

Original Article



Psychiatric Co-morbidity with Obsessive Compulsive Disorder

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Abstract

Background: Obsessive-compulsive disorder is a chronic psychiatric disorder. It is associated with substantial psychiatric comorbidity. Major Depressive disorder & mixed anxiety and depressive disorder are the most common psychiatric co-morbidities.

Objective: To evaluate the psychiatric co-morbidity with obsessive-compulsive disorder.

Materials and Methods: It was a descriptive and cross-sectional clinical study. It was conducted in the Outpatient Department of Psychiatry, Khwaja Yunus Ali Medical College, Sirajganj from January 2021 to December 2022. A total of 100 patients were taken. All the selected patients were interviewed in detail by using ICD-10. Analysis was done according to the Statistical Package for Social Science (SPSS) for Windows version 25.

Results: This study shows obsessive-compulsive disorder is more common in young to middle age (21 to 40 years) and the mean age of onset of illness was 28.31±10.21 years. Maximum (57%) were female and 43% were male. Depressive disorder, mixed anxiety and depressive disorder were the most common psychiatric comorbidity (63% and 22%) in patients with OCD followed by panic disorder in 7%, social phobia in 5%, generalized anxiety disorder in 5%, substance abuse in 5%, schizophrenia in 5%, bipolar affective disorder in 2% and tic disorder in 1% patients.

Conclusion: This study demonstrates a high prevalence of psychiatric comorbidities in individuals diagnosed with OCD. The most prevalent co-occurring disorders are depressive disorder & mixed anxiety and depressive disorder.

Key words: Obsession, Compulsion, Anxiety, Depression, Comorbidity.

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Introduction

Obsessive-Compulsive Disorder (OCD) is a long-term condition characterized by uncontrollable and intrusive thoughts (obsessions) and behaviors (compulsions) that an individual feels compelled to repeat continuously.^{1,2}

The symptoms of obsessive-compulsive disorder (OCD) encompass various obsessions such as fear of contamination, aggressive thoughts, the need for symmetry, and taboo thoughts related to sex or religion. Compulsions are characterized by behaviors like checking, excessive cleaning or washing, arranging, and counting.^{1,3} The lifetime prevalence of OCD in adults ranges from 1.1% to 3.9%, and it affects approximately 2.7% of the general population.³ While OCD can affect individuals of all age groups, the period of highest risk is from childhood to middle adulthood. Among adults, both men and women are equally affected, but among adolescents, boys are more commonly affected than girls.³ OCD typically emerges in early adulthood, with nearly 50% of cases presenting during adolescence. Onset after the age of 40 is uncommon.^{1,3} Due to its chronic nature, a significant proportion of individuals with OCD also have a history of another axis I disorder during their

lifetime. Among the comorbid conditions commonly observed in studies on OCD, anxiety disorders and depression stand out. In the Epidemiological Catchment Area (ECA) study, it was found that two-thirds of OCD patients had an additional psychiatric illness.^{2,4} The most frequently occurring concurrent psychiatric disorders included major depression, social phobia, generalized anxiety disorder, specific phobias, panic disorder, eating disorders, tic disorders, and Tourette's syndrome.^{3,5-7}

Materials and Methods

It was a descriptive and cross-sectional clinical study. It was conducted in the Outpatient Department of Psychiatry, Khwaja Yunus Ali Medical College, Sirajganj. Sampling technique was purposive consecutive from January 2021 to December 2022. Total 100 obsessive compulsive disorder patients were taken. The patients, suggestive of suffering from OCD, were thoroughly evaluated for the diagnosis of OCD by using ICD-10 criteria. All patients with the diagnosis of OCD were explained about the procedure, its purpose and were assured of confidentiality of the information. All the selected patients were interviewed in detail. Semi structured proforma designed especially for the study. Analysis was done according to the Statistical Package for Social Science (SPSS) for windows version 25.

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Results

The prevalence of obsessive-compulsive disorder is more common in young to middle age (21-40 years) and the mean age of onset of illness was 28.31±10.21 years. Maximum (57%) were female and 43% were male. A maximum number of patients were educated above secondary level (52%), married (72%) and belongs to urban background (63%) (Table I). Comorbidities in the patients with OCD, depressive disorder, mixed anxiety and depressive disorder were the most common psychiatric comorbidity (63% and 22% respectively) followed by panic disorder in 7%, social phobia in 5%, generalized anxiety disorder in 5%, substance abuse in 5%, schizophrenia in 5%, bipolar affective disorder in 2% and tic disorder in 1% patients (Table II).

Table II: Distribution of psychiatric disorders in obsessive-compulsive disorder patients (n=100)

Psychiatric comorbidity	Frequency	Percentage (%)
Depressive Disorder	63	63
Mixed Anxiety and Depressive Disorder	22	22
Panic disorder	7	7
Social phobia	5	5
Generalized Anxiety Disorder	5	5
Substance use disorder	5	5
Schizophrenia	5	5
Bipolar Affective disorder	2	2
TIC Disorder	1	1
No comorbidity	20	20

The total will not correspond to 100% because of multiple comorbidities in individual patients

Table I: Distribution of OCD patients according to sociodemographic profile (n=100)

Characteristics	Number	Percentage (%)
Age in years		
≤20	32	32
21 -40	62	62
41 -60	6	6
Mean±SD	28.31±10.21	
Sex		
Male	43	43
Female	57	57
Marital status		
Married	72	72
Unmarried	24	24
Other	4	4
Habitat		
Urban	63	63
Rural	37	37
Education		
Illiterate	8	8
Primary	16	16
Secondary	24	24
Higher	15	15
Secondary Graduation	21	21
Post Graduation	16	16
Occupation		
Service	26	26
Business	10	10
Labor	12	12
Farmer	14	14
Housewife	27	27
Student	11	11
Monthly income		
≤10000	14	14
10001 - 20000	61	62
20001 - 30000	12	12
30001 - 40000	7	7
>40000	5	5
Religion		
Muslim	88	88
Hindu	9	9
Other	3	3

Discussion

One hundred patients with OCD were examined in the current study, and the findings are as follows. The patients in this research ranged in age from 18 to 60 years. Only 6% of the patients were over 40 years old, while 94% of the patients were under 40. The mean age of the OCD patients was 28.31 ± 10.21 years. This study is corroborated by research conducted by Chakraborty and Banerji who discovered that 78% of the patients were under the age of 40. The average age was 30.70 ± 10.77 . This conclusion is in line with prior research.¹⁻³ This finding is supported by the study of Chakraborty and Banerji.⁷

In this study, gender wise distribution showed that 57% of patients were female whereas 43% were male. This finding is consistent with other studies.¹⁻³ This finding is not supported by the study of Elizabeth et al.⁸ who found 68.8% were males and 31.2% were females. An earlier study by Garci-Soriano et al.⁹ reported that 52% were males and 48% females.

In this investigation, it was shown that 52% of patients had a higher than secondary education, 40% had a middle-class education, and just 8% were illiterate. Numerous investigations have supported these findings as well.^{1-5,10} It revealed that the majority of OCD patients have education above middle school. In the current study, 72% of patients were married, 24% were single, and 4% were divorced, separated from their spouses, or widows or widowers. The results of this investigation, when it came to marital status, agreed with those of Verma et al.³ Male patients are more likely to be single than female patients, according to Mathis et al.¹¹ A prior research by Elizabeth A. Nelson et al.¹² discovered that a sizable number of the patients (40.0%) were married.

The present study revealed that 63% of the patients resided in urban areas, while the remaining 37% were from rural areas. These findings are consistent with previous research,^{1,3,6,7} which also reported a higher prevalence of OCD among individuals residing in urban regions. This could be attributed to easier access to psychiatric services, greater awareness, and better knowledge about mental health among urban populations.

Psychiatric comorbidity in patients with OCD was assessed in this study using the ICD-10 criteria. The results indicated that a significant proportion of patients experienced various psychiatric disorders. Specifically, 63% of patients had depressive disorders, 22% had mixed anxiety and depressive disorder, 17% had other anxiety disorders (such as panic disorder, social phobia, and generalized anxiety disorder), 5% had substance use disorder, 5% had schizophrenia, 2% had bipolar affective disorder, and 1% had tic disorder. These findings are in line with earlier studies^{3,5,9,13} that reported comorbid psychiatric disorders in 80% of OCD patients, with depression being the most common comorbidity observed in 60% of cases. These findings are consistent with several other studies¹⁻⁶ that have also reported a high prevalence of comorbid major depressive disorder and other anxiety disorders (such as panic disorder, specific and social phobia, and generalized anxiety disorder) among individuals with OCD.

Conclusion

This study shows psychiatric co-morbidities are very common in patient suffering from OCD. Depressive disorder, and mixed anxiety and depressive disorder are the two most common co-morbid disorders.

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References

1. Dar SA, Dar MM, Sheikh S, Haq I, Azad AM, Mushtaq M, Shah NN, Wani ZA. Psychiatric comorbidities among COVID-19 survivors in North India: A cross-sectional study. *Journal of education and health promotion*. 2021;10.
2. Karno M, Golding JM, Sorenson SB, et al. The epidemiology of obsessive-compulsive disorder in five US communities. *Arch Gen Psychiatry* 1988;45: 1094– 1099 2. Ruscio AM, Stein DJ, Chiu WT, Kessler RC. The epidemiology of obsessive-compulsive disorder in the National Comorbidity Survey Replication. *Molecular Psychiatry* 2008;94:34-40.
3. Gajanand Verma, Brajesh Kumar Mahawer, Charan Singh Jilowa, 4 Dr. Ramchandra Lamba. Psychiatric Comorbidity in Obsessive Compulsive Disorder: Severity of Anxiety and Depression. *International Journal of Science and Research (IJSR)* 2014;1558-1562.
4. Janardhan Reddy YC, Srinath S. The relationship of obsessive compulsive disorder to putative spectrum disorders: results from an Indian study. *Comprehensive Psychiatry* 2003; 44:317-323.
5. Natasha1 , Rakesh Yaduvanshi2 , Raman Baliyan3 , Ramjan Ali4 , Abhinav Kuchhal5 , C. S. Sharma Psychiatric Comorbidities in Patients with OCD: Study from A Tertiary Centre of North India *International Journal of Contemporary Medical Research* 2020;7(12):L6-L10.
6. Torres et al. Obsessive-Compulsive Disorder: Prevalence, Comorbidity, Impact, and Help-Seeking in the British National Psychiatric Morbidity Survey of 2000. *Am J Psychiatr* 2006;163:1978–1985.
7. Girishchandra B.G., Sumant Khanna. Phenomenology of Obsessive Compulsive Disorder: A Factor Analytic Approach. *Indian Journal of Psychiatry* 2001; 43 :306- 316.
8. Elizabeth A. Nelson, Jonathan S. Abramowitz, Stephen P. Whiteside, Brett J. Deacon. Scrupulosity in patients with obsessive-compulsive disorder: Relationship to clinical and cognitive phenomena. *Anxiety Disorders* 2006; 20: 1071–1086.

9. García-Soriano G. et al. Factors Associated with NonTreatment or Delayed Treatment Seeking in OCD Sufferers: A Review of the Literature. *Psychiatry Res.* Dec 2014;15;220:1-10.
10. Khurana S. et al. A clinical study of the multi-dimensional model of Obsessive-Compulsive Disorder (OCD). *Integrated Journal of Social Sciences*, 2014;1:249-253.
11. MA Mathis et al. Gender differences in obsessivecompulsive disorder: a literature review. *Rev Bras Psiquiatr.* 2011;33:390-399.
12. Nelson EA, Abramowitz JS, Whiteside SP, Deacon BJ. Scrupulosity in patients with obsessive-compulsive disorder: Relationship to clinical and cognitive phenomena. *Journal of anxiety disorders.* 2006 Jan 1;20(8):1071-1086.
13. Rahman MH, Kamal AHMKM, obsessive-compulsive disorder a study on clinical phenomenology. *JAFMC Bangladesh* 2010; 6: 13-16.