Obsessive Compulsive Disorder in Psychiatric Outpatients

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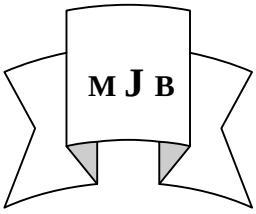

Abstract

Background: Obsessive compulsive disorder (OCD) is common among psychiatric outpatients. Studies that investigate OCD epidemiological and clinical characteristics are lacking in Yemen.

Objectives: To examine the prevalence ,socio-demographic and clinical characteristics of obsessive compulsive disorder among psychiatric outpatients.

Patients & Methods: The records of the outpatient clinic were studied,60 patients were given a diagnosis of OCD. Three cases were excluded because they did not meet the DSM-IV criteria of OCD. .The case notes of those patients were studied ,data collected and statistically analyzed.

Results: OCD patients formed 2.2% of the outpatient population. 75.44% were males , 61.4% were in the age range of 21-30 years.52.6% were married . The mean age of onset was 21.7 years. The mean duration between onset of symptoms and psychiatric consultation was 2.5 years. Obsessions were the main presentation (58%) where as both obsessions and compulsions were 42%.The most common obsession was fear of contamination, while the main compulsion was washing.The commonest co morbid diagnosis was major depressive disorder.

Conclusion: OCD was not so common among psychiatric outpatients in Yemen. Males were much more than females. Married more than unmarried. Obsessions alone were more commonly presented than both obsessions and compulsions.

الخلاصة

يعتبر اضطراب الوسواس القهري من الاضطرابات الشائعه بين مراجعي العيادات النفسيه ورغم ذلك فأن الدراسات الوبائيه والسريريه حوله قليله في عموم المنطقه العربيه وفي اليمن بالذات0

تهدف هذه الدراسة الى التعرف على نسبة المصابين بهذا الاضطراب بين مراجعي مستشفى الرشاد الاهلي للامراض النفسيه في صنعاء وبيان صفاتهم الديموغرافيه والسريريه0

وقد قام الباحث بدراسة السجلات الخاصة بمراجعي العيادة الخارجيه وفرز المصابين بالوسواس القهري ومطابقة التشخيص مع الشروط الخاصه بهذا الاضطراب في DSM-IV واستبعاد الحالات غير المطابقة0

ثم تمت دراسة وتحليل المعلومات الخاصة بكل مريض.

تبين بأن نسبة المصابين هي 2.2% وكان معظمهم من الذكور(75%)، وأعمار (61%) في العشرينات(بلغ المتوسط العمري للمرضى حوالي 22 سنه)، كما لوحظ ان اكثر من نصفهم(53%) كانوا متزوجين. اكثر الاعراض شيوعا كانت الوساوس(58%) وخاصة وسواس النظافة والتلوث ، فيما كانت الوساوس المترافقة مع الافعال القهريه تشكل نسبة (42%) واكثر الافعال القهرية شيوعا هو الغسل. تبين أيضا أن متوسط المدة بين ظهور الأعراض ومراجعة الطبيب النفسي هي سنتان ونصف.

أستنتج الباحث بأن نسبة المصابين بهذا الأضطراب بين المراجعين كانت قليلة نسبيا بالمقارنه مع الدراسات العالميه وكذلك وجدت أختلافات تخص نسبة الأصابة بين الجنسين وعلاقة المرض بالحالة الأجتماعية ونوع الأعراض المرضية.

Introduction

Description of symptoms similar to obsessions and compulsions are known since very long time. The bible describes King Nabuchadnezzar's compulsion to eat grass" like cattle "as his punishment for transgressions against God [1].

Shakespear's Lady Macbeth persistently wash her hands to remove imaginary blood stains after her participation in the murder of King Duncan [1].

Obsessive compulsive disorder(OCD) is an intriguing and often debilitating syndrome, characterized by the presence of two distinct phenomena; obsessions and compulsions. Although these symptoms were described for more than a century, OCD was considered a rare disorder until the past decade [2,3].There has been tremendous interest and rapid growth in the understanding of the clinical features and treatment of the disorder especially during the past decade .

In psychiatric populations OCD was found to be more common than what was thought in old studies. It ranges from 7-10% of psychiatric diagnoses which put it as the fourth most common psychiatric disorder [4].

OCD affects males and females nearly equally. In younger age groups(childhood &adolescents),it was found to be more predominant in males[5].Single persons are more frequently affected than are married persons, although this finding probably reflects the difficulty that persons with the disorder have in maintaining a relationship [6].

Age of onset is found to be earlier than what was before, usually in the beginning of twenties ,it starts earlier in males, it can start as early as two years of age [7].

OCD patients tend to hide their symptoms for a long time before a psychiatrist is consulted [8].

Most patients have both obsessions and compulsions. Pure obsessions are unusual and pure compulsions are extremely rare [9].The most common obsessions are contamination obsessions followed by doubt obsessions, the least are sexual and aggressive obsessions [10-13]. The most common compulsions are the checking and washing compulsions [14].

Co morbid mental illnesses are found to include mood disorders, anxiety disorders and psychotic disorders[15,16].

This is a retrospective study which tries to throw light on OCD prevalence, socio-demographic and clinical characteristics among psychiatric outpatients.

Patients and Methods

The case files of all outpatients attended Al-Reshad Psychiatric Private Hospital, in Sana'a- Republic of Yemen , during the time between May ,2000 and June ,2003were revised.

The case notes of patients diagnosed as OCD were separated and studied in detail.The diagnoses were revised according to DSM-IV criteria[17]. Any diagnosis that did not meet these criteria was excluded from the study.

Data were collected about age, sex, marital status, age of onset of OCD, duration between onset and consultation, type of symptoms and co morbid mental illnesses. Data were statistically analyzed .

Results

The total no. of patients attended the outpatient clinic was 2600 patients, 60 patients were diagnosed as OCD. Three cases were excluded from the study because the information about the diagnosis were insufficient to meet the DSM-IV criteria, this left 57 cases which formed 2.2% of the total outpatient population . No. of males was 43(75.44%)and female was 14(24.56%) which made a ratio of 3:1.The other results are presented in the tables 1-8.

Table 1 Distribution of OCD patients according to age

Age	No.	%
≤2o years	7	12.28
21-30 years	35	61.40
31-40years	9	15.78
Above 40years	6	10.62

Table 2 Distribution of OCD patients according to marital status

Marital status	No.	%
Unmarried	26	45.6
Married	30	52.6
Divorced	1	1.8

Table 3 Distribution of OCD patients according to the age of onset

Age of onset	No.	%
≤ 20 years	25	43.85
21-30 years	28	49.12
31-40 years	3	5.26
Above 40 years	1	1.75

.Mean age of onset of symptoms is 21.7 years.

Table 4 Duration between onset of OCD and psychiatric consultation

duration	No.	%
Less than one year	12	21.5
1-5 years	38	66.6
More than 5 years	7	12.28

Mean duration between onset of symptoms and psychiatric consultation is 2.5 years.

Table 5 Distribution of obsessions and compulsions among OCD patients

symptom	No.	%
Only obsessions	33	58
Only compulsions	0	0
Obsessions &compulsions	24	42

Table 6 Distribution of OCD patients according to the types of obsessions

Type of the obsession	No.	%
contamination	16	28
religious	12	21
sexual	7	12.3
doubt	10	17.5
philosophical	7	12.3
aggressive	2	3.5
Non- specific	13	22.8

Table 7 Distribution of OCD patients according to the types of compulsions

Type of compulsion	No.	%
washing	17	70.8
checking	5	20.8
counting	2	8.33
Mental compulsions	1	4.1
others	1	4.1

Table 8 Co morbid diagnoses

Co morbid diagnosis	No.	%
Major depressive disorder	14	25
Psychotic disorders	4	7
Social phobia	1	1.75
Panic disorder	1	1.75

Discussion

Several studies in the 1950s and 1960s found that OCD occurred rarely in psychiatric inpatients and outpatients in a range from 1-4% [2,3]. More recent studies found that OCD is common among psychiatric populations in a range of 7-10% (4).Anyhow there are countries in which OCD is rare like Thailand [18]. In this study OCD was found in 2.2% of the psychiatric outpatients which is lower than what was found in many countries. This might be a cultural variation or it might be due to the small sample of patients or to the tendency of patients to hide their symptoms to avoid stigma or to ignorance especially if we know that illiteracy is high(49.3%) in Yemen[19] and people rely on religious and mythological explanation of mental illness so a lot of mentally ill people are treated by faith healers.

Among adults ,men and women are equally likely to be affected [6] where as OCD is more predominant in males under the age of 18 years. Swedo et al.[20] found that 67% of OCD patients were males at the age between 6 and 18 years . In this study women were found to be much less affected than men in a ratio of 1:3 which is less than what was found in international studies. This also, may be a cultural variation that might reflect a biased social attitude toward women's mental illness, or a higher tolerance for symptoms of OCD in Yemeni women

or it may be due to a sample problem. This and the previous findings need to be confirmed by further studies to reach at a conclusion.

Married patients were more than unmarried patients. Although most studies found that single people were more frequently affected with OCD than married people [6] ,there are studies which found that OCD is more prevalent among married people [20] .This finding goes with what was found in this study, which might also be related to the Yemeni tradition of early marriage.

The majority of patients were in their twenties (61.4%),which might reflects the early onset of the disorder which was found to be 21.7 years ,a finding that also goes with most of studies[1,6,11-14].

Because many patients manage to hide their symptoms, there is often a delay of 5-10 years before patients come to psychiatric attention, although the delay is probably shortening with the increased awareness about the disorder [8].This is consistent with our findings of 2.5 years delay before psychiatric consultation.

Obsessions were found alone much more than what was found in the DSM-IV field trial [9] for example which found that obsessions alone were present in 8.5 % of OCD patients while in this study it was found to be 58%,while both obsessions and compulsions were 42% versus 91% in the DSM-IV field trial. Compulsions were not found alone in this study ,they were also extremely rare in the DSM-IV field trial. The difference between this study and other studies might be due to the different methodologies, for example there was no symptom check list in this study.

The most common obsessions were those of contaminations followed by religious obsessions .The least common were obsessions of aggressive urges. This goes with most of studies although the second commonest obsession was found to be that of doubt. This difference might be due to the religious nature of the Yemeni society. Okasha et al.[22] found that the most common obsessions in Egyptian patients are religious followed by contamination, while Stern and Cobbs [10] and Greenberg [11]in England, Akhtar et al. [12] in India found that contamination was the most common obsession. The same thing was found in turkey by Tezcan and Millet [13].Washing compulsions were found to be the most common compulsions in this study (70.8%) which might reflect the predominant obsessions of contamination. Checking compulsions were the next common compulsions although much less than washing compulsions (20.8%).This goes with most of studies like Rasmuss & Eisen [7] .

Major depressive disorder was found to be the most common co morbid mental illness (25%) followed by psychotic disorders (7%) , panic disorder and social phobia (1.75%) respectively. This goes with what was found by many studies [15,16,24].

Conclusion

Obsessive compulsive disorder was found to be less common in outpatient population than what was found in most of the international studies. Males were much more than females. Married were more than unmarried patients. The delay in consulting the psychiatrist was 2.5 years. The most common presentation was obsessions alone and the most common obsession was fear from contamination. The commonest co morbid diagnosis was major depressive disorder. Some of the findings in this study divert from other

studies in other parts of the world, which may reflect a different methodology or it may be a cultural difference that needs to be confirmed by further studies preferably prospective and using standardized methods for diagnosis with symptom check lists.

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