------------------|--------------------|------------|--|
| 18-34 years                                 | 57                  | 66.27%             |            |  |
| 35-49 years                                 | 16                  | 18.609             | 18.60%     |  |
| 50-59 years                                 | 12                  | 13.959             | 13.95%     |  |
| 60 and above years                          | 1                   | 1.16%              | 0          |  |
| G   | Gender              |                    |            |  |
| Males                                       | 33                  | 38.379             | 38.37%     |  |
| Females                                     | 53                  | 61.62%             |            |  |
| Residence                                   |                     |                    |            |  |
| Rural                                       | 60                  | 69.76%             |            |  |
| Urban                                       | 26                  | 30.23%             |            |  |
| Mari  | ital Status         |                    |            |  |
| Unmarried                                   | 46                  | 53.48%             |            |  |
| Married                                     | 35                  | 40.69%             |            |  |
| Divorcee                                    | 4                   |                    | 4.65%      |  |
| Separated                                   | 1                   | 1.16%              |            |  |
|   | cupation            |                    |            |  |
| Students                                    | 24                  |                    | 27.90%     |  |
| Business                                    | 12                  | 13.95%             |            |  |
| Govt. Employee                              | 16                  | 18.60%             |            |  |
| Housemaker                                  | 18                  | 20.93%             |            |  |
| Unemployed                                  | 16                  | 18.60              | <u>/o</u>  |  |
| Types of obsessions present in Patients     |                     | No. of<br>patients | Percentage |  |
| Contaminations related Obsessions           |                     | 37                 | 43.02%     |  |
| Pathological Doubts about daily activities  |                     | 26                 | 30.23%     |  |
| Need for symmetry related obsessions        |                     | 11                 | 12.79%     |  |
| Sexual obsessions                           |                     | 8                  | 9.30%      |  |
| Religious Blasphemous obsessions            |                     | 4                  | 4.65%      |  |
| Miscellaneous (including suicidal           |                     | 6                  | 6.97%      |  |
| obsessions, superstitious fears,            | elc)                |                    |            |  |
| Types of Compulsions present in<br>Patients |                     | o. of patients     | Percentage |  |
| Washing/Cleaning                            |                     | 33                 | 38.37%     |  |
| Checking                                    |                     | 24                 | 27.90%     |  |
| Repeating/Counting/Ordering                 |                     | 14                 | 16.27%     |  |
| Sexual compulsions                          |                     | 8                  | 9.30%      |  |
| Mental Rituals                              |                     | 18                 | 20.93%     |  |
| Superstitious Behaviours                    |                     | 9                  | 10.46%     |  |

In our study majority of the patients were in the age group of 18-34 years 66.27%, followed by 35-49 years 18.60%, 50-59 years 13.95% and 60 and above years 1.16%. Majority of the patients in our study were females 61.62% as compared to males 38.37%. As far as residence is concerned majority of our participants belonged to rural area 69.76% as compared to urban population 30.23%.

Majority of our patient population were unmarried 53.48%, followed by married 40.69%, divorcee 4.65% and separated 1.16%. As far as occupation is concerned majority of our participants were students 27.90%, followed by businessmen 13.95%, house maker 20.93%, Govt. employee 18.60%, and unemployed 18.60%.

As far as type of obsessions are concerned our study majority of the patients had Contaminations related Obsessions 43.02%, followed by Pathological Doubts about daily activities 30.23%, Need for symmetry related obsessions 12.79%, Sexual obsessions 9.30%, Religious Blasphemous obsessions 4.65%, and Miscellaneous (including suicidal obsessions, superstitious fears, etc) 6.97%. As far as type of compulsion is concerned majority of our participants had Washing/Cleaning 38.37%, followed by Checking 27.90%, Mental Rituals 20.93%, Repeating/Counting/Ordering 16.27%, Superstitious Behaviours 10.46%, Sexual compulsions 9.30%.

#### DISCUSSION

The purpose of this study was to identify to identify sociodemographic characteristics that are associated in patients with obsessive-compulsive. In our study majority of the patients were in the age group of 18-34 years 66.27% similar findings were reported in a study performed by Karim *et al*, 2006. [10]

In our study females were in majority 61.62% as compared to males 38.37% which is contrast with other studies. [11,12]Reason could be that females have higher rates of lifetime diagnosis for most of the anxiety disorders including OCD.[13] In our study majority of our patients had Contaminations related Obsessions 43.02%, followed by Pathological Doubts about daily activities 30.23%, and as far as compulsions are concerned majority of our participants had Washing/Cleaning 38.37%, followed by Checking 27.90%. Similar findings were found in other studies where the fear of contamination and washing/cleaning compulsions were the most common presenting symptoms.[14]

As per findings majority of the participants were in the young age group consistent with other studies thisstudyalsofoundthe people of productive ages to be the most affected. Even though studies showed similar sex distribution.[15,16]

## CONCLUSION

In our study majority of the patients were predominantly females, unmarried, students belonged the rural areas. People of productive ages were the most affected by obsessive compulsived is order. Awareness programmes about the disorder is very important.

#### References

- 1. World Health Organisation. Projections of Mortality and Burden of Disease, 2004-2030. [Last accessed on 2016 Jul 26]. Available from: http://www.who.int/healthinfo/global\_burden\_dise ase/projections/en/index.html.
- 2. Goodman WK, Grice DE, Lapidus KA, Coffey BJ. Obsessive-compulsive disorder. PsychiatrClin North Am. (2014) 37:257–67. 10.1016/j.psc.2014.06.004.
- Fontenelle LF, Mendlowicz MV, Versiani M. The descriptive epidemiology of obsessive-compulsive disorder. Prog Neuropsychopharmacol Biol Psychiatry. (2006) 30:327–37
- Franklin ME, Foa EB. Obsessive-compulsive disorder. In: Barlow DH, editor. Clinical handbook of psychological disorders. 4th ed. New York, NY: Guilford Press; 2007. pp. 164–215).
- Lack CW, Storch EA, Murphy TK. More than just monsters under the bed: Assessing and treating pediatric OCD. Psychiatric Times 2006; 23: 54-57.) (American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 4th ed. Arlington, VA: Author; 2000.
- 6. Torres AR, Prince MJ, Bebbington PE, Bhugra D, Brugha TS, Farrell M, *et al.* Obsessive-compulsive disorder: Prevalence, comorbidity, impact, and helpseeking in the British National Psychiatric Morbidity Survey of 2000. Am J Psychiatry. 2006;163:1978–85

- Rasmussen SA, Eisen JL. The epidemiology and clinical features of obsessive compulsive disorder. Psychiatr Clin North Am.
- Fernández de la Cruz L, Rydell M, Runeson B, D'Onofrio BM, Brander G, Rück C, *et al.* Suicide in obsessive-compulsive disorder: A population-based study of 36 788 Swedish patients. Mol Psychiatry. 2016 doi: 10.1038/mp.2016.115.
- 9. World Health Organization (WHO). 1993. *The ICD-10 Classification of Mental and Behavioural Disorders*. Genève, Switzerland: World Health Organization.
- 10. Karim E, Alam MF, Rahman AHM, Hussain AAM, Uddin MJ, Firoz AHM. Prevalence of Mental illness in the community. TAJ, 2006. 19(1):18–23.
- Deswal BS, Pawar A. 2012. An epidemiological study of mental disorders at Pune, Maharashtra. Indian J Community Med. 2012; 37:116-21.

- 12. Reddy YC, Srinath S, Prakash HM, Girimaji SC, Sheshadri SP, Khanna S, *et al.* A follow-up study of juvenile obsessive-compulsive disorder from India. *Acta Psychiatr Scand.* 2003;107:457–64.
- McLean CP, Asnaani A, Litz BT, Hoffman SG. Gender Differences in Anxiety Disorders: Prevalence, Course of Illness, Comorbidity and Burden of Illness. *J Psychiatr Res.* doi:10.1016/j.jpsychires.2011.03.006.
- Agarwal V, Yaduvanshi R, Arya A, Gupta PK, Sitholey P. A study of phenomenology, psychiatric co-morbidities, social and adaptive functioning in children and adolescents with OCD. Asian J Psychiatr. 2016; 22:69–73.
- 15. HaymanI, Mataix-ColsD, Fineberg NA. Obsessivecompulsive disorder. BMJ.2006; 333:424-9.
- Dell'OssoB, Altamura AC, MundoE, Marazziti D, Hollandr E. Diagnosis and Treatment of Obsessivecompulsive Disorder and Related Disorders. Int J Clin Pract. 2007;61(1):98-104.

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