

Original Research Article

A cross sectional study of sociodemographic profile, disability and family burden in patients with obsessive compulsive disorder

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ABSTRACT

Background: Obsessive compulsive disorder (OCD) is characterized by the presence of obsessions (intrusive and unwanted repetitive thoughts, urges, or impulses that often lead to a marked increase in anxiety or distress) and/ or compulsions (repeated behaviours or mental acts that are done in response to obsessions). OCD patients report general impairment in their functioning and family burden. They also suffer from disability in several areas of daily life.

Methods: This study has a cross-sectional design, and author included total 200 consecutive selected OCD patients diagnosed according to International Classification of Disease (ICD)-10.

Results: Most of respondent included in this study were married male (74%), belonged to Hindu religion and urban background (68%) with mean age of 33 year (SD=9.91), 88% subjects were found to be employed in this study, educated middle standard and above. In this study, maximum disability was noted in domains of work (mean score 1.10) and communication and understanding (mean score 0.70), the impairment in interpersonal activity was lesser (mean score 0.34). The domain in which the maximum burden was found among family members is disruption of routine/ family activities overall (52%).

Conclusions: The study aimed at assessing the burden in families and disability in subjects having OCD. Subjects were of either sex having age 16 and above. All subjects were assessed using following structured clinical instruments, Yale-brown symptom check list, Yale-brown obsessive-compulsive symptom severity scale, family burden interview, and Indian disability evaluation and assessment scale.

Keywords: Disability, Family burden, Obsessive compulsive disorder, Sociodemographic profile

INTRODUCTION

Obsessive compulsive disorder (OCD) is characterized by the presence of obsessions (intrusive and unwanted repetitive thoughts, urges, or impulses that often lead to a marked increase in anxiety or distress) and/ or compulsions (repeated behaviours or mental acts that are done in response to obsessions).¹ OCD has surprisingly similar features in children and in adults, but compulsions are typically more central to the presentation earlier in life, with some children either not experiencing obsessions, or

being unable to articulate them.¹ Community studies indicate a higher prevalence of OCD in females, but in clinical contexts there are roughly equal numbers of male and female patients.^{1,2} Among adults, men and women are equally likely to be affected but among adolescents, boys are more commonly affected than girls. The lifetime prevalence of OCD is estimated to be ~2% to 3%. The findings of such high rates of OCD in epidemiological studies resulted in OCD being labeled as a "hidden epidemic". It is twice as prevalent as schizophrenia and bipolar disorder and the fourth most common psychiatric

disorder and it is one of the 10 most disabling medical conditions worldwide. The mean age of onset is ~20 years. OCD patients report general impairment in their functioning and family burden. They also suffer from disability in several areas of daily life.^{3,4}

METHODS

This cross sectional observational study was carried out from February 2017 to December 2017 on patients in the department of Psychiatry at tertiary care teaching hospital in north India. Total 200 consecutive patients diagnosed as suffering from OCD (according to ICD-10) constituted the sample for study. Patients were interviewed and author took a written informed consent from patients before assessment. Parents or spouses of the subjects were also interviewed, as they were the relatives who experienced maximum burden. After obtaining information about socio-demographic factors, subjects were administered with appropriate scales designed for the study.

Inclusion criteria

- Patients attending psychiatry OPD at tertiary care hospital in Hadoti region, Rajasthan.
- Patients fulfilling diagnostic criteria for OCD as per ICD-10.
- Patients of either sex having age 16 year and above.
- Patients ready to give informed consent.
- Availability of primary care giver involved in the care of the patient.

Exclusion criteria

- Patients having comorbid psychiatric illness.
- Patients having history of alcohol and other substance abuse.
- Patients with any major medical and surgical illness.
- Patients unwilling to give consent.
- Patients not having any available with them a primary caregiver individual.

Before starting the study approval of the ethical committee was taken and after the written informed consent was obtained, all the patients were evaluated on the specially designed proforma to obtain Socio-demographic characteristics and detailed history. Physical examination and relevant investigations were done to rule out organic cause. Yale Brown Obsessive Compulsive Scale (Y-BOCS) was applied to record the severity of OCD and Indian Disability Evaluation and Assessment Scale (IDEAS) was applied for measuring the disability and the family burden Interview (Pai and Kapur, 1981) for assessing the family burden.

Statistical analysis were performed using the statistical package for the social sciences (SPSS) version 20. The sample data was expressed using descriptive statistics such as mean, standard deviation, percentage, ranges etc.

RESULTS

The study group mainly consisted of mean age of OCD subjects was 33 year (SD=9.91). Single persons are more frequently affected with OCD than are married persons but in this study, author found strange finding that most of respondent included in this study were married male (74%), belonged to Hindu religion and urban background (68%). In spite of being severely ill, only 24 (12%) subjects with OCD were found to be unemployed in this study. In majority of patients the education level was middle standard and above. In this study majority of patients (88%) were belong to middle socioeconomic group (Table 1).

Table 1: Sociodemographic profile.

Domains		N (200)	Percent (%)
Age Distribution (years)	20 year or less	12	6
	21-30	80	40
	31-40	56	28
	41-50	44	22
	More than 50	8	4
Gender	Male	148	74
	Female	52	26
Marital Status	Married	148	74
	Unmarried	52	26
Domicile	Rural	64	32
	Urban	136	68
Occupation	Self-Employed	68	34
	Housewife	48	24
	Agriculture	28	14
	Student	24	12
	Private	8	4
	Unemployed	24	12
Education	illiterate	24	12
	Primary	12	6
	Middle	44	22
	Secondary	36	18
	Sr. Secondary	32	16
	Graduate	48	24
	Postgraduate	4	2
Socio-Economic class	Upper class	16	8
	Upper middle class	40	20
	Middle class	48	24
	Lower middle class	88	44
	Lower class	8	4

According to interpretation of IDEAS, the study group comprised of mainly people with mild disability (80%), remaining 20% had moderate disability and are entitled to benefits under Rights of Persons with Disabilities Act, 2016 (Table 2).

Table 2: Disability of patients with OCD according ideas.

Ideas Global	N (200)	Percent (%)
Mild disability	160	80
Moderate disability	40	20
Severe disability	0	0
Profound disability	0	0
Total	200	100

Table 3: Ideas scoring.

Domains	Mean score	Std. deviation
Self-care	0.10	0.30
Interpersonal activities	0.34	0.63
Communication and understanding	0.70	0.78
Work	1.10	0.89
IDEAS global	1.20	0.404

In the OCD subjects, maximum disability was noted in domains of work (mean score 1.10) and communication and understanding (mean score 0.70), the impairment in interpersonal activity was lesser (mean score 0.34), and the least affected domain was self-care (mean score 0.10) (Table 3). Because of maximum disability in work related domain, they will suffer from financial issues.

More educated patient had less disability IDEAS score in Communication and Understanding and Work domain and global score as compare to the patients with less education.

In this study the domain in which the maximum burden was found among family members of OCD patients is disruption of routine/ family activities overall (52%). Significant burden was also found in disruption of family

interaction overall (46%), in disruption of family leisure overall (44%), financial burden overall (38%) and effect on physical health (04%), mental health of others (04%) was minimum.

Table 4: Family Burden Interview (FBI).

Domains of burden	N (200)	Percent (%)
Financial burden overall	No burden	124 62
	Moderate burden	72 36
	Severe burden	4 2
Disruption of routine/family activities overall	No burden	96 48
	Moderate burden	92 46
	Severe burden	12 6
Disruption of family leisure overall	No burden	112 56
	Moderate burden	68 34
	Severe burden	20 10
Disruption of family interaction overall	No burden	108 54
	Moderate burden	84 42
	Severe burden	8 4
Effect on physical health of others overall	No burden	192 96
	Moderate burden	8 4
	Severe burden	0 0
Effect on mental health of others overall	No burden	192 96
	Moderate burden	8 4
	Severe burden	0 0

In all domains of family burden schedule mostly were suffering from moderate category of burden (Table 4). Figure 1 is showing comparative family burden in all domains of family burden schedule with level of burden.

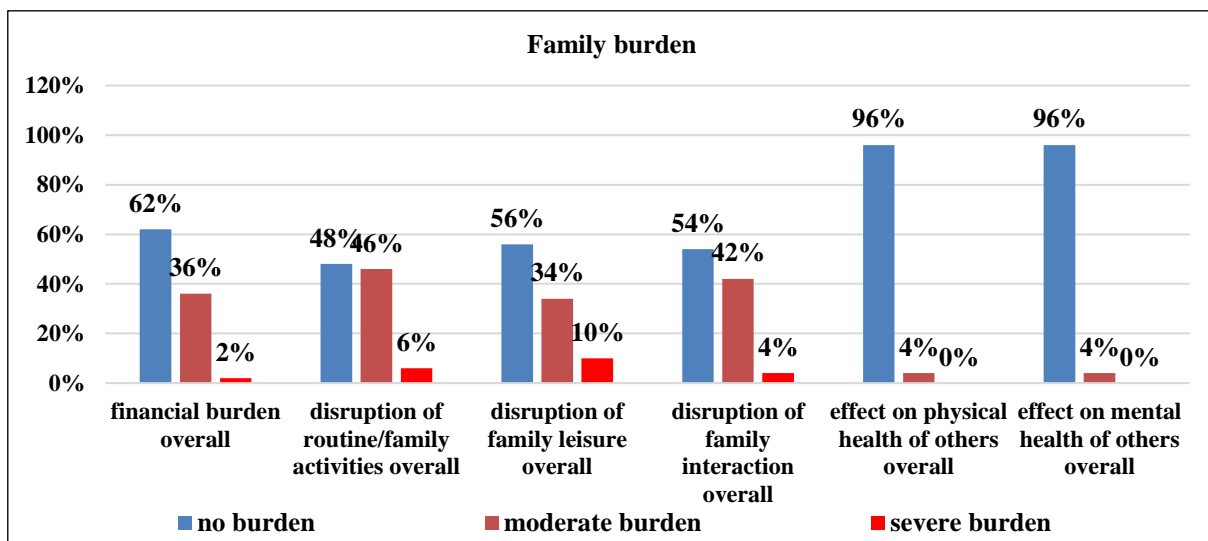


Figure 1: Comparison of family burden domains.

DISCUSSION

The mean age of OCD subjects was 33 year (SD=9.91). Single persons are more frequently affected with OCD than are married persons but in this study author found strange finding that most of respondent included in this study were married male (74%), belonged to Hindu religion and urban background (68%). In majority of patients the education level was middle standard and above. This is consistent with RK Solanki et al, (2010) in which mean age was 29.08 years and in Bobes et al, mean age was 34.08 years.^{4,5} In spite of being severely ill, only 24 (12%) subjects with OCD were found to be unemployed in this study, which is consistent with earlier study by Koran et al, (1996), in which 15% patients were found unemployed.⁶ In this study most of patients were belongs to middle Socio-Economic class according to B.G. Prasad scale January 2017.

In the OCD subjects, maximum disability was noted in domains of work (mean score 1.10) and communication and understanding (mean score 0.70), the impairment in interpersonal activity was lesser (mean score 0.34), and the least affected domain was self-care (mean score 0.10). This finding is consistent with previous Indian studies by RK Solanki et al, in which Work (mean score 0.09) and Communication and Understanding (mean score 0.04) and Mohan et al, GP Gururaj et al.^{3,5,7} Among OCD patients, poor concentration and the need to engage in compulsive, repetitive behaviour may significantly hamper functioning. This finding is supported by Goodman and others who assessed 42 OCD outpatients 54 entering a medication trial.⁸ These findings indicated moderate to significant interference in functioning for most individuals which OCD, with compulsions slightly more problematic than obsession, similar findings were in Fenton W.S. (1990).⁹

C. Jayakumar et al, found that caregivers of patients with OCD experienced a high degree of burden in spouse related areas.¹⁰ The key relatives in OCD group often encountered problems such as poor support from spouse in family responsibilities, inadequate satisfaction of emotional and sexual needs, and deteriorated marital relationship which is consisted with Emmelkamp P.M.G. et al.¹¹ The families of OCD patients report considerable burden due to illness and reduce their social activities, leading to an increase in their feeling of isolation and distress. Similar finding has been noted in this study as well. Cooper has revealed that about half of the family members of patients with OCD face financial hardships.¹² Similar findings also revealed in this study. The domain in which the maximum burden was found among family members is disruption of routine/ family activities overall (52%). Significant burden was also found in disruption of family interaction overall (46%), in disruption of family leisure overall (44%) and financial burden which is consistent with findings seen of previous Indian studies by Sandeep Grover et al, GP Gururaj et al, and Mohamed G. Negam et al.^{3,13,14} In present study family burden was

significantly higher in relatives of patients with poor insight. Patients with poor insight do not consider themselves ill and do not accept the symptoms, which results in less compliance for treatment, leading to increase severity of the disease and hence higher burden. Similar finding is noted in study done by Chakrabarty S et al, and Steketee G, Black D W et al.¹⁵⁻¹⁷

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