

Symptom Profile of Hundred Patients with Obsessive-Compulsive Disorder in a Tertiary Care Hospital of Bangladesh

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Abstract

Objectives: Obsessive-compulsive disorder (OCD) is a chronic and debilitating neurotic illness which affects about 1-3% of the population globally. However, the phenomenological aspects of OCD are not well studied in Bangladesh. We aimed to see the symptom profile of 100 OCD patients based on the Yale Brown Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) symptom check list.

Methods: This cross-sectional study was conducted from January 2016 to July 2017 using purposive sampling technique. A total of 100 OCD patients were recruited from OCD clinic of Bangabandhu Sheikh Mujib Medical University after considering the inclusion and exclusion criteria. Data were collected by face to face interview with semi structured questionnaire.

Results: The mean age of the 100 respondents was 25.02 ± 7.14 years, 65% were male, 72% were unmarried, 64% were from rural background, and 57% were students. Dirt and contamination were found in 47% of respondents, followed by the miscellaneous, religious, aggression and sexual contents. Cleaning was found in 41% of respondents, followed by the checking (10%), miscellaneous (8%), repeating, orderliness and hoarding compulsions.

Conclusions: Current study revealed dirt and contamination as the commonest obsession and cleaning as the commonest compulsion in Bangladesh.

Keywords: Obsessive-Compulsive Disorder; Bangladesh; Obsessions; Compulsions

Introduction

Obsessive-compulsive disorder (OCD) is a debilitating chronic mental illness, which affects about 1-3% of the global population [1-4]. The Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) defines OCD as the presence of obsessions and/or compulsions that are severe enough to consume extra time or creates marked distress or significant functional impairment [5]. The DSM-5 further mentions that obsessions are persistent and intrusive thoughts, images, impulses and cause marked anxiety and distress, whereas compulsions are repetitive overt and/or covert activities with a goal to prevent or reduce anxiety or distress in responses to the obsessions [5]. The disorder diminishes the quality of life and causes high level of social and occupational impairment, which is related with severity of OCD symptoms [5]. OCD is a common and disabling condition in Bangladesh likewise other parts of the world which is not studied properly in the country. So, see the symptom profile of 100 OCD patients based on the Yale Brown Yale-Brown Obsessive-Compulsive Scale symptom check list.

Methods

Ethical Aspects

The authors were duly concerned regarding the ethical perspective of the study. Formal institutional review board approval was taken from Bangabandhu Sheikh Mujib Medical University (BSMMU) (BSMMU/2016/11635). The overall study steps were reported to BSMMU research and development cell. Informed written consent was taken from the respondents after detailing the study objectives, methods,

risks and benefits. Data were collected by the trained graduate physicians who are currently pursuing post graduate degree in Psychiatry. Confidentiality of data was ensured adequately and any unauthorized access to data was not possible.

Data collection

This study was conducted in Obsessive-Compulsive Disorder clinic of the outpatient department from January 2016 to July 2017. The data set was composed of 100 patients with obsessive-compulsive disorder diagnosis according to DSM-5 criteria visiting the clinic. Patients who were excluded had either active psychotic disorder, active manic episode, organic brain syndrome, mental retardation and acute substance withdrawal. Face-to-face interview was conducted with a semi structured questionnaire which includes demographic variables, psychiatric diagnoses (DSM-5) and Y-BOCS symptom checklist. Data were processed and analyzed by Statistical Package for Social Science (SPSS) version 16 and Microsoft Excel 2007.

Results

The mean age of the 100 respondents was 25.02 ± 7.14 (Mean ± SD) years ranging from 12-52 years, 65% were male; 72% were unmarried, 64% were from rural background, and 57% were students. Hypothyroidism, Diabetes Mellitus, Bronchial Asthma, Skin disorders covered the major physical co-morbidities (Table 1). Depression was found as the most common psychiatric comorbidity, followed by anxiety spectrum disorders and personality disorders (Table 1). About 26% of the respondents had history of smoking, 6% had history of regular cannabis use and few others had history of yaba (Amphetamine) and alcohol, 11% of the respondents had history of suicidal attempt, 20% of the respondents had history self-harm, 45% of the respondents had family history of mental disorders, and 55% of the respondents were compliant to medications (Table 1). Dirt and contamination were found in 47% of respondents; followed by miscellaneous, religious, aggression and sexual contents (Figure 1). Cleaning was found in 41% of respondents; followed by the checking (10%), miscellaneous (8%), repeating, orderliness and hoarding compulsions (Figure 2). Only 2% were found to have subclinical, 10% had mild severity, 40% had moderate severity, 36% had severe grading, 12% had extreme severity (Figure 3). Severity is calculated based on the scores of Y-BOCS and as mentioned; subclinical:0-7, mild: 8 - 15, moderate: 16 - 23, severe: 24 - 31, extreme: 32 - 40 (Figure 3).

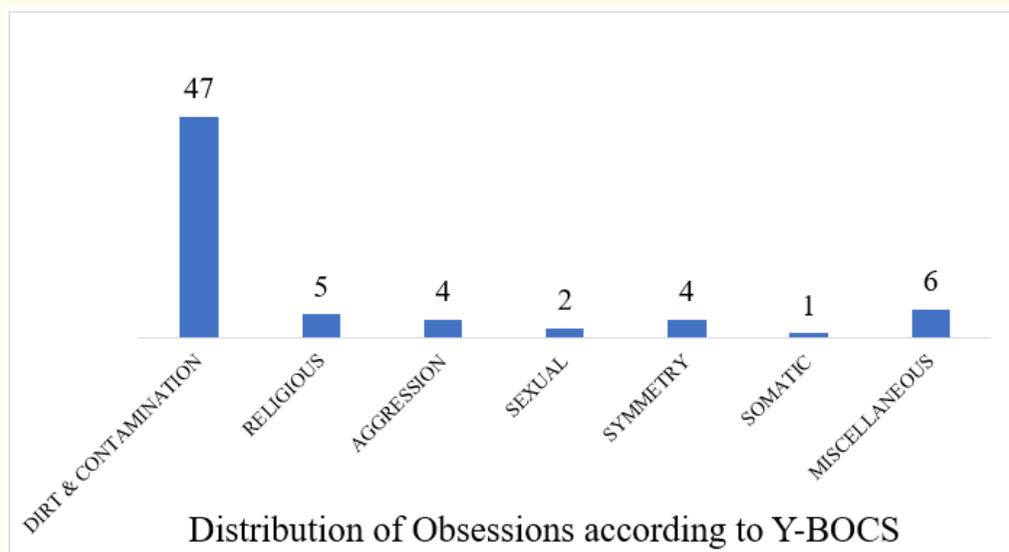


Figure 1: Distribution of Obsessions according to Y-BOCS.

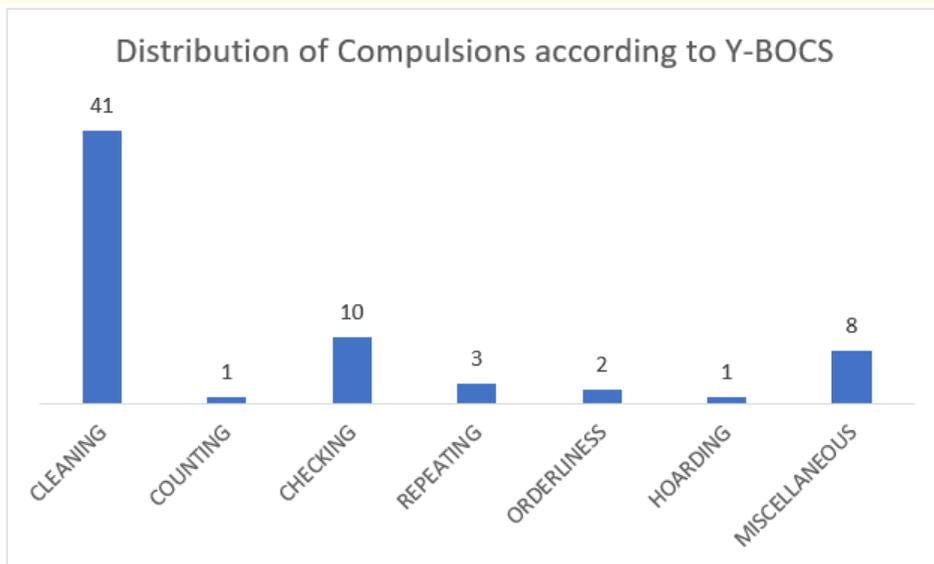


Figure 2: Distribution of Compulsions according to Y-BOCS.

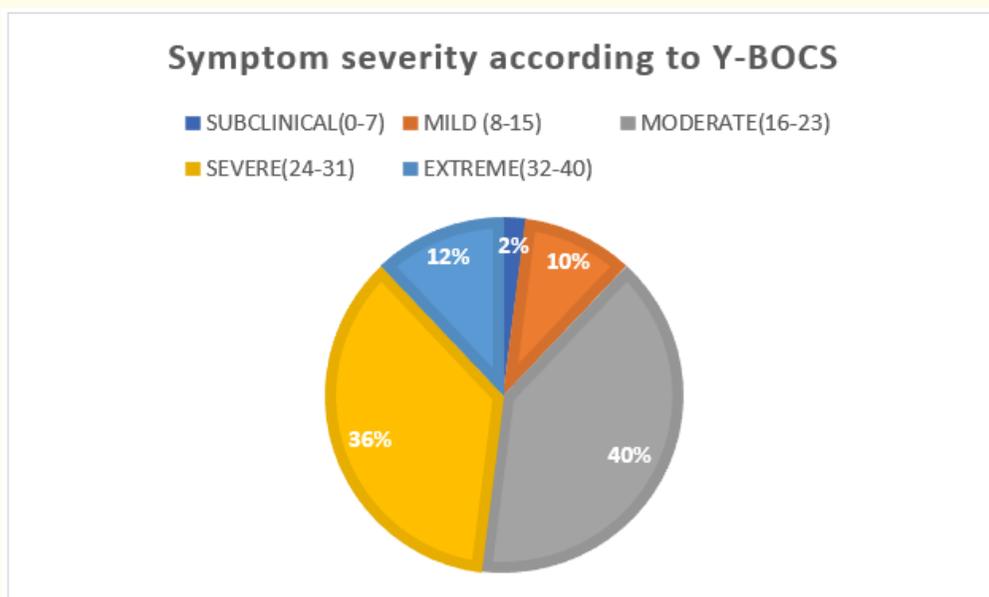


Figure 3: Distribution of symptom severity according to Y-BOCS.

Discussion

The aim of this study was to assess the distribution of OCD symptoms among the 100 patients attending at OCD clinic at a tertiary care teaching hospital. The mean age of the 100 respondents was 25.02±7.14 (Mean ± SD) years ranging from 12 - 52 years, 65% were male; 72% were unmarried, 64% were from rural background, and 57% were students. Similar demographic characteristics were noted in previous studies where male predominance is a persistent phenomenon in Bangladesh [1,2]. In previous study the age range was found from 08 to 63 years and the mean age was found as 26.6 (SD ± 9.9) years [1]. Depression was found as the most common mental illness,

Variable	Number	Frequency
Suicidal behavior		
History of self-harm	20	20
History of suicidal attempt	11	11
Compliance		
Yes	55	55
No	45	45
Miscellaneous		
Family history of mental illness	45	45
Smoker	26	26
Substance abuse	10	10
Comorbid mental illness		
Major Depressive Disorder	27	27
Generalized Anxiety Disorder	15	15
Social Phobia	13	13
Agoraphobia	5	5
Personality Disorder	5	5
Panic Disorder	3	3
Comorbid medical illness		
Hypothyroidism	10	10
Diabetes Mellites	4	4
Skin diseases	13	13
Bronchial Asthma	13	13
Total	100	100

Table 1: Distribution of clinico-pathological variables among the respondents (n = 100).

successively anxiety spectrum disorders, and personality disorders (Table 1). Similar comorbidities were noted in previous studies with few variations in males and females where males had more comorbid anxiety disorders and females had more depressive disorders [1]. A study conducted among the 60 child and adolescents revealed about 52% comorbidity which was quite high and among the comorbidities specific phobia was highest (10%) followed by depression [6]. In the current study, 45% of the respondents had family history of mental disorders, 55% of the respondents were compliant to medications. Exact finding revealing the family history of mental illness was noticed in a previous study with 60 child and adolescents in Bangladesh where same percentage of the children had history of mental illness among the 1st degree relatives [6]. Another study of 106 children revealed about 41% respondents had family history of psychiatric illness among the 1st degree relatives [3]. The findings can be explained by the heritability characteristics of the disorder. Dirt and contamination was found in 47% of respondents, followed by the miscellaneous, religious, aggression and sexual obsessions (Figure 1). Similar pattern of distributions of obsession was noticed in our previous study dirt and contamination was highest followed by aggression, religious, and sexual content [1]. However, among the children dirt and contamination was highest followed by miscellaneous obsessions and religious obsession [6]. Moreover, another study of 106 children revealed the highest percentage of patients had miscellaneous obsessions, followed by contamination obsession, religious obsession, aggressive obsession, somatic obsessions, and superstitious obsessions [3]. Cleaning was found in 41% of respondents, followed by the checking, miscellaneous, repeating, orderliness and hoarding compulsions (Figure 2). Cleaning contamination was found persistently high in other studies in Bangladesh. One of our previous study revealed cleaning as the highest compulsion followed by orderliness, checking and repeating [1]. Among the children with OCD revealed similar pattern

of the current study where the highest percentage of patients had washing/cleaning compulsion followed by checking compulsion [6]. Another study of child OCD revealed the highest percentage of patients had cleaning compulsion, followed by checking compulsion [3]. In the current study, only 2% were found to have subclinical, 10% had mild severity, 40% had moderate severity, 36% had severe grading, 12% had extreme severity (Figure 3). A study among 106 children revealed the severity as severe in 49%, extreme in 28%, moderate in 10%, mild in 9%, subclinical in 4% respondents [3]. Current study had few limitations those should be mentioned as the relatively small sample size, study among the clinical sample of a single specialized center those would complicate to generalize this study results.

Conclusion

Current study revealed dirt and contamination as the commonest obsession and cleaning as the commonest compulsion in Bangladesh. Further large-scale studies in the community would explore the phenomenological aspects of OCD in Bangladesh.

Acknowledgements

None.

Conflict of Interest

None.

Bibliography

1. Algin S., *et al.* "Phenomenology of Obsessive Compulsive Disorder in Bangladesh: A Cross-sectional Observation". *Asian Journal of Psychiatry* 34 (2018a): 18-20.
2. Algin S., *et al.* "Validation of the Bangla version of the Dimensional Obsessive-Compulsive Scale". *Asian Journal of Psychiatry* 37 (2018b):136-139.
3. Mullick MSI., *et al.* "Phenomenology of Obsessive-Compulsive Disorder in Children and Adolescents: A Cross-Sectional Observation in Bangladesh". *Jentashapir Journal of Health Research* 8.4 (2017): e63414.
4. Rahman MH and Kamal AHMKM. "Obsessive-compulsive disorder a study on clinical phenomenology". *Journal of Armed Forces Medical College* 6.2 (2010): 13-16.
5. American Psychiatric Association. "Diagnostic and Statistical Manual of Mental Disorders, fifth edition". American Psychiatric Association, Washington DC (2013).
6. Chowdhury MHR., *et al.* "Clinical Profile and Comorbidity of Obsessive-Compulsive Disorder among Children and Adolescents: A Cross-Sectional Observation in Bangladesh". *Journal of Psychiatry* (2016): e9029630.

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