

The Range of Severity of Obsessive Compulsive Disorder and Quality of Life

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Abstract— The present study was designed to explore the relationship of intense levels of obsessive compulsive disorder and quality of life. A total of 80 (40 male and 40 female) adult diagnosed patients of obsessive compulsive disorder ranging from ages 25 to 40 years were involved for the research. The instruments used to measure the range of severity of OCD and quality of life were Yale Brown Obsessive Compulsive Scale (Y-BOCS) and World Health Organization Quality of Life Bref (WHOQOL Bref) respectively. To analyze the data, correlation and ANOVA were applied. Results indicate that Severe Obsessive compulsive disorder, obsessional severity and compulsion severity have a significant relationship with QOL of patient. It was concluded that high scores on severity of Obsessive compulsive disorder is associated with low quality of life.

Keywords— Obsessive compulsive Disorder, OCD, Obsessions, Compulsions, Quality of life, QoL., Range of severity of OCD.

I. INTRODUCTION

QUALITY of life (QoL) is progressively acknowledged as a critical parameter in clinical research on Obsessive Obsessive-Compulsive Disorder (OCD). In contemporary era it is imperative to discover and assess the effect of OCD on the social and psychological health, physiological and socioeconomic outcomes of the patient.

World Health Organization defines Quality of Life as a perception of individual about his position in life with relevance to the principles, morals and culture systems, aims, objectives, standards, desires and concerns. It is a wide-ranging concept, integrating in a multifaceted manner an individual's physical health, psychological state, social relationships, and their relationship to significant characteristics of their environment. The individual's perception about qol can be measured in the following domains: Physical, Psychological, Social Relationships, and Environment [1].

Obsessive compulsive disorder is characterized by the prevalence of unwanted and intrusive obsessive thoughts or images; which are usually complemented by compulsive acts and rituals which are performed to counteract the obsessive thoughts or images or to deflect anxiety inflaming situation. A person with OCD feels driven to carry out the ritualistic acts in response to an obsession and there are often exceptionally

unbending rules concerning the execution of the compulsive acts [2,3].

Across all medical and psychological conditions, OCD is graded as the most disabling anxiety disorder and the tenth most disabling condition [4]. OCD may critically impair self-care, social, family and marital relationships, occupational functioning, child-rearing capacities, and use of recreations. Consequently, it may be useful to include an evaluation of incapacity in various fields of life while diagnosing and dealing with the patients [5].

An escalating body of research has established the fact that the OCD significantly interferes with the daily activities of the patient; disturb family, social, and occupational life; and muddle up the emotional well-being, which results in poor quality of life [6]. Koran and associates found that OCD patients have poor QoL as compared to the depressed patients [7]. OCD is associated with worse qol than for any other patient group; in addition qol for OCD patients was exactly as poor as that of schizophrenic patients [8]. Consistent evidence has been generated regarding the correlation of obsessions and compulsions with poor QoL. Compulsions, as the most salient feature of OCD, are strongly correlated with poor QoL [9]. The excessive length of many compulsive rituals and frequency of obsessive thoughts are disturbing and decrease QoL [10].

II. METHOD

Sample

The sample of the present study consisted of a total of 80 (40 male and 40 female) adult diagnosed patients of OCD ranging from ages 25 to 40 years. The sample included literates (till matriculation) belonging to working, non-working and student class. Purposive sampling was used for the study. The data was collected from the Outpatient Department and Inpatient Department of the government and private hospitals/clinics of the cities of Rawalpindi and Islamabad in Pakistan.

A. Yale- Brown Obsessive Compulsive Scale (Y-BOCS)

The Yale- Brown Obsessive Compulsive Scale (Y-BOCS) developed by Goodman et, al. (1989) is a standardized scale for measuring the severity of symptoms of obsessions and compulsions. It consists of 10 items relevant to obsessions and compulsions, and presented with a 5-point Likert scale ranging from 0 to 4. It consists of questions about time spent,

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interference, resistance and control regarding obsession and compulsions. For the present study, the purpose of using Yale Brown Obsessive Compulsive Scale was two-fold. It was used as a screening device to confirm the diagnosis of patients for Obsessive Compulsive Disorder and was also used to assess the severity of obsessions and compulsions.

B. The World Health Organization Quality Of Life (WHO QOL –Bref)

The WHOQOL-bref is a likert-type scale which produces a Quality of life profile, four domain scores, 24 specific facet scores, and one general facet score that measures overall quality of life. The scores of the four domains signify an individual’s perception of quality of life in Physical, Psychological, Social Relationships, and Environment domains. Most of the facets are scaled in a positive direction but facets like pain and discomfort, negative feelings and dependence on medication are not scaled in a positive direction.

III. RESULTS

TABLE I
RELIABILITY ANALYSIS OF YALE-BROWN OBSESSIVE COMPULSIVE SCALE (Y-BOC) AND WORLD HEALTH ORGANIZATION QUALITY OF LIFE BREF (WHO QOL BREF) (N=80)

Scale	No. of Items	Cronbach Alpha
Y- BOC	10	0.96
WHO QOL	26	0.92

Table I shows that Cronbach Alpha for Y-BOCS and WHO QOL Bref is 0.968 and 0.928 respectively which shows high internal consistency.

TABLE II
PEARSON’S PRODUCT MOMENT CORRELATIONS FOR SEVERITY OF OBSESSIVE COMPULSIVE DISORDER, OBSESSIONAL SEVERITY, COMPULSION SEVERITY, AND QUALITY OF LIFE (N=80).

	Quality of life	Sig.
	<i>r</i>	
Obsessive Compulsive Disorder Severity	-0.637**	.000
Obsessional Severity	-0.621**	.000
Compulsion Severity	-0.611**	.000

The table II indicates that severity of Obsessive Compulsive Disorder has a negative correlation with Quality of life of patients. The findings of the study reveal that obsessional severity and compulsion severity also has a negative correlation with Quality of life of patients with OCD. The table indicates that the results are highly significant at the 0.01 level of significance.

The table III indicates that OCD has a negative correlation with all four domains of the life of patients with OCD. The results are highly significant for psychological health, social relationship and environment at the level of 0.01 and for physical health significant at the level of 0.05.

TABLE III
PEARSON PRODUCT MOMENT CORRELATION FOR OCD AND THE FOUR DOMAINS OF QOL.

Domains	Obsessive Compulsive Disorder	
	<i>r</i>	Sig.
Physical Health	-.539*	.061
Psychological health	-.602**	.000
Social Relationship	-.490**	.000
Environment	-.485**	.000

The scores on physical health are relatively higher as compared to the other three domains. This reveals that OCD impairs psychological health, social relationships and environment much more than physical health. The High scores on OCD reveal Low Qol.

TABLE IV
FREQUENCY AND PERCENTAGE OF RANGE OF SEVERITY OF OCD AMONG THE PATIENTS.

Range of Severity of OCD	<i>f</i>	Percent
Mild	3	3.8
Moderate	12	15.0
Severe	25	31.3
Extreme	40	50.0
Total	80	100.0

Table IV reveals the frequencies and percentages of the range of severity of OCD among patients. The results reveal that most of the Patients had intense levels of OCD.

TABLE V
MEAN, STANDARD DEVIATION AND F-VALUE FOR RANGE OF SEVERITY OF OCD

Scale	Range of Severity of Obsessive Compulsive Disorder									
	Mild (n=3)		Moderate (n=12)		Severe (n=25)		Extreme (n=40)		<i>F</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
QoL	90.33	3.78	82.00	11.50	73.36	10.0	59.40	17.00	12.54	.000
Phy Health	20.00	2.00	19.75	4.30	19.48	2.61	16.05	4.30	5.82	.003
Psy Health	21.00	.00	19.50	2.71	17.20	2.85	14.25	3.95	10.77	.000
SR	12.00	.00	8.58	2.87	7.76	2.16	6.15	2.68	7.52	.001
Envir	29.33	4.50	27.16	4.95	23.24	4.65	18.77	7.91	7.22	.000

Note: Quality of life (Qol), Physical Health (Phy Health), Psychological Health (Psy Health), Social Relationships (SR), Environment (Envir)

The Table V indicates the results of One Way Analysis of Variance on Quality of Life Scale and Subscales of Physical health, Psychological Health, Social Relationships and environment of patients having varying ranges of severity of OCD. The results indicate that patients with various ranges of

severity of OCD differentiate significantly on Quality of life scale and subscales of Physical health, Psychological Health, Social Relationships and environment. The result indicates that higher the intensity of the symptoms of OCD lower will be the Qol. The mean scores indicate that patients with Mild Range of OCD have relatively higher mean scores among the groups on Qol and patients with Extreme Level of OCD have lowest mean scores on Qol. On subscale physical health the mean scores indicate that Extreme level OCD patients have reduced physical health as compared to other groups.

The Mean scores indicate that there is significant difference between psychological health of the patients with Mild, Moderate, Severe and Extreme OCD. The Extreme range of Severity of OCD patients reveals a significantly reduced psychological health as compared to the other groups. The results suggest that OCD patients belonging to different groups of levels have poor psychological health. But Extreme level OCD patients have significantly decreased score on psychological health as compared to the other three levels of mild, moderate and severe OCD.

There is a significant difference in the scores of social relationship of the OCD patients Mild, Moderate, Severe and Extreme OCD. The results suggest that OCD patients belonging to different groups of levels have decreased social relationships. But Extreme level OCD patients have highly significantly decreased score on the domain of social relationships as compared to the other three levels of mild, moderate and severe OCD. The results also indicate that OCD patients belonging to different groups of levels have poor environmental conditions. But Extreme level OCD patients have significantly decreased score on the domain of environment as compared to the other three levels of mild, moderate and severe OCD.

IV. DISCUSSION

The present study exhibits a considerable impairment in qol of the patients with OCD. Noticeable impairment was found in all the specific domains of Qol that were considered for the measurement, including Physical, Psychological, Social Relationships, and Environment. Past studies have indicated that the patients with OCD show a greater impairment in many aspects of qol [9,10].

The results showed that the severity of OCD has a negative correlation with Qol of patients. Moderate to severe obsessive-compulsive disorder is associated with low qol specifically impaired social functioning and impaired role performance [9, 11,12]. The results of the study also reveal that obsessional severity produces a significant impairment in the qol of patients with OCD. Many studies identified that obsessional severity has a significant impact on the qol of patient [11,12,13,14]. The results of the study confirmed that compulsion severity leads to lower qol of patients with OCD. Compulsions, as the most prominent characteristic of OCD are strongly correlated with qol in a number of studies [12,13,15].

The results indicated that OCD has a highly significant negative correlation with physical health, psychological

health, social relationships and environmental domains of the life. The scores on physical health are relatively higher as compared to the other three domains. This reveals that OCD impairs the psychological health, social relationships and environment much more than physical health. The results showed constancy with previous findings that OCD patients show relatively better scores on qol for physical health domain than psychological health [14,16]. The areas of physical health seem to be affected to a lesser extent as compared to other aspects of qol [8].

V. CONCLUSION

The present study confirms that obsessive compulsive disorder impairs the quality of life of patients. The range of severity determines the stronger deterioration of qol in the life of patient. OCD hampers the activities and functioning of patients in various aspects of life which include physical health, psychological health, social relationships and environment. Quality of life is correlated with obsessional severity and compulsion severity. OCD patients require interventions that enhance the functioning in all areas of life and thus decrease the impairment.

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