

A Study of Quality of Life and Disability in Patients of Obsessive-Compulsive Disorder in Remission

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Abstract

INTRODUCTION:

BACKGROUND AND AIM: The disability burden and the quality of life (QOL) of patients suffering from OCD spectrum disorder is well established in last decades after long standing research in different socio cultural settings. The study was conducted to assess the QOL and disability burden between males and females in Indian socio-cultural context.

MATERIAL AND METHODS: In this study 36 males and 36 females were in the age group of 30-45 yrs selected at OPD of Mental Health Institute (COE), S.C.B. Medical College and an urban modern Neuro- psychiatric Consultation Centre at Cuttack, who had fulfilled remission criteria OCD (Y-Bocs score d" 14). The Socio-demographic data, the WHO-QOL BREF Odia version and IDEAS were administered to all these pts who had given their consents for the study. **RESULTS:** There is no significance difference found with respect to four domains of QOL

(Physical, Psychological, Social relationship and Environment) and Mental Disability (Self care, IPA, Communication and understanding and Work) between males and females patients of OCD in remission.

CONCLUSION: In Indian socio-cultural context there is no significant difference found in QOL and Mental disability between males and females of OCD patients in remission.

KEY WORDS: Obsessive-compulsive Disorder (OCD), W.H.O. Quality of Life (QOL), Disability.

INTRODUCTION

Obsessive-compulsive Disorder (OCD) is the 10th leading cause of disability among all medical conditions in the industrial world.¹ Although OCD is relatively an uncommon disorder, but because of its social burden, disability, significant distress, impairment of functioning and variations of the course of disease, in recent times it is categorized as a separate entity, known as

Obsessive-compulsive Spectrum Disorder in DSM-V.² The Quality of life of persons with OCD was reported to be poorer than depressed patients³ and as well as other neurotic disorders.⁴

Quality of life (QOL) is defined by the World Health Organization (WHO) as an individual's perception of their position in life in the context of culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.⁵ The Quality of life is better approached as a multidimensional domain of life covering certain number of culturally accepted domains for better functioning at a particular locality.⁶ Based on WHO's QOL-Bref scale, our study has been focused on four domains of QOL, i.e., Physical, Psychological, Social Relationship and Environment.

Different research studies have been established the fact that OCD patients report general impairment in their functioning and poor functioning of quality of life. Also they suffer from Disability in several areas particularly social, marital, emotional and occupational spheres.^{7,8} Since long WHO's definition of "Health" emphasized the importance of wellbeing besides absence of disease, which is now shifted towards understanding the consequence of health conditions in terms of disabilities that are experienced at the level of the body, person and the society.⁹

From different research studies it has been concluded that severe OCD patients

were found to have significant disability and poor quality of life comparable to Heroin dependents and schizophrenia^{10,11} and even worse than schizophrenia.¹² Different studies have been done to find out the quality of life of patients of OCD, which is influenced by different phenomenology in different cultures and taking into account the relationship between the severity of the disorder and different domains of QOL.⁶

The phenomenology of Obsessive-compulsive symptoms, the quality of life and the disability burden are different in different cultures by taking the social, marital and occupational roles of males and females in different settings in different countries.

This study is a new study where focus has been given to assess the quality of life and disability burden between males and females of remitted OCD patients. This study is a hospital based study done at Mental Health Institute (COE), S.C.B. Medical College, Cuttack, Odisha. There is scarcity of gender related OCD studies in India, for which we have decided to conduct this kind of study.

AIM OF THE STUDY

1. To compare quality of life of male and female OCD patients in remission
2. To compare the level of mental disability among male and female OCD patients in remission.

MATERIALS AND METHODS

a) Type of Research Design

The study was a cross-sectional descriptive study design.

b) Procedure

This study was conducted in the OPD of Mental Health Institute (COE), S.C.B. Medical College, Cuttack, Odisha. A total of 72 samples (Male: 36 and Female: 36) were selected on purposive basis by following the inclusion and exclusion criteria. The patients who already have been diagnosed as Obsessive-compulsive Disorder by the Consultant Psychiatrist, having duration of at least five years, were screened out for remission phase from OPD of MHI and an urban modern Neuro- psychiatric Consultation Centre at Cuttack, on the basis of Y-BOCS score, i.e., d" 14.¹³ The study had been conducted for a period of 6 months. The information was collected from the patients as well as from the care givers. Those who had interested in taking part with this study are included. Through semi-structured interview all information were recorded in a carefully designed structured performa, i.e., Socio-demographic data sheet. Then WHO-QOL BREF and IDEAS were administered in each patient to assess quality of life and mental disability. The consent was taken from the patients and the caregivers to take part in the study.

c) Sample Design

Purposive sampling method was used for selecting the samples for the study. A total of 72 patients (Male: 36, Female: 36) were taken for the study.

d) Inclusion criteria

- i) Patients who are diagnosed as Obsessive-compulsive Disorder by the Consultant Psychiatrist.
- ii) Those who are in between age range of 30-45 yrs.
- iii) Duration of illness should be five to ten years.
- iv) Those who are earned a cutoff score of d" 14 in Y-BOCS.
- v) Key relative/ caregiver was defined as a family member living with the patient for minimum one year and present during onset of abnormal behavior and actively involved in patient care.
- vi) Those who are willing to provide informed consent to participate in the study are included.

e) Exclusion criteria

- i) Persons with other co-morbid psychiatric conditions and organic mental conditions.
- ii) Persons with co-morbid substance use.
- iii) Persons with other co-morbid physical illness.

f) Tools used

i) **Socio-demographic Data sheet:**

A structured performa was developed and used in this study to collect information about various socio-demographic variables, i.e., age, sex, education, religion, occupation, marital status, monthly income and socioeconomic status etc.

ii) **B.G. Prasad's Socioeconomic Status Scale (As per Consumer Price Index (CPI) for Industrial Workers of Nov 2015):** This scale has been used to determine the SES of these patients.

iii) **ICD-10 criteria** for the diagnosis of Obsessive-compulsive Disorder.

iv) **Yale-Brown Obsessive Compulsive Scale (Y-BOCS):**

This scale is developed by Goodman et al. It consists of 10-items (clinician-rated) for assessing the severity of obsessive compulsive symptoms in patients with OCD. Items are rated on a 0 to 4 point scale (0 = none, 4 = extreme) and based upon information obtained as reported and observed during the interview.

g) **WHO-QOL Bref :**

This scale is developed by World Health Organization. This consists of 26

items that concerns with the four domains (Physical, Psychological, Environmental and Social relations) of quality of life of a person.

h) **Indian Disability Assessment and Evaluation Scale (IDEAS):**

IDEAS was developed by the rehabilitation committee of Indian Psychiatric society. It has 4 items: self-care; interpersonal activities (social relationship); communication and understanding; and work. Each item is scored between 0 and 4. The global disability score is calculated by adding the total disability score (i.e. .total score of the above 4 items) and the DOI score (1 for a duration of illness < 2 years, 2 for 2-5 years, 3 for 6-10 years, and 4 for > 10 years). It has been tested in various centers. The alpha value of 0.87 indicates good internal consistency for its items.

i) **Method of Data analysis**

Data analysis was done by SPSS (Version 18.0) by using Parametric statistics, i.e., t test in order to assess the level of significant difference between the two groups of OCD patients , i.e., Male and Female. Chi-square was used for socio demographic variables.

ETHICAL CLEARANCE

Institutional Ethics Committee clearance was obtained prior to the commencement of the study.

RESULTS

A total of 72 participants were

included in this study. Majority patients were 30-35 yrs of age. Majority of patients in both groups were highly qualified, i.e., Graduated. Majority of patients were married. Most of

the patients were belonging from urban area. There was no statistically significant difference exist between these two groups with respect to socio-demographic variables.

(Table-1)

Table-1 (Comparison of Socio- demographic profiles among Males and Females of Obsessive-compulsive Disorder)

		OCD Male No. (%)	OCD Female No. (%)	X ²	Degrees of freedom	P value
Age groups (yrs)	30-35	19 (52.77%)	23 (63.88%)	.385	2	.825*
	36-40	11 (30.55%)	6 (16.66%)			
	41-45	6 (16.66%)	7 (19.44%)			
SES	Lower	0 (0%)	1 (2.77%)	8.591	5	.127*
	Upper lower	3 (8.33%)	7 (19.44%)			
	Lower Middle	6 (16.66%)	11 (30.55%)			
	Upper Middle	18 (50%)	12 (33.33%)			
	Upper	9 (25%)	5 (13.88%)			
Education	Matriculation	1 (2.77%)	7 (19.44%)	2.329	3	.507*
	Intermediate	5 (13.88%)	8 (22.22%)			
	Graduation	25 (%)	19 (%)			
	Post Graduation	2 ()	2 ()			
Marital Status	Married	20 (%)	26 (%)	2.167	1	.141*
	Unmarried	16 (%)	10 (%)			
Domicile	Rural	23 (%)	20 (%)	.520	1	.471*
	Urban	13 (%)	16 (%)			

**P* > .05 (Statistical insignificance at the .05 level)

Values are shown as the number (%) of patients.

There is no statistical significant difference found with respect to various domains or parameters of Quality of Life among Male and Female OCD patients in remission phase. (Table 2)

Table-2 (Comparison of Quality of Life scores between Schizophrenia and Obsessive-compulsive Disorder groups)

Domains (WHO-QOL BREF)	OCD Male (n=36)	OCD Female (n=36)	t value	p value
Physical Health	63.9722 (14.58862)	58.4722 (14.47853)	-1.606	.113*
Psychological Health	58.8056 (16.58540)	53.4444 (12.67493)	-1.541	.128*
Social relationship	61.50 (14.78706)	63.8611 (13.78851)	.701	.486*
Environment	63.1111 (13.54522)	61.9722 (16.34536)	-.322	.748*

* $P > .05$ (Statistical insignificance at the .05 level)

❖ Values are shown as Mean (Standard deviation)

❖ Abbreviation: WHO-QOL BREF= World Health Organization Quality of Life instrument, Bref version.

There is no statistical significant difference found with respect to various domains or parameters of Disability among Male and Female OCD patients in remission phase. (**Table 3**)

Table-3 (Comparison of Global disability scores between Males and Females of Obsessive-compulsive Disorder)

Items (IDEAS)	OCD Male (n=36)	OCD Female (n=36)	t value	p value
Self Care	.1944 (.40139)	.1667 (.44721)	-.277	.782*
Interpersonal activities	.8056 (.57666)	.9722 (.55990)	1.244	.218*
Communication and understanding	.3333 (.53452)	.3333 (.58554)	.000	1.000*
Work	.6111 (.49441)	.6389 (.59295)	.216	.830*
Global score	4.5833 (1.25071)	4.64 (1.46141)	.520	.605*

* $P > .05$ (Statistical insignificance at the .05 level)

v Values are shown as Mean (Standard deviation)

Abbreviation: IDEAS= Indian Disability Evaluation and Assessment scale

DISCUSSION

This study is one of the rarest studies in socio-cultural background of patients of OCD to compare the quality of life and disability between the two genders. Most of the QOL studies have been conducted in developed countries, whereas very few published studies from developing countries.¹⁴ In developing countries like India, the difference in QOL is due to cultural factors influencing the progress of psychiatric disorders (i.e., Schizophrenia) which has been documented by Kulhara.¹⁵ In India most of the psychiatric patients live with their families in the community. There is some evidence to suggest that perception of QOL by Indians differ from that of persons living in developed countries.¹⁶

According to Chaturvedi¹⁷, Indians give priority to peace of mind and spiritual satisfaction over physical and psychological functioning, while Europeans give higher priority to physical functioning¹⁸, which has a greater role at the time of morbidity than the normal functioning.

From our study sample it is concluded that there's no statistically significant difference in all the domains of QOL (i.e., physical, psychological, social relationship and environment) among male and female remitted patients of OCD. In accordance to the socio-cultural background of India, males work outside the house & do more outward activities in daily living and females remain

inside the house and involved more in the indoor home activities. In this circumstance, the psychosocial spheres of males are broader than females. But while coping with psychosocial distress in the remission phase of OCD, coping is almost equal in all parameters of QOL in case of both genders.

Although OCD patients in remission have disruptions in their social relationships with family members & friends as well as in occupational sphere leading to functional impairment in work related activities, it has been found out in this study that there's no statistically significant difference among remitted male and female OCD patients in all the parameters of Disability (Self care, IPA, Communication and understanding, Work).

In the remission phase of OCD although limited amounts of repetitive thoughts disturb the person in daily activities, but both male and female patients cope with these thoughts sufficiently to maintain the harmony of life.

CONCLUSION

1. From this study it can be concluded that there is no significant difference in various parameters of QOL (i.e., Physical, Psychological, Social relationship, Work) between male and female patients of OCD in remission with respect to Indian socio-cultural context.

2. Similarly there is no significant difference found in Disability among remitted male and female OCD patients by measuring different parameters of IDEAS (Self care, IPA, Communication and understanding, Work).

LIMITATIONS

The result of the current study should be interpreted against the back ground of following limitations which might have affected the observations.

1. Small sample size is not the correct measure while measuring Quality of life and Disability, which may have been changed by taking a large sample size.
2. The current study included patients with duration of 5-10 yrs to make

the sample homogeneous from which generalizations of the result after long years of sufferings can't be concluded.

3. WHO QOL BREF, although used in the regional language, is a generic instrument that was not specifically designed for Obsessive-Compulsive Spectrum Disorder. Hence, by using a combination of both generic and specific instruments may be more sensitive and accurate, giving rise to a correct clinical judgment.
4. As Obsessive-Compulsive Disorder is a disease with more off and on course of illness, hence by taking chronic stable patients, the real data from patients with chronic illness has not be excluded.

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