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Original Article

Characteristics of patients with obsessive-compulsive disorder: A study in the Community Based Medical College, Bangladesh

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Abstract

Background: *Obsessive-compulsive disorder (OCD) is a long-term mental health condition marked by persistent, intrusive thoughts and repetitive actions performed to alleviate anxiety. It can severely disrupt daily activities and diminish quality of life. Individuals with OCD frequently encounter difficulties in social, occupational, and personal domains due to the overwhelming and time-intensive nature of their symptoms. This study aimed to analyze the demographic and clinical features of obsessive-compulsive disorder patients.* ***Methods:*** *This descriptive cross-sectional study was carried out in the Department of Psychiatry at Community Based Medical College Bangladesh, Mymensingh, over six months from January to June 2021. A total of 83 individuals diagnosed with obsessive-compulsive disorder (OCD) were purposively selected as study participants. Data collection was performed using a structured, pre-designed questionnaire, and the analysis was conducted utilizing MS Office tools.* ***Results:*** *Nearly one-third of participants (32.5%) was aged 46 to 60 years and exhibited cleaning symptoms (36.1%). The gender and residency distribution were nearly balanced, with 66.3% of participants being married. The mean total and the average duration of illness was 5.9 ± 4.7 years. A history of OCD (Family) was observed among 27.7% of participants. In terms of comorbidities, major depressive disorder was present in 51.8% of participants, with social phobia (26.5%), panic disorder (24.1%), and substance dependence (20.5%) also affecting more than 20% of participants.* ***Conclusion:*** *Aged married individuals are prone to obsessive-compulsive disorder, with major types of depressive disorder as the most prevalent comorbidity. Many OCD cases involve a family history and a habit of cleaning.*

Keywords: *Characteristics, Cleaning, Depressive disorder, Obsessive-compulsive disorder, Social phobia.*

Introduction: OCD is indeed a complex mental health status obvious by intrusive thoughts and compulsive behaviors enacted to mitigate these thoughts[1]. It impacts millions worldwide, with prevalence rates varying across populations, highlighting the necessity for comprehensive research that can help refine our understanding and enhance treatment strategies[2]. While OCD affects both genders relatively equally, there are some shreds of evidence of minor gender variances in how symptoms present[3]. Males are often observed to develop OCD symptoms at a younger age, with checking behaviors being more prevalent among them, whereas females tend to show cleaning compulsions more frequently[4]. The median age of onset is around 19 years, with about a quarter of cases beginning by age 14, emphasizing the importance of early diagnosis and intervention[5]. Both environmental and genetic factors are significant in the onset and progression of OCD. Studies indicate a hereditary component, involving an interplay of

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multiple genes affecting susceptibility[6]. Additionally, environmental factors like stressful life events and neuroinflammatory processes can trigger or worsen the condition[7]. The comorbidity of OCD with other psychiatric disorders like depression and anxiety indeed complicates its clinical presentation and treatment approaches[8]. Cognitively, individuals with OCD may show distinct thought patterns, particularly a heightened susceptibility to doubt and uncertainty[9]. Neuroimaging studies have identified abnormalities in the cortico-striatal-thalamo-cortical circuits, providing valuable insights into the neurobiology of OCD[10]. Understanding these cognitive and neurological traits is essential for refining cognitive-behavioral therapies (CBT), which are a cornerstone of OCD treatment. These therapies are often complemented by pharmacotherapy, particularly with selective SSRIs[11]. Despite advances in understanding and treating OCD, its heterogeneous nature continues to pose challenges, especially in treatment-resistant cases. This situation underscores the need for novel therapeutic strategies, such as deep brain stimulation and emerging pharmacological interventions that target specific neurotransmitter systems[12]. Additionally, psychosocial factors, like family dynamics and cultural attitudes toward mental health, significantly affect how the disease is perceived, treatment-seeking behaviors, and adherence to therapy, making a holistic approach to patient care essential[13]. A comprehensive exploration of OCD involves examining demographic, genetic, environmental, cognitive, and neurobiological aspects.

METHODOLOGY

This cross-sectional study was conducted in the Department of Psychiatry at Community Based Medical College Bangladesh, Mymensingh, between January and June 2021. A total of 83 patients diagnosed with OCD were enrolled using a purposive sampling technique. Informed written consent was obtained from all participants prior to data collection.

Inclusion criteria:

- Diagnosed cases with OCD.
- Duration of diseases for >1 year.
- Agree to participate and assign the consent.

Exclusion criteria:

- Duration of diseases for <1 year.
- Disagree to participate.

The intervention adhered to the ethical principles of human research as outlined in the Helsinki Declaration[14] and complied with relevant regulations, including the General Data Protection Regulation (GDPR)[15]. Data collection was performed using a structured pre-designed questionnaire, and the gathered information was analyzed using MS Office tools.

RESULT

Our socio-demographic data highlights a varied age distribution: 9.6% were 18 years or younger, 41.0% between 19 and 35, 32.5% between 46 and 60, and 16.9% were over 60. The gender distribution was nearly balanced, with a slight male majority (54.2% male and 45.8% female). We found that 66.3% of cases were married, and 33.7% were single. Educationally, the largest group had primary education (38.6%), followed by secondary education (31.3%). Additionally, 14.5% had a college education or higher, while 15.7% were illiterate. The residency distribution in our study was nearly even, with 48.2% of participants living in urban areas and 51.8% in rural ones. Regarding symptoms, 36.1% reported cleaning symptoms, while religious symptoms were observed in 19.3%, fears in 15.7%, and vague symptoms in 12.0% of participants. The average Y-BOCS score was 27.4 with a standard deviation of 5.3. Anxiety was present in 50.6% of participants as an associated psychiatric manifestation, and depression was observed in 38.6% of cases. In our study, the average duration of illness among respondents was 5.9 years, with a standard deviation of 4.7 years. A family history was observed in 27.7% of participants. As for comorbidities, major depressive disorder was prevalent in 51.8% of participants. Other significant comorbidities included social phobia in 26.5%, panic disorder in 24.1%, and substance dependence in 20.5% of cases.

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Table 1: Socio-demographic data

Characteristics	n	%
Age distribution		
≤18 years	8	9.6%
19-35 year	34	41.0%
46-60 years	27	32.5%
>60 years	14	16.9%
Gender distribution		
Male	45	54.2%
Female	38	45.8%
Marital status		
Single	28	33.7%
Marriage	55	66.3%
Educational status		
Illiterates	13	15.7%
Primary	32	38.6%
Secondary	26	31.3%
College & above	12	14.5%
Residency		
Urban	40	48.2%
Rural	43	51.8%

Table 2: Clinical features of patients

Characteristics	n	%
Symptom distribution		
Cleaning	30	36.1%
Religious	16	19.3%
Fears	13	15.7%
Vague	10	12.0%
Sexual Images	6	7.2%
Mixed	8	9.6%
Associated psychiatric manifestations		
Anxiety	42	50.6%
Depression	32	38.6%
Sleep	14	16.9%
Duration of illness		
Years	5.9 ±4.7	
Family history of OCD		
Present	23	27.7%
Comorbidities		
Major depressive disorder	43	51.8%
Social phobia	22	26.5%
Panic disorder	20	24.1%
Substance dependence	17	20.5%
Eating disorder	12	14.5%
Specific phobia	10	12.0%
Autism	8	9.6%
Somatoform disorder	5	6.0%

DISCUSSION

The socio-demographic data in our study revealed a diverse age distribution, with 41.0% of participants aged between 19 and 35 years, and 32.5% between 46 and 60 years. A similar age distribution was noted in an Iraqi study[17]. The gender distribution was nearly balanced, with a slight male predominance, mirroring findings from another Asian study[18]. In terms of marital status, two-thirds of our participants were married, and one-third were single, with a similar pattern observed by van Oudheusden et al.[19]. Regarding educational status, the majority of participants had primary education (38.6%), followed by secondary education (31.3%), consistent with Hussein et al.'s study[17]. In our study, the residency distribution was approximately equal between urban and rural areas. Regarding symptoms, over one-third of participants had cleaning symptoms, and more than 10% experienced religious symptoms, fears, and vague symptoms, similar to findings by Hussein et al.[17]. Anxiety was present in nearly half of the participants as an associated psychiatric manifestation, with some cases also experiencing depression, consistent with previous studies[17]. However, there seems to be an inconsistency regarding the mean age, as our mentioned participants have a mean ± SD age of 5.9 ± 4.7 years[18], which seems unlikely for an OCD study. In our study, about one-fourth of the participants had a family history of OCD. Comorbidities included depressive disorder (Major) in most participants, while more than 20% had social phobia, panic disorder, and substance dependence, consistent with Liu et al.[18] and other research[19]. These insights could inform future studies. Despite the substantial challenges like suffering, high rate of comorbidity, disability, and low response to treatment associated with OCD, the issue of suicidal behavior among patients with OCD has been relatively overlooked[21]. This underscores the need for increased awareness and attention to OCD and its associated risks.

LIMITATION OF THE STUDY:

This study was single-centered, involved a limited sample size, and was conducted over a relatively short duration. Consequently, the findings may not fully reflect the broader, nationwide context. To address these limitations in future studies, expanding the sample size, including multiple centers, or extending the study duration to enhance generalizability is necessary.

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CONCLUSION & RECOMMENDATION

Married individuals of older age groups exhibit a heightened vulnerability to obsessive-compulsive disorder (OCD), with major depressive disorder frequently co-occurring as a comorbid condition. A family history of OCD and compulsive cleaning behaviors were prominent factors identified in a substantial proportion of cases. These findings highlight the critical role of thorough family and lifestyle evaluations in this population to facilitate the early detection and management of OCD. Further research is warranted to elucidate the underlying mechanisms and to formulate targeted therapeutic approaches.

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