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STUDY OF CO-MORBID ANXIETY AND DEPRESSION IN PATIENTS DIAGNOSED WITH OBSESSIVE COMPULSIVE DISORDER IN TERTIARY CARE HOSPITAL, MUZAFFARNAGAR

Psychiatry

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ABSTRACT

Obsessive-Compulsive Disorder (OCD) is a mental health condition where intrusive thoughts (obsessions) and repetitive behaviors (compulsions) are seen. Most individuals with OCD also experience anxiety and depression, which can increase the severity of their symptoms and complicate treatment. Anxiety usually arises from the distress caused by obsessive thoughts, whereas depression can develop due to emotional exhaustion and difficulties in daily life. 100 such subjects were included for the study. Subjects were confirmed as diagnosed patients of OCD. It was found that the middle-aged adults, 36-45 years scored highest in the category of severity of OCD on Y-BOCS followed by 46-60 years category and 26-35 years category whereas "18–25" year range age group has the least "Y-BOCS" score. The study found a strong positive correlation between "Y-BOCS and HAM-A" scores (R = 0.5902, p < .00001), indicating that higher "OCD" symptom severity is associated with increased anxiety levels. This highlights the relationship of OCD and anxiety symptoms. A significant but weaker positive correlation was observed between Y-BOCS and HAM-D scores (R = 0.2005, p = .046036). This suggests that while OCD severity is related to depression severity, the relationship is not as robust as that with anxiety.

KEYWORDS

OCD, Y-BOCS, MDD, Anxiety

INTRODUCTION

The "Obsessive Compulsive Disorder or OCD" is long-term and impairing "mental health condition defined by persistent, unwanted thoughts (obsessions) and repetitive actions (compulsions)". It is estimated to impact around 2-3% of population globally at some stage in their lives. The "World Health Organization (WHO)" ranks "OCD" among the top 20 leading causes of disability worldwide.[1] In India, estimated prevalence of OCD varies between 0.6% and 3.3%. Managing OCD is further complicated by the presence of co-occurring psychiatric conditions such as "anxiety and depression". These comorbid disorders not only intensify OCD symptoms but also hinder treatment outcomes.[2] OCD(obsessive-compulsive disorder) develops due to a combination of causes like genetic factors, brain chemistry imbalances, and environment influence. Research highlights the contribution of the "cortico-striato-thalamo-cortical (CSTC) circuit in OCD", contributing to impaired inhibitory control and heightened emotional reactivity[3] This dysfunction may help explain the strong link between OCD and co-morbid psychiatric disorders like anxiety and depression. Failing to recognize and treat anxiety and depression in OCD patients can lead to treatment resistance, relapse, and poor quality of life. Religious and cultural beliefs in India often shape the nature of obsessions and compulsions, with concerns related to contamination and religious scrupulosity being particularly prevalent.[4] Also, the factors including psychiatric issues discouraging a lot of people from seeking timely medical assistance, leading to delayed diagnosis and treatment [2]. , cognitive-behavioural models propose that maladaptive thought patterns, including catastrophizing and perfectionism, contribute to the persistence of OCD, anxiety, and depression[5]. The most common other psychiatric comorbidity in OCD is social anxiety disorder (SAD)[6]. Additionally, OCD frequently co-occurs with other conditions such as substance use disorders[7] eating disorders[8] and personality disorders[9]

MATERIAL AND METHODS

The cases included were from "Outpatient Unit (OPD) and Inpatient Unit (IPD)" of Department of Psychiatry, "Muzaffarnagar medical college and Hospital" after application of Inclusion criteria (Patients diagnosed with "OCD" according to ICD10/11 and DSM5 and Exclusion criteria (Patients not fitting in age criteria Patients with other psychiatric Illness Patients previously diagnosed with Depression. 100 such subjects between the age range 18-60 yrs. were included for the study. The patients were evaluated using "self-structured socio-demographic data sheet and clinical data-sheet and were administered, Diagnostic Tools (Y-BOCS, HAM-A, HAM-D) were used". The results obtained were evaluated using appropriate statistical analyses tools.

Tools

1) The Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) is a psychological assessment tool used to test the severity of obsessive-compulsive disorder (OCD). Each item is rated on a scale from "0 to 4", resulting in a total score ranging from "0 to 40". Based on these scores, OCD severity is then divided in as mild, moderate, severe, or extreme.[61]
2) The Hamilton Anxiety Rating Scale (HAM-A) is a commonly used instrument for gauging the intensity of anxiety symptoms. Each symptom is scored on a scale from "0 to 4", resulting in total scores with range "0 to 56". Total value under "17 typically suggest mild anxiety", whereas score range "18 to 24 may indicate moderate anxiety", and scores of "25 or higher often signify severe anxiety.
3) The HAM-D, a pioneering rating scale for measurement of "depression severity", it is widely utilized in clinical and research settings. It comprises 17 to 24 items, each of them representing key aspects of depression, including mood, guilt, suicidal thoughts, insomnia, anxiety, weight loss, and psychomotor changes., totaling between 0-52. Severity is classified from "0–7 as Normal or no depression, 8–13 as for Mild depression, 14–18 as for Moderate depression 19–22 as Severe depression and 23 or more as for Very severe depression".[63]

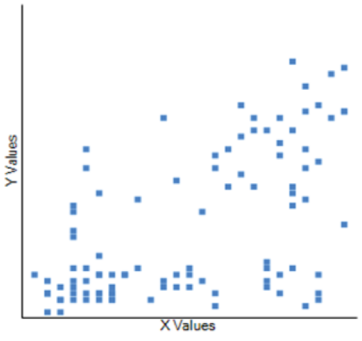
RESULTS

The study sample size is N=100 with the age range of 18-60. The mean for the age is = 33.39 and the SD=+/-10.88. The total Male N= 61, out of 100, Percentage=61%, Female N=39, out of 100.

Correlation And Regression Analysis Of Variables Studied

1) YBOCS (OCD) VS HAM-A (Anxiety)

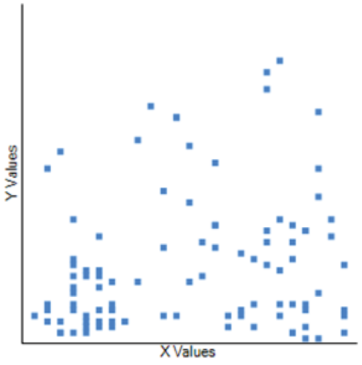
X – Mx	Y - My	(X - Mx)2	(Y - My)2	(X - Mx My)	(Y -)	R	p Value	Remarks
Mx: 19. 680	My: 14. 200	sum: 5809. 760	Sum: 13318. 000	Sum: 5191.400		0.5902	< . 00001	Significant t (At p<0.5)



The obtained R = 0.5902, the p value is < .00001 which is significant at p<0.5. which means there is a strong positive correlation between these two variables which means that high X variable scores go with high Y variable scores (and vice versa).

2. YBOCS AND HAM-D

X – Mx	Y - My	(X - Mx)2	(Y - My)2	(X - Mx My)	(Y -)	R	p Value	Remarks
Mx: 19. 680	My: 13. 680	Sum: 5809. 760	Sum: 14065. 760	1812.76 0		0.2005	.046036	Significant (At p<0.5)



The obtained R = 0.2005, the p value is .046036 which is significant at p<0.5. which means there is positive correlation between these two variables which means that high X variable scores go with high Y variable scores (and vice versa).

CONCLUSION

The study examined the co-occurrence of anxiety and depression in individuals diagnosed with OCD, Study concluded a strong positive correlation between OCD and anxiety symptoms"(R = 0.5902, p < .00001), suggesting that as OCD severity increases, anxiety levels also rise significantly. However, the relationship between OCD and depression was comparatively weaker (R = 0.2005, p = .046036), indicating that while linked, depression is less strongly associated with OCD than anxiety. Age-specific differences were also observed, with younger individuals experiencing higher anxiety levels, while older age groups showed greater depression severity.

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