

A Comparative Study of Socio Demographic and Clinical Profiles in Patient with Obsessive Compulsive Disorder and Depression

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Abstract: Introduction: Most often patients suffering from OCD also have depressive symptoms, which might be secondary to the OCD and its burden to the quality of life, or it might be independent to OCD. The same way Depression also has some obsessive manifestation. The presence of depressive symptoms is the important factors, which make patient with OCD as suicidal. Suicidal tendencies in OCD always correlated with severity of depressive symptoms. But in clinical settings, we most often missed to evaluate suicidal tendencies and other comorbidities of OCD. So this study mainly focuses on various socio demographic differences and clinical profiles of patient with OCD and depression. Materials and Methods: This is a case control study, 30 consecutive patients with OCD as well as 30 consecutive patients with depression, attending psychiatry department of Stanley Medical College Hospital included in this study as cases and controls. Then both cases and controls analyzed for socio demographic profile and clinical profile. RESULTS: Compared with patients with major depression, OCD patients are young ($p=0.017$), predominantly males ($p=0.019$), more educated ($p=0.003$) and more often associated with suicidal ideation ($p=0.024$) Conclusion: Obsessive-compulsive disorder most often has depressive manifestations. The comorbid depressive symptoms make patients with OCD with suicidal ideations. It is essential to look for depressive symptoms in OCD in order to prevent suicidal attempts.

Keywords: Obsessive Compulsive Disorder, MDD, Suicidal Ideations, Clinical Profile, Comorbidities

1. Introduction

Obsessive Compulsive disorder (OCD) is a common, chronic disabling and often debilitating disorder, marked by obsessions and compulsions. The cardinal features of obsessive-compulsive disorder (OCD) include obsessions, compulsions, or both that are time-consuming and cause clinically significant distress or impairment in social, occupational, or other areas of functioning [1].

Obsessive-compulsive disorder, which was once thought to be uncommon condition, has been increasingly recognized now. The lifetime prevalence of this disorder is between 2 to 3% in general population. It is twice as prevalent as schizophrenia and bipolar disorder and the fourth most common psychiatric disorder. Above all, 50 - 60% of the

OCD patients also experience two or more co-morbid psychiatric conditions during their lifetime. However, OCD has not received due attention of the clinicians, researchers and policy makers because it is a non-psychotic illness.

One of most common comorbid condition in OCD is depression. Most often patients suffering from OCD also have depressive symptoms, which might be secondary to the OCD and its burden to the quality of life, or it might be independent to OCD. The same way Depression also has some obsessive manifestation. The presence of depressive symptoms is the important factors, which make patient with OCD as suicidal. Suicidal tendencies in OCD always correlated with severity of depressive symptoms. But in

clinical settings, we most often missed to evaluate suicidal tendencies and other comorbidities of OCD. So this study mainly focuses on various socio demographic differences and clinical profiles of patient with OCD and depression.

1.1. Aim

To Assess Socio-Demographic profile and clinical profile of Patient with Obsessive Compulsive Disorder and Depression

1.2. Objectives

To Assess and compare Socio-Demographic profile and clinical profile of Patient with Obsessive Compulsive Disorder and Depression

2. Materials and Methods

2.1. Setting of Study

The study was carried out at the psychiatry OPD at Government Stanley Medical College and Hospital, Chennai.

2.2. Study Period

The study was carried out over a six month period from January 2009 to June 2009.

2.3. Study Sample

30 consecutive patients who satisfied the criteria for obsessive compulsive disorder and 30 patients who satisfied the criteria for depression according to ICD 10 diagnostic criteria were recruited for the study.

2.4. Design of Study

Case Control Study.

2.5. Selection of Sample

30 consecutive patients fulfilling the inclusion criteria were taken as the study sample.

30 consecutive patients fulfilling the inclusion criteria were taken as the control population.

2.6. Cases

2.6.1. Inclusion Criteria

- (1) Diagnosed as obsessive compulsive disorder according to ICD 10 criteria.
- (2) Duration of illness greater than six months.
- (3) No evidence of organic disease.
- (4) Willing to provide informed consent for the interview.

2.6.2. Exclusion Criteria

- (1) Uncooperative patients
- (2) Refusal to participate in the study.
- (3) Duration of illness less than six months.
- (4) Patients with evidence of organic disease.
- (5) OCD with psychotic features.

2.7. Controls

30 consecutive patients who satisfied the criteria for depression according to ICD 10 diagnostic criteria attending the OPD, Stanley Medical College Hospital, Chennai.

2.7.1. Inclusion Criteria

- (1) Diagnosed as Depression according to ICD 10 criteria.
- (2) Willing to provide informed consent for the interview.
- (3) No evidence of organic disease.

2.7.2. Exclusion Criteria

- (1) Uncooperative patients
- (2) Refusal to participate in study.
- (3) Patients with evidence of organic disease.
- (4) Depression with psychotic features.

2.8. Tools

- (1) Semi structured proforma for socio demographic Data,
 - a) Age
 - b) Sex
 - c) Educational Status
 - d) Marital Status
 - e) Employment Status
 - f) Socio economic status
 - g) Family history
- (2) Self checklist for Obsessive - Compulsive disorders (OCD)
- (3) Yale Brown obsessive compulsive scale (Y Bocs)
- (4) Hamilton Depression rating scale (Ham-D).

3. Statistical Analysis

The cases and controls were analysed for the study findings. Frequency distribution was done using EPI 6 Info (WHO). For comparison, we used chi square tests for testing the association and the difference in means was calculated using student 't' test. These tests were performed using SPSS version 16. In addition, we generated some charts using the Microsoft word. Important findings of relevance, both positive and negative are presented and discussed.

4. Results

4.1. Socio Demographic Information

The cases and controls were compared for the following: age, gender, marital status, living status, religion, educational level and employment status. Compared with depressives, OCD patients are younger and this difference is statistically significant ($p = 0.017$). Compared with depressives, there are more male OCD patients this difference is statistically significant ($p = 0.019$). There is statistically significant difference for educational level between the cases and controls; more OCD patients have secondary and high levels of education compared with depressive patients.

There are no statistical difference for marital status, religion, employment status and place of residence between

the cases and controls.

4.2. Clinical Profiles

4.2.1. Family History

It is important to observe that 36.7% of OCD patients have a family history of psychiatric disorder compared with 20% of depressive patients but this difference was not statistically significant. It is observed that no statistically significant difference exist between the two groups for family history of substance abuse and suicide / attempted suicide.

Overall, there exists no difference between the cases and controls in family history of psychiatric disorder, substance use and suicide/attempted suicide.

4.2.2. Substance Abuse

It is observed that no statistically significant difference exist between the two groups for history of alcohol use.

4.2.3. Suicidal Attempt

It was observed that 9 out of 30 OCD patients at least have 1 episode of attempted suicide in the recent past but among depression only 2 out of 30 patients have history of attempted suicide. This difference is statistically significant one. P value is 0.024.

4.2.4. Clinical Features of Obsessive Compulsive Disorder

The clinical features of the thirty patients with Obsessive Compulsive Disorder was studied in greater detail. Clinical description of the patients was recorded in detail utilizing the psychiatric interview schedule that is used in our clinic settings. Content analysis of the mental status examination was done and examples of specific obsessions and compulsions noticed in this group are presented.

In our study 30 patients fulfilled the criteria of obsessive compulsive disorder. Out of 30 patients 13 patients had "fear of contamination" and an equal number presented with "washing" compulsion. Most of the studies in India and the world found that the fear of contamination is the commonest obsession and washing is the commonest compulsion amongst OCD patients.

In our study four patients had pathological doubt with checking compulsion. Among the four patients, one patient had mixed obsessive (sexual obsessions) features. Three patients had obsessive thought of fear of harming others (aggression). Three patients had obsession for symmetry.

The compulsions seen in the study participants included: cleaning/washing, checking, repeating acts, order and symmetry, mental compulsions and counting. These clinical features are similar to what is being observed in most clinical studies of Obsessive Compulsive Disorder.

4.2.5. Severity of symptoms

About a half of the patients (46.7%) spent more than three hours but less than 8 hours every day on obsessions; more than a third of them (36.7%) spent more than 8 hours every day on their obsessions. About a half of OCD patients (46.7%) had impaired levels of functioning due to their obsessions and 43.3% of the patients had incapacitating levels of interference due to their obsessions. Distress due to obsessions was severe in 46.7% of cases and near constant and disabling among 43.3% of OCD patients. About three fourths (73.3%) of the OCD patients had no control over their obsessions. About two thirds of OCD patients (63.3%) completely yielded to their obsessions.

Table 1. Comparison of age between Obsessive Compulsive Disorder (cases) and Depression (controls).

Cases/Controls	N	Mean	Std. Deviation	df	value	'p' value
Cases (OCD)	30	29.3333	7.64890	58	-2.448	.017*
Controls (Depression)	30	36.3000	13.58028			

Table 2. Comparison of Socio- Demographic profile between Obsessive Compulsive disorder (cases) and Depression (controls).

Variables		OCD	DEPRESSION	STATISTICAL SIGNIFICANCE
Gender	Male	19	10	P=0.019*
	Female	11	20	Chi= 5.406
Marital status	Married	16	23	P=0.058
	Unmarried	14	7	Chi= 3.59
Religion	Hindu	24	26	P=0.488
	Others	6	4	Chi= 0.48
Education	Illiterate & Primary	5	16	P=0.003
	Secondary & above	25	14	Chi= 8.86
Occupation	Employed	7	5	P=0.77
	Unemployed	16	15	Chi= 3.275
	Others (Student & Housewife)	7	10	
Resident	Urban	23	24	P=0.852
	Rural	7	6	Chi= 0.32

Table 3. Comparison of Family History between Obsessive Compulsive disorder (cases) and Depression (controls).

Variables		OCD	DEPRESSION	STATISTICAL SIGNIFICANCE
Family History of psychiatric illness	Yes	11	6	P=0.126
	No	19	24	Chi= 2.052
Family History of substance abuse	Yes	6	4	P=0.365
	No	24	26	Chi= 0.48
Family History of suicide and attempted suicide	Yes	6	8	P=0.381
	No	24	22	Chi= 0.373

Table 4. Comparison of Clinical profile between Obsessive Compulsive disorder (cases) and Depression (controls).

Variables		OCD	DEPRESSION	STATISTICAL SIGNIFICANCE
History of substance abuse	Yes	6	2	P=0.127
	No	24	28	Chi= 2.308
History of attempted suicide	Yes	9	2	P=0.024*
	No	21	28	Chi= 5.189
History of any medical comorbidities	Yes	2	3	P=0.5
	No	28	27	Chi= 0.218

Table 5. Frequency distribution of severity of obsession and compulsion symptoms elicited by y-bocs in patients with obsessive compulsive Disorder (n =30).

Symptoms	None	Mild	Moderate	Severe	Extreme
1	0	1 (3.3%)	4 (13.3%)	14 (46.7%)	11 (36.7%)
2	0	0	3 (10%)	14 (46.7%)	13 (43.3%)
3	0	0	3 (10%)	14 (46.7%)	13 (43.3%)
4	0	0	3 (10%)	8 (26.7%)	19 (63.3%)
5	0	0	2 (6.7%)	6 (20%)	22 (73.3%)
6	5 (16.7%)	4 (13.3%)	7 (23.3%)	13 (43.3%)	1 (3.3%)
7	5 (16.7%)	3 (10%)	4 (13.3%)	13 (43.3%)	5 (16.7%)
8	6 (20%)	2 (6.7%)	4 (13.3%)	14 (46.7%)	4 (13.3%)
9	5 (16.7%)	1 (3.3%)	4 (13.3%)	10 (33.3%)	10 (33.3%)
10	5 (16.7%)	1 (3.3%)	4 (13.3%)	4 (13.3%)	16 (53.3%)

Table 6. Severity of symptoms in cases and controls.

	Mild	Moderate	Severe	Extreme
OCD	6 (20.1%)	4 (13.3%)	7 (23.3%)	13 (43.3%)
Depression	10 (33.3%)	2 (6.7%)	4 (13.3%)	14 (46.7%)

Table 7. Comparison of HAM-D total score between Obsessive compulsive disorder (cases) and Depression (controls).

Cases/Controls	N	Mean	Std. Deviation	'P' value
Cases (OCD)	30	16.6	8.5646	0.001*
Controls (Depression)	29	26.3	4.936	0.001*

5. Discussion

We found a predominance of younger persons in our sample compared with Depressives. Findings suggest that younger adults and older adolescents may be particularly prone to develop OCD, while older individuals may display OCD less frequently (2). We also found the OCD patients to be more educated compared with depressives. Some clinical studies have suggested that higher IQs and educational achievements characterized individuals with OCD (3). Family history of psychiatric disorder was high among the OCD patients, it is already suggested that there might be an "OCD spectrum" of disorders that share some of the same vulnerability genes, such as Tourette syndrome, body dysmorphic disorder, grooming behaviors and obsessive-compulsive personality disorder (2). We have not assessed the nature of psychiatric disorder among the family members of OCD patients. It is desirable that in future we identify the

nature of illness in the psychiatric disorders among family members.

Very interesting finding in this study is more number patients with OCD have history of attempted suicide than patients with depression. There are many published studies reporting higher risk of suicidality in OCD patients, as well as studies describing increased risk of suicidality in OCD patients with other comorbid psychiatric conditions such as major depressive disorder (MDD) and posttraumatic stress disorder (PTSD) [4–12]. That is why OCD has been considered as debilitating illness like schizophrenia. Comorbid depression, sexual obsession, female sex is important contributory factors for suicide in OCD (13). One study described that a patient with long history of both MDD and OCD who developed suicidal obsessions (14).

Distress due to obsessions was severe in about half of our cases and near constant and disabling among 43% of OCD patients. About three fourths of the OCD patients had no control over their obsessions and about two thirds of OCD

patients completely yielded to their obsessions. Many studies have observed that the symptoms are quite distressing causing significant handicap to the person. WHO has included OCD among the leading ten handicapping illness. The common symptoms presented in our sample are cleaning / washing, checking, repeating acts, order and symmetry, mental compulsions and counting. A study by Foa et al, found similar set of compulsive acts in their study (Foa et al, 1995).

Depression is an important co-morbidity among our sample. The mean score of HAM-D in our OCD patients was 16.6. Those OCD patients with co-morbid depression report greater decrements in their subjective feelings, social relations, and in overall well being (Cassin et al, 2009).

6. Limitations

The study was conducted in tertiary care context, a medical college hospital psychiatric department. It is likely that all forms of Obsessive Compulsive Disorder is not well represented in this study. Hence the study findings cannot be generalized. Further, only a total of thirty patients could be included in this study. A larger sample involving cases recruited from the community would have been ideal but the limitation of time and resources did not permit such a design.

7. Conclusion

Compared with patients with major depression, OCD patients are young ($p=0.017$), predominantly males ($p=0.019$), more educated ($p=0.003$) and more often associated with suicidal ideation ($p=0.024$). About 36.7% of OCD patients have a family history of psychiatric disorder compared with 20% of depressive patients. No statistically significant difference exists between the two groups for family history of substance use and suicide/attempted suicide. The mean score on Hamilton Rating Scale for Depression was 16.6 for OCD patients.

Obsessive-compulsive disorder most often has depressive manifestations. The comorbid depressive symptoms make patients with OCD with suicidal ideations. It is essential to look for depressive symptoms in OCD in order to prevent suicidal attempts.

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