A STUDY TO ASSESS CLINICAL PHENOMENOLOGY AND PSYCHIATRIC CO MORBIDITY AMONG PATIENTS WITH OBSESSIVE COMPULSIVE DISORDER (OCD) IN THE POST GRADUATE DEPARTMENT OF PSYCHIATRY SRINAGAR, KASHMIR

Batula Rashid¹ Lovesampuranjot kaur²

¹Desh Bhagat University School of Nursing Mandi Gobindgarh, Punjab, 147301, India

²Associate professor, Department of Mental Health Nursing, Desh Bhagat University School of Nursing Mandi Gobindgarh, Punjab, 147301, India

Corresponding Email: batulrashid884@gmail.com

ABSTRACT

Introduction: Obsessive compulsive disorder (OCD) is a neuropsychiatric disorder and it is characterized by recurrent intrusive ideas, impulses, or urges (obsessions) along with overt or covert behaviours (compulsions) aimed at reducing the distress.

Material & Methods: A Co relational study was used. The population of the study was 100 patients who were attending OPD in the post graduate department of psychiatry Srinagar was selected by non-probability purposive sampling to assess the correlation between clinical phenomenology, psychiatric comorbidity among OCD patients the investigator use standardized tool structured kuppaswamy socioeconomic scale, Yale brown compulsive scale..

Results: Shows majority of patients were males in the age group of 18-27 years from rural background, belonging to nuclear family were married students by occupation educated up to high classes and belonging to class III socio-economic class. Depression was the commonest co morbidity with 30 % (30) followed by anxiety disorder in 27 % (27) psychotic disorder and somatoform in 6% (6) suicide attempt history was present in 6%(6) and BPAD 5%(5) about 3%(3) patients had dysthymia and substance use was present 2% (2) patients .

Conclusion: Most common comorbidity was depression. It was followed by Anxiety disorders, Psychotic Disorders & Somatoform disorders, Suicide attempt, BPAD, Dysthymia (other than Caffeine & Nicotine) were least common comorbidity. No case of eating disorder was found in my study.

Keywords: obsessive compulsive disorder, clinical phenomenology ,psychiatric comorbidity

INTRODUCTION

Obsessive compulsive disorder (OCD) is a neuropsychiatric disorder and it is characterized by recurrent intrusive ideas, impulses, or urges (obsessions) along with

overt or covert behaviours (compulsions) aimed at reducing the distress.

The Diagnostic and Statistical Manual of Mental Disorders 4th edition (DSM-IV)

defines the obsessive compulsive disorders (OCD) as recurrent obsessions or compulsions that are time consuming or cause marked distress or significant impairment in daily functions. The **DSM-IV** further states that the obsessions are recurrent and intrusive thoughts, ideas, images or impulses those cause marked anxiety and distress. Compulsions are defined as repetitive behaviours or mental acts that prevents or reduce anxiety caused by an obsession.

World Health Organization(WHO) reported obsessive compulsive disorders (OCD) as the tenth leading cause of disability in the world by the 1996, obsessive compulsive disorders(OCD) causes disrupted development, social withdrawal, family and relationship problems, difficulties with concentration and academic performance. It has been estimated that 30-50% of adult with obsessive compulsive disorder (OCD) recall the onset of their symptoms beginning before the age of 18. As many as 50% of obsessive compulsive disorder cases have had onset by age 15. It figures among the most common of mental disorder. A startling two percent of the world's population suffers from obsessive compulsive disorder (OCD). The percentage in India is smaller (about 0.6%). But even this would translate into

substantial numbers considering our population Most common symptom pattern in obsessive compulsive disorders (OCD) is an obsession of contamination, followed by washing or accompanied by compulsive avoidance of presumably objects. Pathological Doubt, the obsession of doubt followed by compulsion of checking is second most common pattern. Intrusive obsessional thoughts and Need for symmetry or precision are also very common pattern observed in OCD. Religious obsessions, trichotillomania and nail biting are other symptom pattern observed in minority of people with OCD.

COMORBIDITY IN OCD

Recently, some authors proposed an OCD sub-classification based on co morbidity. The authors proposed a three classes solution characterized by:

- An OCD simplex class, in which major depressive disorder (MDD) is the most frequent additional disorder;
- An OCD co morbid tic-related class, in which tics are prominent and affective syndromes are considerably rarer; and
- An OCD co morbid affective-related class in which panic disorder (PD) and affective syndromes are highly presented.

Membership within a class is differentially associated with other clinical characteristics. For example, the obsessive compulsive disorders (OCD) comorbid tic-related classes predominantly male and characterized by high consciousness. The obsessive compulsive disorders (OCD) comorbid affective-related classes predominantly female, has young age at onset, obsessive-compulsive personality disorder features, high score on the “taboo” factor of OCD symptoms, and low consciousness. An important issue in assessing comorbidity is the fact that non-response to treatment often involves the presence of comorbid conditions. Non-responsive patients are more likely to meet criteria for comorbid axis I or axis II disorders and the presence of a specific comorbid condition could be a distinguishing feature in OCD, with influence on the treatment adequacy and outcome.

Obsessive-compulsive disorder has for long been associated with epilepsy. Particularly, 10-22% of patients with temporal lobe epilepsy may have OCD. These patients show a high rate of obsessions of washing, symmetry/exactness, and ordering, with greater preoccupation concerning certain aspects of religion, compared with controls or patients with idiopathic generalized epilepsy. Furthermore, discrete anatomic

lesions in these pathways, or their surgical removal, may induce (or conversely) improve OCD in temporal lobe epilepsy patients. Attention deficit hyperactivity disorder is a common childhood-onset neurodevelopment disorder that occurs in approximately 5% of the population, which frequently co-occurs with OCD.

Younger age at OCD onset and presence of Borderline Personality Disorder has been found to be associated with increased risk of alcohol use disorders but only was associated with increased risk of drug use disorders.

MATERIAL & METHODS

The research design adopted for the study was non experimental quantitative approach (Correlational research design) which carried amongst patients attending OCD clinic in the post graduate department of psychiatry, Srinagar, Kashmir. Purposive random sampling technique was used to select the patients. The following data tools were used in order to obtain the data:

- Semi structured Performa
- Kuppaswamy's socioeconomic status:
- DSM-IV-TR diagnostic criteria for OCD:
- Yale brown obsessive compulsive Scale (Y-BOCS):

RESULTS

Table 1

Frequency and Percentage distribution of severity of OCD patients on YBOCS.

Range	Severity	Frequency (f)	Percentage (%)
8-15	Mild	33	33%
16-23	Moderate	31	31%
24-31	Severity	32	32%
32 & Above	Extreme	4	4%
Total		100	100%

Table 1: shows the severity of symptoms was Mild (33%;33), Moderate (31%;31), severe (32%;32) and extreme (4%;4).

Table 2

Frequency and percentage distribution of the psychiatric co morbidity among selected OCD patients.

Psychiatric Comorbidity	Frequency(f)	Percentage(%)
Yes	63	63%
No	37	37%
Total	100	100%

Table 2 :Depicts the frequency and percentage distribution of presence and absence of Co morbidity among patients were majority 63% (63) of patients is having presence of co morbidity and followed by 37%(37) were without co morbidity.

Table 3

Frequency and Percentage distribution of the Y-BOCS Obsession profile of OCD of selected patients respect to Gender.

Types of Obsession	Male frequency	Percentage	Female frequency	Percentage	P-Value
Contamination	11	19.64	15	34.09	0.173ns
Religious	10	17.85	7	15.09	0.162ns
Aggression	11	19.6	8	18.18	0.707ns
Symmetry	7	12.5	10	22.72	0.268ns
Sexual	10	17.8	2	4.54	0.568ns
Somatic	7	12.5	2	4.54	0.429ns
Miscellaneous	0	00	0	00	0.00

Table 3 shows the gender wise types of obsessions in males Contamination (11, 19.64%),Religious (10,17.85%),Aggression (11,19.6%), Symmetry (7,12.5%),Sexual (10,17.8%),Somatic(12.5%;7) and while in females it is contamination .All are statistically non-significant.

CONCLUSION

The study shows majority of patients were males in the age group of 18-27 years from rural background, belonging to nuclear family were married students by occupation educated up to high classes and belonging to class III socio-economic class. Depression was the commonest co morbidity with 30 % (30) followed by

anxiety disorder in 27 % (27) psychotic disorder and somatoform in 6% (6) suicide attempt history was present in 6% (6) and BPAD 5%(5) about 3%(3)patients had dysthymia and substance use was present 2% (2) patients .The conclusion can be drawn as:

- Most common comorbidity was depression. It was followed by Anxiety disorders, Psychotic Disorders& Somatoform disorders, Suicide attempt, BPAD, Dysthymia (other than Caffeine & Nicotine) were least common comorbidity.
- No case of eating disorder was found in my study. This could be because of rare reporting of eating disorders in studies from developing countries including India and could be a correlate of cultural beliefs and attitudes.

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