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Research Article

**THE OCCURRENCE RATE OF OBSESSIVE AND
COMPULSIVE SYMPTOMS (OCS) AMONG THE PATIENTS
SUFFERING FROM DEPRESSION**Dr Muhammad Naveed Jabbar¹, Dr Zain ul Abadeen², Dr Rabia Mushtaq²¹ Zhengzhou University Henan, China² DG Khan Medical College, DG Khan**Abstract:**

Aim of Study: This study was carried out to find out the occurrence rate of obsessive and compulsive symptoms (OCS) among the patients suffering from depression.

Study Design: A cross-sectional study.

Study Place and Duration: This study was carried out for the duration of one year starting from June, 2018 to May, 2019 at Allied hospital Faisalabad, Pakistan.

Methodology: A total number of 600 patients suffering from depression was selected in our study. With the assistance of senior medical officer or a consultant psychiatrist carried out the diagnosis of depression and related health problems as per 10th revision of the International Statistical Classification of Diseases (ICSD). Included all those patients of depression who were more than 18 years of age and were willing to participate in the study. Excluded all those who were not willing, having family history of obsessive compulsive, severe physical diseases, drugs addictive and other psychiatric diseases. Also used the Yale Brown Obsessive Compulsive Scale and Beck Depression Inventory scale to evaluate the depression level and its symptoms. All collected data was analyzed via SPSS 20.

Results: We selected a total number of 600 patients of depression for our study. There were 271 (45.17%) male patients and 329 (54.83%) were female patients. Mean age of the male patients was 35.17±12.39 years ranging from 18 years of age to 73 years. Mean age of female patients was 33.67±13.27 years ranging from 18 years of age to 70 years. According to the levels of depression as moderate, mild and severe there was 233 (38.83%), 193 (32.17%) and 174 (29%) patients accordingly. Additionally, obsessive compulsive disorder (OCD) was observed in 196 (32.67%) patients among which there was patients of mild depression as 29.59% (58), patients of moderate depression were 35.72% (70) and patients with severe depression were 34.69% (68).

Conclusion: At the end of our study we concluded that one third patients of our study was having obsessive compulsive symptoms (OCS). The moderate depression patients have the highest occurrence rate of OCS. Subclinical, mild OCS and moderate OCS were most common in patients with moderate depression whereas severe OCS and extreme OCS were most common in patients with severe depression.

Keywords: Compulsion, Obsessive compulsive disorder (OCD), obsessive and compulsive symptoms (OCS), Depression, Obsession.

Corresponding author:

Dr. Muhammad Naveed Jabbar,
Zhengzhou University Henan, China

QR code



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INTRODUCTION:

Obsessions together with compulsions are main signs of obsessive-compulsive disorder (OCD). Other psychiatric diseases also depicted these signs [1,2]. Individuals who have no psychiatric diseases were also observed having obsessive-compulsive disorder (OCD) signs [3]. In various studies occurrence of was observed but these studies were carried out mainly on students and were having small sample sizes [3-6]. Analyses carry out in the general public are very less and these analyses only grasp OCD in the categorical shape. The predictable occurrence of OCD in the general public as existing approximation was 1.50% whereas for the earlier years it was 35%. Inadequacies of these analyses comprised low sample sizes and only OCD was evaluated whereas further psychiatric diseases were not studied [7,8].

Even though the studies were restrained to students, obsessive and compulsive symptoms (OCS) were observed commonly in general public. Only OCD was considered in other studies. Obsessive and compulsive symptoms (OCS) were also observed in many other psychiatric disorders because of which further description and evaluation is needed. Diagnosis, presentation and management of such disorders might be influenced with the existence of such symptoms. There are individuals who don't come across the full criteria of OCD diagnostics however they have obsessive and compulsive symptoms (OCS). It will be very useful to find out the level of influence caused by these symptoms. A study conducted to observe the categorical level of OCD pointed out the sub-clinical symptoms that may affect in the daily life of an individual [9].

With high frequency and prevalence rate, depression is one of the major leading reasons of morbidity. According to an estimate, in the 2021 depression will be the 2nd major reason of morbidity [10]. Studies were very rarely conducted in Pakistan on depression including obsessive and compulsive symptoms (OCS) which was the reason that we conducted this study to evaluate the occurrence rate of obsessive and compulsive symptoms (OCS) in the patients of depression.

METHODOLOGY:

This cross-sectional study was carried out for the duration of one year starting from June, 2018 to May, 2019 at Allied hospital Faisalabad, Pakistan and comprised patients suffering from depression. For the selection of patients, used non-probability purposive sampling technique. Evaluation was carried out in the OPD and for admitted patients it was carried out during their admission in the psychiatry ward.

Included all those patients who were suffering from depression. Took written consent form all selected patients. Excluded all those patients who were unconscious or with altered state of mind, family history of OCD, suffering from severe physical illnesses, other psychiatric illnesses, current or past OCD and patients who were having current or previous history of drug abuse. The objective of the study was described to all patients. Ethical committee of hospital approved the study.

The valuation was carried out in two stages. In the 1st stage, every patients coming to the department for the first time were assessed in detail by a consultant psychiatrist or if consultant was not present by a senior medical officer trained in psychiatry for three years and a qualified psychologist to establish the diagnosis of depression according to the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) criteria. In complicated cases, view of a consultant physician or surgeon was obtained corresponding to the clinical situation.

In the second stage, BDI- II which was a 21-item self-administered questionnaire to assess the severity of depression was administered 1st. Each item is scored on a four-point Likert scale from 0-3. The assortment of total BDI- II score was from 0-63. 14 was cut-off score for depression. 14-19 score ranges were considered as mild depression, 20-28 score ranges were considered as moderate depression and 29-63 score ranges were considered as severe depression. The Cronbach's alpha for the current study was 0.85. Y-BOCS has a symptom checklist. A list of target symptoms was made by asking questions from the checklist of symptoms in Y-BOCS. The main symptom was then acknowledged. Then applied a 10-item observer-rated Y-BOCS scale which can be exercised as a semi-structured interview to calculate the strictness of obsession and compulsions during the last week. There are five items as control, distress, interference, time spent and resistance each for obsessions and compulsions. Each item is scored on a five-point Likert scale from 0-4 as none to extreme. The totality of the first 5 items was the overall score for obsessions which was a maximum score of 20. The same case is with next 5 items which deal with compulsions. The scores for obsessions and compulsions subscales were added to give the total score out of 40. The interpretation of Y-BOCS is subclinical 0 to 7, mild 8 to 15, moderate 16 to 23, severe 24 to 31 and extreme 32 to 40. The Cronbach's alpha for our study was 0.82. For illiterate patients, data collectors read out all the questions and answers

and entered the scores in accordance with the consensus of the patient.

Prepared a data sheet which comprised clinical and demographic data along with the Y-BOCS and BDI-II scores for each patient. All the data was re-checked, verified and coded. Calculated the descriptive statistics by using SPSS 20 in the shape of percentages and frequency tables.

RESULTS:

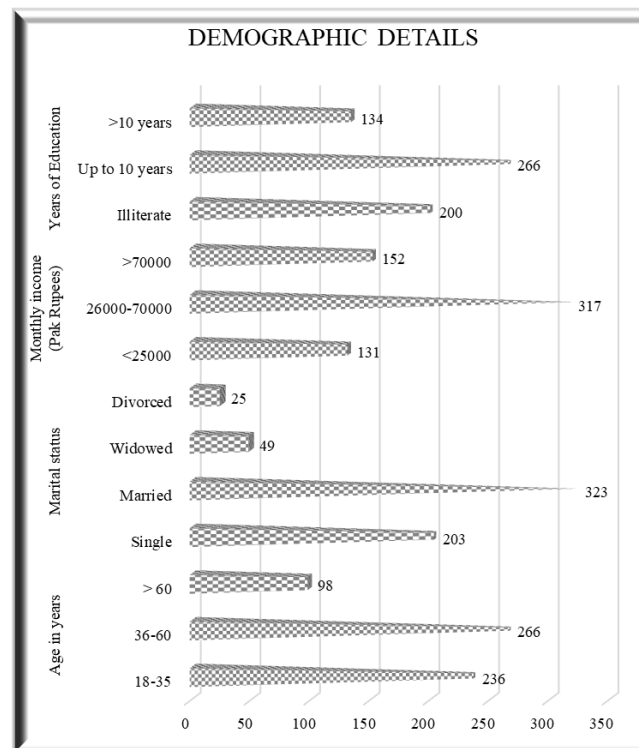
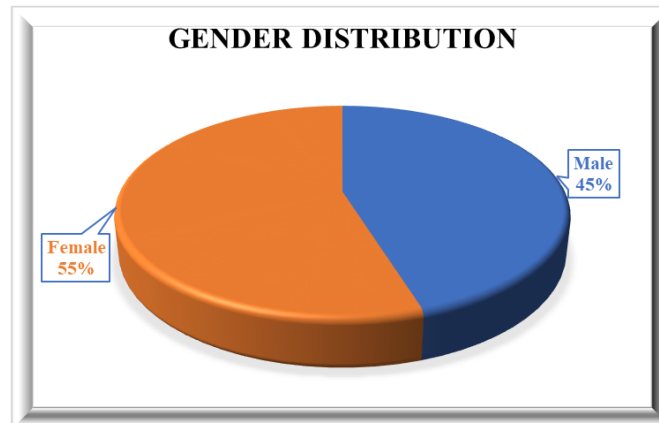
We selected a total number of 600 patients of depression for our study. There were 271 (45.17%) male patients and 329 (54.83%) were female patients.

Mean age of the male patients was 35.17 ± 12.39 years ranging from 18 years of age to 73 years. Mean age of female patients was 33.67 ± 13.27 years ranging from 18 years of age to 70 years.

Furthermore, 53.81% patients were married and 33.84% were single. In addition, 8.15% patients were widowed and 4.2% were divorced. Also, 52.9% patients earned Rs 26,000 to Rs 70,000 per month, 21.78% patients earned less than Rs25,000 and 25.32% earned > Rs70,000 per month. Further, 33.4% patients were illiterate, 44.29% had up to 10 years of education and 22.31% had more than 10 years of education. Data is shown below in table number 01.

Table No 01: Demographic details of the patients

Variable	Frequency	Percentage
Gender		
Male	271	45.17%
Female	329	54.83%
Age in years		
18-35	236	39.32%
36-60	266	44.26 %
> 60	98	16.42%
Marital status		
Single	203	33.84%
Married	323	53.81%
Widowed	49	8.15%
Divorced	25	4.20%
Monthly income (Pak Rupees)		
<25000	131	21.78%
26000-70000	317	52.90%
>70000	152	25.32%
Years of Education		
Illiterate	200	33.40%
Up to 10 years	266	44.29%
>10 years	134	22.31%



According to the levels of depression as moderate, mild and severe there was 233 (38.83%), 193 (32.17%) and 174 (29%) patients accordingly. Additionally, obsessive compulsive disorder (OCD) was observed in 196 (32.67%) patients among which there was patients of mild depression as 29.59% (58), patients of moderate depression were 35.72% (70) and patients with severe depression were 34.69% (68).

In mildly depressed patients, subclinical OCS were present in 6.39%, mild OCS were present in 7.65%, moderate OCS were present in 8.31%, severe OCS

were present in 5.02% and extreme OCS were present in 2.33% patients. In moderately depressed patients, subclinical OCS were present in 8.54%, mild OCS were present in 11.06%, moderate OCS were present in 9.15%, severe OCS were present in 4.48% and extreme OCS were present in 2.57% patients. In severely depressed patients, subclinical OCS were present in 3.94%, mild OCS were present in 8.13%, moderate OCS were present in 9.03%, severe OCS were present in 8.79% and extreme OCS were present in 4.60% patients. Statistics are shown below in table number 02.

Table No 02: Frequency of obsessive-compulsive symptoms in depression

OCS	Qty	%age
Mild depression n=193 (32.17%)		
Subclinical	12	6.39%
Mild	15	7.65%
Moderate	16	8.31%
Severe	10	5.02%
Extreme	05	2.33%
OCS in categories of depression	57	29.70%
Moderate depression n= 233 (38.83%)		
Subclinical	20	8.54%
Mild	26	11.06%
Moderate	21	9.15%
Severe	10	4.48%
Extreme	06	2.57%
OCS in categories of depression	83	35.80%
Severe depression n=174 (29%)		
Subclinical	07	3.94%
Mild	14	8.13%
Moderate	16	9.03%
Severe	15	8.79%
Extreme	08	4.60%
OCS in categories of depression	60	34.49%

DISCUSSION:

Various studies on depression in OCD showed that one-third patients suffer from depression. In a study, the occurrence of OCS was 31-49 percent in people having psychiatric illness other than OCD and 13-17 percent in people with no psychiatric illness [11]. Sequenced Treatment Alternatives to Relieve Depression (STAR*D) trial is one of the project reports on obsessions and depression which is believed to be the greatest efficiency trial of depression ever performed. They stated that 3,984 adult patients having depression. The patients with current or previous OCD were not included in the study. They stated that the occurrence of more than one OCS was 53% and that of >4 OCS was 14% at the time of entry of patients into the study. These results support the results of our study. There was a positive association of higher number of OCS with the severity of depression. The authors concluded that OCS are common in patients suffering from depression, but they may go unrecognized. Clinicians need to be cautious for the OCS as they influence on management tactics, both in the pharmacological and non-pharmacological treatment of such patients [12].

A community-based US study, scheduled to find the occurrence of depression and comprising 3,283 youngsters, discovered that the occurrence of OCD was 3% and subclinical OCD 19% [13]. A population-based study of 900 people found OCS and OCD common in elderly patients and these were associated to depressive illness with poor psychiatric functioning [14]. In a study of 815 patients of OCD in Brazil, it was found that co-morbid depression displayed higher OCD scores [15]. This results also patronages our study.

In Pakistan urdu translation of Beck Depressive Inventory has been used for studies. It has been studied for its psychometric properties along with validity and reliability for use in Pakistani populace. It was observed in a study that it can be successfully used for the calculation of depression in Pakistan [16].

A systematic and scientific way of selecting patients in our study based on proper statistics would have been improved. It is a limitation of the study and this must be considered in future studies. Those patients were left out who were coming after OPD timings to the emergency department and consulting causality medical officer. Some patients might have gone to other departments of the hospital so they could not be

included. Furthermore, the findings of present study cannot be generalized as it was a hospital-based study. Some of the data collectors might be more encouraged and enthusiastic patients to respond in the positive. Likert scales were used which have their own limitations. Future studies need more vigorous procedure and need to be directed in community for the better resolution of this matter.

CONCLUSION:

At the end of our study we concluded that one third patients of our study was having obsessive compulsive symptoms (OCS). The moderate depression patients have the highest occurrence rate of OCS. Subclinical, mild OCS and moderate OCS were most common in patients with moderate depression whereas severe OCS and extreme OCS were most common in patients with severe depression.

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