

Assessment Of Prevalence Of Depression And Its Impact On The Quality Of Life In Patients With OCD

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Abstract

Background: Obsessive–compulsive disorder is a severe and debilitating anxiety disorder. The present study was conducted to assess prevalence of depression and its impact on the quality of life in patients with OCD.

Materials & Methods: 110 patients of OCD of both genders were included and parameter such as types of compulsions, compulsions, type and severity of obsession and quality of life domain was recorded. WHOQOL-BREF was used.

Results: Out of 110 patients, males were 40 and females were 70. Type of obsession was aggressive in 30, pathological in 25, religious in 15, contamination in 12, somatic in 18 and symmetry in 10. Type of compulsions was arranging in 18, checking in 12, counting in 35, washing in 40 and repeating in 5. Type of OCD was mixed obsession and compulsion in 70 and predominant obsessions in 40 cases. The difference was significant ($P < 0.05$). OCD with depression was seen in 72 and without depression in 38. QoL domain mean value for physical health was 63.2 and 71.3, psychological health was 34.5 and 70.6, social relationships was 42.1 and 72.4 and environmental health was 70.6 and 73.5 respectively. The difference was significant ($P < 0.05$).

Conclusion: There was high prevalence of depression in patients with OCD. The quality of life was impaired in OCD patients.

Keywords: Anxiety disorder, OCD, obsessions.

Introduction

Obsessive–compulsive disorder (OCD) is a severe and debilitating anxiety disorder afflicting about 1 adult in 40, or approximately 2.5% of the population, at some time in their lifetime.¹ It is twice as prevalent as schizophrenia and bipolar disorder, and the fourth most common psychiatric disorder. In severe cases, which may define upward of 20% of those with the diagnosis, obsessions and compulsions can occupy the entire day and result in profound disability.²

Obsessive compulsive disorder (OCD) has recently emerged as a common and significant

public mental health problem.³ Recent projections of the global burden of disease study have shown that OCD is among the leading causes of disability due to mental health conditions and a recent study also associated OCD with increased mortality in the general population.⁴ Regarding gender differences, most community studies agree that there is a female preponderance, with a female to male ratio in the range of 1.5 to 3 in most studies.⁵ It is twice as prevalent as schizophrenia and bipolar disorder, and is the fourth most common psychiatric disorder. OCD has a significant negative impact on the patient's social and

occupational functioning, self-esteem, as well as it is associated with increasing risk of depression, suicidality, and alcohol and illicit drug abuse.⁶The present study was conducted to assess prevalence of depression and its impact on the quality of life in patients with OCD.

Materials & Methods

The present study comprised of 110 patients of OCD of both genders. All gave their written consent for the participation in the study.

Data such as name, age, gender etc. was recorded. Socio-demographic data, types of compulsions, compulsions, type and severity of obsession and quality of life domain was

recorded. WHOQOL-BREF was used. Data thus obtained were subjected to statistical analysis. P value < 0.05 was considered significant.

Results

Table I Distribution of patients

Total- 110		
Gender	Males	Females
Number	40	70

Table I shows that out of 110 patients, males were 40 and females were 70.

Table II Assessment of parameters

Parameters	Variables	Number	P value
Type of obsession	Aggressive	30	0.07
	Pathological	25	
	Religious	15	
	Contamination	12	
	somatic	18	
	symmetry	10	
Type of compulsions	Arranging	18	0.04
	Checking	12	
	Counting	35	
	Washing	40	
	repeating	5	
Type of OCD	mixed obsession and compulsion	70	0.02
	Predominant obsessions	40	

Table II, graph I shows that type of obsession was aggressive in 30, pathological in 25, religious in 15, contamination in 12, somatic in 18 and symmetry in 10. Type of compulsions was arranging in 18, checking in 12, counting in 35, washing in 40 and repeating in 5. Type of

OCD was mixed obsession and compulsion in 70 and predominant obsessions in 40 cases. The difference was significant (P< 0.05).

Graph I Assessment of parameters

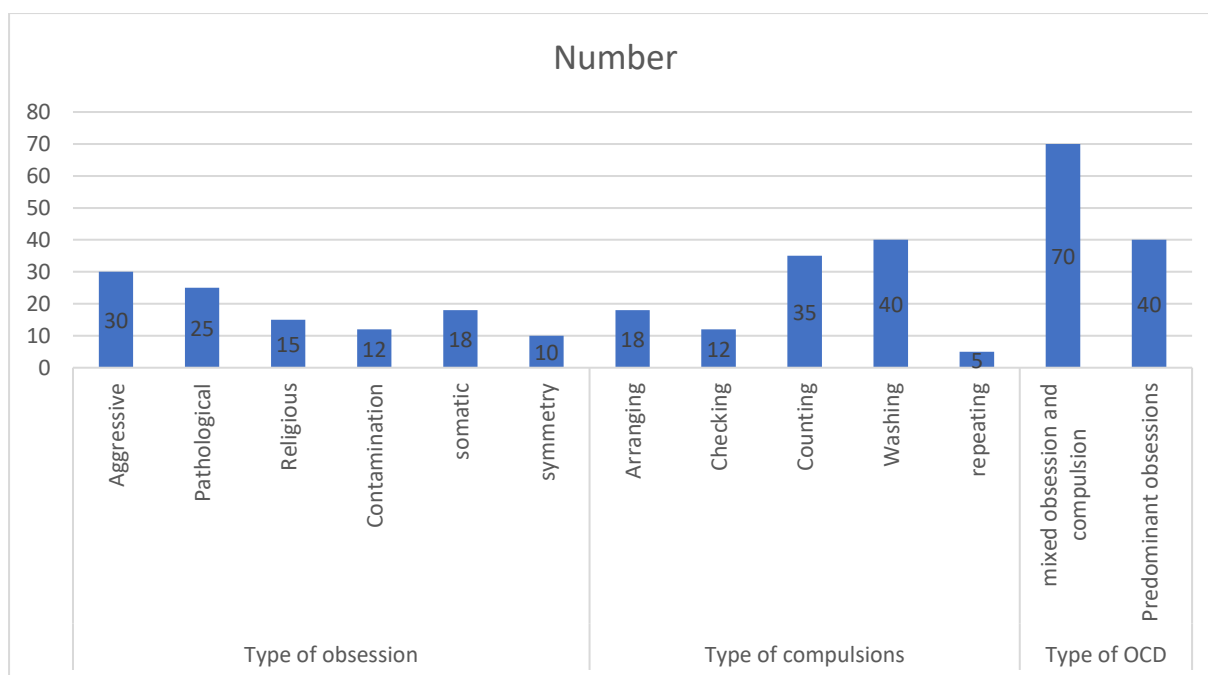


Table III Quality of life in OCD with and without depression

QoL domain	OCD with Depression (72)	OCD without depression (38)	P value
Physical health	63.2	71.3	0.04
Psychological health	34.5	70.6	0.01
Social relationships	42.1	72.4	0.02
Environmental health	70.6	73.5	0.05

Table III shows that OCD with depression was seen in 72 and without depression in 38. QoL domain mean value for physical health was 63.2 and 71.3, psychological health was 34.5 and 70.6, social relationships was 42.1 and 72.4 and environmental health was 70.6 and 73.5 respectively. The difference was significant ($P < 0.05$).

Discussion

OCD is related, among others, with poor social functioning family distress and dysfunction, low self-esteem and shame about symptoms.⁷ Marital status was not associated with OCD in most studies but it has been associated with parenthood, especially in women during the postpartum period.⁸ The association of OCD with use of services and its impact on quality of life are mainly studied in clinical/tertiary settings. There are few community studies on

quality of life, especially with representative samples of the general population.^{9,10} The present study was conducted to assess prevalence of depression and its impact on the quality of life in patients with OCD.

We found that out of 110 patients, males were 40 and females were 70. Type of obsession was aggressive in 30, pathological in 25, religious in 15, contamination in 12, somatic in 18 and symmetry in 10. Maseliss et al¹¹ examined the differential impact of obsessions, compulsions, and depression comorbidity on the QOL of individuals with OCD. Forty-three individuals diagnosed with OCD according to DSM-IV criteria and experiencing clinically significant obsessions and compulsions completed measures of QOL, obsessive-compulsive symptom severity, and depression severity. Obsession severity was found to significantly predict patient QOL, whereas the severity of

compulsive rituals did not impact on QOL ratings. Comorbid depression severity was the single greatest predictor of poor QOL, accounting for 54% of the variance.

We found that type of compulsions was arranging in 18, checking in 12, counting in 35, washing in 40 and repeating in 5. Type of OCD was mixed obsession and compulsion in 70 and predominant obsessions in 40 cases. Das et al¹² studied the impact of depression on the quality of life in patients with OCD. It was found that both obsession and compulsion affect quality of life negatively, obsession significantly affects physical well-being, psychological well-being as well as social relationships whereas compulsions significantly affect psychological well-being and social relationships. When different domains of QoL were correlated with severity of depression and it was found that all domains had negative correlation with severity of depression which was statistically significant i.e., depression negatively affects physical and psychological well-being, social relationships, and environmental health. The highest level of impairment was seen in psychological well-being. On comparing quality of life of OCD patients with and without depression it was found that those with comorbid depression had significantly poor quality of life in all of the quality-of-life domains than OCD patients without comorbid depression suggesting that comorbid depression is a strong predictor of poor quality of life in OCD patients.

We observed that OCD with depression was seen in 72 and without depression in 38. QoL domain mean value for physical health was 63.2 and 71.3, psychological health was 34.5 and 70.6, social relationships was 42.1 and 72.4 and environmental health was 70.6 and 73.5 respectively. Petros et al¹³ aimed to describe the epidemiology of obsessive-compulsive disorder (OCD) and related subthreshold symptoms in the general population of Greece and to assess the comorbidity, use of health services and impact on quality of life of these syndromes in the general population. 1.69% of the participants met criteria for current OCD

while 2.79% met criteria for subthreshold obsessive-compulsive symptoms (95% CI: 2.33%–3.26%). In the adjusted analysis few sociodemographic associations remained statistically significant. Although the full-blown syndrome was more severe in terms of comorbidity and quality of life our results showed that even subthreshold obsessive-compulsive symptoms were associated with significant comorbidity and reductions in quality of life. Use of mental health services was small.

The limitation the study is small sample size.

Conclusion

Authors found that there was high prevalence of depression in patients with OCD. The quality of life was impaired in OCD patients.

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