



## PREVALENCE OF OCD IN ANDHRA PRADESH, INDIA

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## KEYWORDS :

## INTRODUCTION

According to WHO Obsessive Compulsive Disorder (OCD) is one of the common and sixth most disabling psychiatric disorders in the world. OCD is highly comorbid with other psychiatric illnesses most commonly depression and anxiety disorders. OCD is described by the presence of one or many obsessions and compulsions that consume time and significantly interfere with the client's routine work, family, and social life that causing marked distress (American Psychiatric Association, 2000). This disorder comprises three different elements such as (i) obsession, (ii) compulsion, and (iii) extensive avoidance (McKay, 2004). Obsession deals with unwanted and intrusive images, thoughts as well as it evokes doubts about actions. Compulsion is the second element that has been elucidated as distinct behavioral actions which include mental ritual that intends to neutralize the obsessions or to verify behaviors that are subjected to doubts. The third element is extensive avoidance, people with OCD involve deliberately avoiding the situation, places etc., to check for the stimulation caused by obsessive thoughts and compulsive acts tied to it. Both compulsive behavior and extensive avoidance behavior serve as the maintaining factors of OCD (Hawton, 1989).

The adverse impact of OCD can be seen in the impairment caused in the quality of life for an individual. The loss of occupation/income, financial burden, overall well-being, and functioning of individuals are also largely influenced by the presence of OCD. Because of such detrimental effects caused by OCD the World Health Organization (WHO) ranked OCD among the top ten of the most debilitating illness (Eaton et al., 2008; Bobes et al., 2001; Chakrabarti et al., 1993).

Obsessive Compulsive Disorder is equally common in men and women, and there are often prominent anankastic features in the underlying personality. OCD begins in childhood or early adult life. The course is variable and more likely to be chronic in the absence of significant depressive symptoms.

**Need for the Study:** Literature on the prevalence of OCD and in Indian population is sparse. There are no data from the adult population therefore a need is felt to conduct a study on prevalence of OCD in Vijayawada and Tirupathi regions of AP

**The Aims of this Study:**

To explore the prevalence of OCD among adults in Andhra Pradesh

**Tools**

1. Yale-Brown Obsessive Compulsive Scale (YBOCS) developed by Goodman et al. (1989)
2. Yale Brown OCD Symptom Check list

This rating scale is designed to rate the severity and type of symptoms in patients with obsessive compulsive disorder (OCD). In general, the items depend on the patient's report; however, the final rating is based on the clinical judgement of the interviewer. Rate the characteristics of each item during the prior week up until and including the time of the interview. Scores should reflect the average (mean) occurrence of each item for the entire week.

Since the 1980s, a lot of people have used the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) to evaluate the existence and intensity of symptoms related to obsessive-compulsive disorder (OCD). The 10-item severity scale with subscales that individually evaluate the intensity of obsessions and compulsions (5 items each) and a symptom

checklist (67 items) make up the clinician-rated semi-structured interview known as the Y-BOCS. Every item covers the domains of resistance and control over symptoms, distress and interference from symptoms, and time spent on symptoms. Each item is graded from 0 (no symptoms) to 4 (severe symptoms). Further questions evaluate severity in the areas of insight, avoidance, indecision, exaggerated feeling of duty, widespread slowness, and pathological doubting. But in order to provide more details for evaluating, these extra things are considered "investigational items." with the purpose of offering more details in determining the intensity of compulsions and obsessions; nonetheless, they are excluded from the final score. This approach offers a methodical way to quantify the intensity of OCD symptoms that is independent of the kind or quantity of obsessions or compulsions a patient may encounter. Y-BOCS has been applied consistently in both intervention and phenotyping studies, which is different from the case for disease classes for which many commonly used outcome measures are frequently available. The Y-BOCS's psychometric qualities, such as its sensitivity to change and generally good validity and reliability, have been validated. The factor structure of the Y-BOCS has been debated over time, however investigations generally support the proposed 2-factor structure of the severity of compulsion and obsession

**Sample**

The tests were administered to a sample of 60 men and women who were from regions of Vijayawada and Tirupathi in Andhra Pradesh. They include both men and women, married and unmarried, with educational qualifications ranging from undergraduates to graduates with different levels of socio economic status constituted the sample of the study. All the persons were informed that the information would be kept confidential

**Administration of the Tests**

The tests were administered to a sample of 60 men and women through semi structured interviews. Their responses were scored accordingly and this constitute the data of the study.

**Statistical Analysis**

The data were first exported to Microsoft Excel and then to Statistical Package for Social Sciences (SPSS) computer software used for quantitative statistical analysis. Prior to analysis, all variables were screened for possible code. To test the hypothesis, descriptive statistics such as Mean, SD were used.

**Table 1: Means and SD's of Scores on Severity of OCD**

S.no	Variables	N	Mean	S.D
1	YBOCS Obsessions	60	16.85	3.76
2	YBOCS Compulsions	60	15.97	3.73
3	YBOCS Total	60	32.82	6.20

Table 1 depicts the means and SD's of scores on obsessions and compulsions of the sample. The mean and SD on obsessions are 16.85 and 3.76 respectively. Whereas for compulsions the means and SD's are 15.97 and 3.73. The higher mean of 16.85 clearly indicates that the adults are experiencing more of obsessions compared to compulsions. In other words it can be said that the severity of obsessions is more compared to compulsions among the adults.

**Table 2: Means and SD's of Scores on Various Components of Obsessions**

S.No	Components	N	Mean	S.D
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1	Aggressive Obsessions	60	3.33	2.00
2	Contamination Obsession	60	3.62	2.16
3	Sexual Obsession	60	0.63	0.88
4	Hoarding or Saving Obsessions	60	0.58	0.62
5	Religious Obsessions	60	1.00	0.71
6	Obsessions with need for Symmetry or Exactness	60	0.75	0.91
7	Miscellaneous Obsessions	60	3.10	2.58
8	Somatic Obsessions	60	0.63	0.74
9	Total Obsessions	60	13.65	5.84

An observation of table 2 clearly indicates that the subjects mean value for contamination obsession 3.62 indicating they are more obsessed with contamination whereas lowest mean of 0.63 on somatic and sexual obsessions suggesting they are less obsessed with somatic and sexual thoughts.

**Table 3 Means and SD's of Scores on Various Components of Compulsions**

S.no	Variables	N	Mean	S.D
1	Cleaning Compulsions	60	1.55	1.17
2	Checking Compulsions	60	2.58	2.20
3	Repeating Rituals	60	1.05	0.93
4	Counting Compulsions	60	0.46	0.19
5	Ordering or Arranging Compulsions	60	0.4	0.53
6	Hoarding Compulsions	60	0.4	0.53
7	Miscellaneous Compulsions	60	2.02	0.63
8	Total Compulsions	60	8.45	2.43

Subjects have obtained the highest mean of 2.58 for checking obsessions components whereas lowest mean of 0.4 is for ordering and hoarding components of compulsions. So the subjects are more involved in checking compulsions whereas they are less involved in hoarding and ordering compulsions.

**Table 4: Means, SD'S and t-test of Scores on Severity of OCD in Males and Females**

Sl. NO	Variables	Male			Female			t-value	p value
		N	Mean	S.D	N	Mean	S.D		
1	YBOCS Obsessions	27	18.26	2.263	33	15.70	4.35	2.94	0.01
2	YBOCS Compulsions	27	15.81	4.197	33	16.09	3.42	0.28	NS
3	YBOCS Total	27	34.07	4.938	33	31.79	6.98	1.92	NS

Table 4 depicts means, SD'S and T-Test of scores on severity of OCD in males and females. With regard to obsessions males have obtained high scores (18.26) whereas females have obtained lowest mean of 15.70 indicating that males are more obsessive compared to females. t-value of 2.94 is significant at 0.01 level suggesting that males and females differ significantly in their obsessive feelings. With regard to compulsions there is no significant difference between males and females. the t-value of 1.92 is not significant suggestive that there is no significant difference between males and females with regard to obsessions and compulsions. Both males and females almost experience same severity of obsessions and compulsions.

**Table 5: Means and SD's of Scores on Components of Obsession in Males and Females.**

Sl. NO	Variables	Males			Female		
		N	Mean	S.D	N	Mean	S.D
1	Aggressive Obsessions	27	3.89	2.063	33	2.88	1.85
2	Contamination Obsession	27	3.93	2.417	33	3.36	1.92
3	Sexual Obsession	27	0.93	0.874	33	0.39	0.83
4	Hoarding or Saving Obsessions	27	0.74	0.656	33	0.45	0.56
5	Religious Obsessions	27	0.96	0.759	33	1.03	0.68
6	Obsessions with need for Symmetry or Exactness	27	0.85	0.818	33	0.67	0.99
7	Miscellaneous Obsessions	27	3.00	2.337	33	3.18	2.79
8	Somatic Obsessions	27	0.63	0.792	33	0.64	0.70
9	Total Obsessions	27	14.93	5.313	33	12.61	6.12

From table 5 it can be seen that males have obtained the highest mean of 3.93 for contamination obsessions whereas women have obtained the lowest mean of 0.39 on sexual obsessions indicating males are more obsessed with contamination and women are least worried

about sexual feelings.

**Table 6: Means and SD's of Scores on Components of Compulsions**

Sl. NO	Variables	Males			Females		
		N	Mean	S.D	N	Mean	S.D
1	Cleaning Compulsions	27	1.15	1.199	33	0.21	0.49
2	Checking Compulsions	27	2.3	1.996	33	0.42	0.61
3	Repeating Rituals	27	0.93	0.675	33	0.24	0.61
4	Counting Compulsions	27	0.54	0.582	33	0.24	0.44
5	Ordering or arranging Compulsions	27	0.41	0.501	33	0.18	0.39
6	Hoarding compulsions	27	0.44	0.506	33	0.18	0.39
7	Miscellaneous compulsions	27	2.04	1.605	33	0.55	0.62
8	Total Compulsions	27	7.78	3.423	33	2.33	2.26

Table 6 shows that male subjects have obtained highest mean of 2.3 on checking compulsions whereas women subjects have obtained lowest mean of 0.18 on ordering and hoarding compulsions

**Table7: Means and SD'S of Scores on Severity of OCD in Married and Unmarried People**

Sl. NO	Variables	Unmarried			Married			t-value	p value
		N	Mean	S.D	N	Mean	S.D		
1	YBOCS Obsessions	14	16.71	4.27	46	16.89	3.65	0.14	NS
2	YBOCS Compulsions	14	14.71	5.36	46	16.35	3.10	1.09	NS
3	YBOCS Total	14	31.43	7.79	46	33.24	5.67	0.808	NS

From table 7 it can be seen that there no significant difference between married and unmarried sample with regard to obsessions and compulsions suggesting that marital status has no significant impact on compulsions and obsessions.

Based on the results obtained the following conclusions are drawn.

1. In general people have more obsessions than compulsions
2. Subjects have more of contamination obsessions in comparison to other components
3. Subjects have more checking compulsions than other components of compulsions.
4. Men have more obsessions when compared to women
5. There is no significant difference between men and women with regards to compulsions
6. Marital status has no significant influence on obsessions and compulsions.

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