



RESEARCH ARTICLE

OBSESSIVE-COMPULSIVE DISORDER: A STUDY OF GENDER DIFFERENCE IN PHENOMENOLOGY

¹Gajanand Verma, ^{*}²Brajesh Mahawar, ³Devendra Vijayvagiya and ⁴Sharma, D. K.

¹Rajasthan University of Health Sciences Medical College, Jaipur, Rajasthan, India

²JLN Medical College, Ajmer, Rajasthan, India

³Govt. Medical College Kota, Rajasthan, India

⁴Govt. Medical College Kota, Rajasthan, India

ARTICLE INFO

Article History:

Received 19th January, 2016

Received in revised form

26th February, 2016

Accepted 11th March, 2016

Published online 26th April, 2016

Key words:

Obsession, Compulsion,
Anxiety disorder,
Phenomenology.

ABSTRACT

Background: 'Obsessive-Compulsive Disorder,' a type of anxiety disorder is a potentially disabling condition that can persist through out a person's life and causes variable degree of distress to patients. Objective: To assess gender difference in symptomatology of Obsessive-Compulsive Disorder (OCD).

Setting and Design: Cross-sectional at department of psychiatry in tertiary health care center.

Methods and Material: The study included 100 patients attending psychiatric OPD and admitted patients in psychiatric ward, at tertiary care center of Rajasthan, India who were clinically screened for obsessive compulsive symptoms. The patients, suggestive of suffering from OCD, were thoroughly evaluated for the diagnosis by using ICD-10 criteria for the OCD. All the participants were subjected to Yale-Brown obsessive compulsive scale (Y-BOCS) for assessing the phenomenology and severity of OCD.

Statistical analysis used: Commercially available software SPSS version 17.

Results: The present study clearly revealed that 58% patients were males who had significantly earlier age at onset of OCD and were less likely to be married. They presented with significantly more aggression obsessions and checking compulsion, where as 42% patients were female and presented with significantly more contamination obsessions and cleaning compulsions.

Conclusion: This study reveals that patients with OCD suffer over a long period of time, spend a lot of time on their obsessions and compulsions impairing their social and occupational functioning.

Copyright © 2016, Gajanand Verma et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Gajanand Verma, Brajesh Mahawar, Devendra Vijayvagiya and Sharma, D. K. 2016. "Obsessive-compulsive disorder: a study of gender difference in phenomenology", *International Journal of Current Research*, 8, (04), 29892-29895.

INTRODUCTION

Obsessive-compulsive disorder (OCD) is an intriguing and disabling illness characterized by the presence of obsessions (unwanted thoughts, images or impulses) and/or compulsions (repetitive behaviors) (Khanna et al., 1988). It is an anxiety disorder characterized by intrusive thoughts that produce uneasiness, apprehension, fear or worry, repetitive behaviors aimed at reducing the associated anxiety. Symptoms of the disorder include excessive washing or cleaning, repeated checking, extreme hoarding, preoccupation with sexual, violent or religious thoughts, aversion to particular numbers and nervous rituals such as opening and closing a door a certain number of times before entering or leaving a room.

These symptoms can be alienating and time-consuming and often cause severe emotional and financial distress. Life time prevalence of OCD in adult varies from 1.1% to 3.9% and OCD presents itself in 2.7% of general population (Karno et al., 1988). OCD is the fourth-most common mental disorder. Although the disorder affects individuals of all ages, the period of greatest risk is from childhood to middle adulthood. Among adults, man and women equally affected but among adolescents, boys are more commonly affected than girls (Benjamin James Sadock et al., 2007). The onset of OCD is usually in early adulthood with nearly 50% of cases present during adolescence, onset after age of 40 year is unusual. Male tend to have slightly earlier age of onset than female. In DSM-IV-TR, OCD is considered as anxiety disorder but now in DSM-5 OCD was removed from the anxiety disorder and included in new class termed obsessive compulsive and related disorder. This change does not imply that anxiety absent in OCD infect, anxiety is often a prominent feature of the illness.

*Corresponding author: Brajesh Mahawar,
JLN Medical College, Ajmer, Rajasthan, India.

Aims and Objectives

- To study socio-demographic factors associated with OCD
- To study gender difference in various clusters of obsession and compulsion

MATERIALS AND METHODS

Sample collection

Above study was cleared by institutional ethical committee. Study comprised of cross sectional study design where 100 patients attending Psychiatric OPD & those who were admitted in the Psychiatric ward, at tertiary care center of Rajasthan, India were clinically screened for obsessive compulsive symptoms. The patients, suggestive of suffering from OCD, were thoroughly evaluated for the diagnosis of OCD by using ICD-10 criteria for the OCD and the diagnosis of obsessive and compulsive disorder confirmed by Consultant Psychiatrist, constituted the sample of study. All patients with the diagnosis of OCD were explained about the procedure, its purpose and were assured of confidentiality of the information.

Inclusion Criteria

- Subjects with confirm diagnosis of obsessive compulsive disorder at the time of presentation.
- Subjects who had given written informed consent
- Age more than 15 years.

Exclusion Criteria

- Patients who were found to be suffering from any other major medical or surgical illness.
- Patients with Cognitive Impairment and Mental Retardation.
- Patients who were unwilling and uncooperative for psychiatric evaluation.

Tools of Study

All the selected patients were interviewed in detail by using following tools for the purpose of meeting the aims & objectives:

- Semi structured proforma designed especially for the study
- Yale-Brown Obsessive Compulsive Scale (Y-BOCS), (by Goodman *et al.*, 1989)

RESULTS

Socio demographic variables

The prevalence of obsessive compulsive disorder was more common in young to middle age (21 to 40 year age group), educated, male, married and belongs to urban background (Table 1).

Obsessions

In our study contamination was the most common obsession found in 60% patients followed by aggressive obsession which

was present in 57% patients, religious obsession was found in 43% patients, need for symmetry was in 34% patients, sexual obsession was reported in 33% patients, hoarding obsessions and somatic obsession were found in 25% patients and 13% patients respectively, as evident by (Table 2).

Table 1. Distribution of OCD patients according to sociodemographic profile

Variables	Male (%) N=58	Female (%) N=42	Statistics
Age			
15 – 30 years	30(52%)	25(60%)	$\chi^2=3.894$
31 – 50 years	23(40%)	17(40%)	P=0.1427
>50 years	05(8%)	0(0%)	
Education			
Illiterate	01(2%)	02(5%)	$\chi^2=3.803$
Middle	11(19%)	14(33%)	P=0.283
Sr. Secondary & Secondary	22(38%)	12(29%)	
Graduate/Post Graduate	24(41%)	14(33%)	
Marital Status			
Married	25(43%)	30(71%)	$\chi^2=7.902$
Unmarried	30(52%)	11(26%)	P=0.0192
Others (Divorced, Separated, etc.)	03(5%)	01(3%)	
Religion			
Hindu	52(90%)	36(86%)	$\chi^2=2.821$
Muslim	04(7%)	06(14%)	P=0.2440
Others	02(3%)	0(0%)	
Domicile			
Rural	15(26%)	10(24%)	$\chi^2=0.055$
Urban	43(74%)	32(76%)	p=0.8145
Family income Rs./ month			
UP TO 10000	24(41%)	10(24%)	$\chi^2=3.631$
10001-20000	16(28%)	16(38%)	p=0.3041
20001-30000	11(19%)	11(26%)	
>30000	7(12%)	5(12%)	

Table 2. Distribution of OCD patients according to types of obsessions

Types	Male (%) N=58	Female (%) N=42	Statistics
Contamination	27 (46%)	33 (79%)	
Aggressions	37 (64%)	20 (48%)	
Religious	27 (46%)	16 (38%)	
Need for symmetry or Exactness	19 (33%)	15 (36%)	$\chi^2=27.301$
Sexual	23 (40%)	10 (24%)	p<0.05
Hoarding/Saving	10 (17%)	15 (36%)	
Somatic	7 (12%)	6 (14%)	
Miscellaneous	24 (41%)	10 (24%)	

Compulsion

In our study it was evident that the compulsive checking was most common compulsion in 74% patients followed by washing in 62% patients, repeating in 32% patients, ordering in 27% patients, hoarding in 16% patients and counting in 4% patients in obsessive compulsive disorder patients (Table 3).

Table 3. Distribution of OCD patient according to types of compulsions

Types	Male (%) N=58	Female (%) N=42	Statistics
Checking	45 (77%)	29 (69%)	
Cleaning/washing	29 (50%)	33 (78%)	
Repeating	25 (43%)	7 (17%)	
Ordering /Arranging	15 (26%)	12 (28%)	$\chi^2=20.027$
Hoarding /collecting	7 (12%)	8 (19%)	p<0.05
Counting	2 (3%)	2 (5%)	
Miscellaneous	25 (43%)	12 (28%)	

Severity of OCD

On severity rating scale 84% patients were suffering from moderate to severe OCD symptoms whereas 3% patients were suffering from extremely severe form of OCD (Table 4).

Table 4. Distribution of OCD patients according to Severity rating Score on Y-BOCS

Severity	Male (%) N=58	Female (%) N=42	Statistics
Mild (08-15)	10 (17%)	3 (7%)	$\chi^2=5.949$ p>0.05
Moderate (16-23)	27 (47%)	20 (48%)	
Severe (24-31)	20 (34%)	17 (40%)	
Extreme (32-40)	1 (2%)	2 (5%)	

DISCUSSION

In the present study 100 patients of Obsessive compulsive disorder were studied and the results are as following. Age range of the patients in our study was 15 to 60 years and the mean age of onset was 31.22+10.33 years. It is evident from the table that majority (83%) of the patients was below 40 years of age and only 17% were of above 40 years of age. This finding is supported by the study where they found 78% of patients were less than 40 years of age. The mean age was 30.70±10.77 years (Chakraborty *et al.*, 1975). In our study gender wise distribution showing that 58% patients were male where as 42% were female out of 100 patients. The mean age was higher in males (32.34±11.61) than in females (29.66±8.12). This finding is supported by older study where they found 68.8% were males and 31.2% were females. Ages of the patients ranged between 12 and 62 years with a mean age of 29.50+10 years (Girishchandra *et al.*, 2001). In an earlier study it was reported that 52% were males and 48% females. The mean age of the OCD patients was 34.73+10.70 years (Elizabeth A. Nelson *et al.*, 2006).

In our study it was found that 72% of patients were having education secondary or above class, 25% up to middle and only 3% were illiterate. Sex wise distribution shows that among males 41% were graduate or other degree, 38% were secondary or senior secondary level 19% up to middle and only 2% were illiterate. The respective figures in female patients were 33%, 29%, 33% and 5%. Earlier studies have shown that most of OCD patients were educated above middle school level (Chakraborty *et al.*, 1975, Manchanda *et al.*, 1978). In the present study 55% patients were married, 41% unmarried and 4% were either divorced, separated or widow/widower. Sex wise distribution show that among males 43% were married 52% unmarried and 5% were either divorced, separated or widower. The respective figures in female patients were 71%, 26% and 2%. It is obvious that significantly higher number of OCD females were married as compared to males. Earlier study have shown that male patients are more likely to be single than females. In a previous study it was found that large proportion of the patients was married (40.0%) (Elizabeth A. Nelson *et al.*, 2006). Most of the patients in our study were Hindu (88%) by religion, Muslim were 10% and 2% were others religion (Isikh & 1 Christian). The present study also reflected finding of a previous study they found out of 30 patients, 26 were Hindu, 3 Muslim and 1 Sikh (Manchanda *et al.*, 1978). The high

occurrence of OCD patients in Hindus in our study is accordance with the Hindu Muslim population in our country. In this study it was found that 75% of patients belonged to urban area, whereas 25% of belonged to rural area. Sex wise distribution shows that among males 74% belonged to urban and 26% to rural background. The respective figures in female patients were 76% and 24%. The findings of our study matched with previous study in which they found that the majority of patients with OCD were from urban regions (Fatemeh Assarian *et al.*, 2006). These finding of our study might be due to the fact that urban people had easy approach, more awareness, were relatively well informed about psychiatric services.

In our study type of obsession and compulsion was assessed by applying Yale-Brown Obsessive Compulsive Scale (Y-BOCS). According to this scale the Majority (60%) of the patients had obsessions of contamination followed by aggressive (57%), Religious (43%), Need for symmetry (34%), Sexual (33%), Hoarding/Saving (25%) and Somatic obsession (13%). 34% patients had miscellaneous obsession which included, Need to know or remember, Fear of not saying just the right thing, Fear of losing things, Intrusive images, Intrusive nonsense sounds, words, Lucky numbers, Superstitious fears etc. gender wise distribution shows that among males most common obsession was aggression 64% where as contamination obsession was most common in females (78%). Our results corroborated with conclusions of previous study which stated that most commonly occurring obsessions were contamination (56.7%) followed by aggression (48.9%), somatic (24.1%), religious (19.9%), symmetry (18.4%), and sexual imagery (15.6%) (Karadag *et al.*, 2006). Our results are also supported by various other studies where most common obsession was dirt or contamination 64%, 52% and 55% respectively (Chakraborty *et al.*, 1975, Saha *et al.*, 2000, Rahman *et al.*, 2010).

In our study majority of patients had checking compulsion (74%) followed by cleaning/washing (62%), repeating (32%), ordering/arranging (27%), hoarding/collecting (15%) and counting (4%). Thirty seven percent of patients had miscellaneous compulsion which includes mental rituals, excessive list making, need to tell, ask, or confess, need to touch or rub, Rituals involving blinking or staring, Measures to prevent harm to self /others and terrible consequences, Ritualized eating behaviors, Superstitious behaviors, Trichotillomania etc. Sex wise distribution shows that among male patients most common compulsion was checking (77%) followed by cleaning/washing (50%), repeating (43%) and ordering/arranging (26%) where as among females it was 69%; 78%; 17% and 28% respectively. Miscellaneous compulsions were present in 43% of males and 28% of female patients. Our results corroborated with finding of earlier study in most commonly occurring compulsions were checking (50%), followed by washing (45%), orderliness or precision compulsions (13.5%), counting (8%), the need to ask or confess (5.5%), touching (3.5%), and hoarding (0.5%) [14]. an earlier study also reported that the most common compulsion in lifetime OCD patients was checking (79.3%) (Yeong-Yuh Juang *et al.*, 2001). Our results are also supported by various other studies where washing compulsions were more common

in females 94% and 57% respectively (Chakraborty *et al.*, 1975, Karadag, F *et al.*, 2006).

In our study score on severity of symptoms of OCD was assessed by applying Y-BOC scale. It is evident that 47% of patients had moderate (score 16-23) and 37% had severe (score 16-31) symptom. Results of our study were concordant with earlier study where 71% of patients were rated severe on the Y-BOCS (Okasha, A, Saad A *et al.*, 1994). Gender wise distribution shows that severe symptom (score 24-31) category on Y-BOCS scale was found more in females (40%) as compared to males (34%) but the difference was not significant. Our results are also supported by other study where females had higher obsessive, compulsive and total scores on Y-BOCS indicating a more severe psychopathology (Chakraborty *et al.*, 1975).

Conclusion

In the current study, we investigated the gender related differences among patients suffering from OCD with respect to sociodemographic factors and their symptoms profile. The present study concluded that males had earlier age of onset of obsessive compulsive disorder and were more likely unmarried. They had more aggressive obsession and checking compulsion where as females had more of contamination obsession and cleaning compulsions.

Limitations of our study

- The sample size was small for major inferences to be drawn probably limiting the study power to detect expected differences between the study groups.
- Longitudinal and prospective studies may promising for further researches in this field.

REFERENCES

- Benjamin James Sadock, M.D., Virginia Alcott Sadock, M.D. 2007. Synopsis of psychiatry. 10 ed. Wolter Kluwer; 2007.
- Chakraborty, A., Banerji, G. Ritual, a Culture Specific Neurosis and Obsessional States in Bengali Culture: *Ind J Psychiatr.*, 17: 273-80.
- Christoday, R.J. Khess, Sayeed Akhtar, Tushar Jagawat, Sanjukta Das, Alpana Srivastava. 1996. Gender and psychopathology in obsessive compulsive disorder. *Indian J. Psychiatry*, 38 : 166-71.
- Elizabeth, A. Nelson, Jonathan, S. Abramowitz, Stephen P. Whiteside, Brett J. Deacon. Scrupulosity in patients with obsessive-compulsive disorder: Relationship to clinical and cognitive phenomena. *Anxiety Disorders*, 2006; 20: 1071-86.
- Fatemeh Assarian, Hossein Biqam, Asqar Asqarnejad. An Epidemiological Study of Obsessive-Compulsive Disorder Among High School Students And Its Relationship With Religious Attitudes. *Arch Iranian Med.*, 2006; 9 : 104-7.
- Girishchandra, B.G., Sumant Khanna. Phenomenology of Obsessive Compulsive Disorder: A Factor Analytic Approach. *Indian Journal of Psychiatry*, 2001; 43 :306-16.
- Karadag, F., Oguzhanoglu, N. K., Ozdel, O., Atesçi, F. C., and Amuk, T. OCD symptoms in a sample of Turkish patients: A phenomenological picture. *Depress Anxiety*, 2006; 23 :145-52.
- Karno, M, Golding, J.M, Sorenson, S.B., Burnam, M.A. 1988. The epidemiology of obsessive-compulsive disorder in five US communities. *Arch Gen Psychiatry*, 45:1094-9.
- Khanna, S, Channabasavanna, S.M. 1988. Phenomenology of obsessions in obsessive-compulsive neurosis. *Psychopathology*, 21: 12-8.
- Manchanda R, Sethi, B.B. 1978. Obsessive Compulsive Neurosis Phenomenological Aspects. *Indian J Psychiatry*, 20: 250-55.
- Mathis *et al.* MA 2011. Gender differences in obsessive-compulsive disorder: a literature review; 33:390-9.
- Okasha, A, Saad, A.Khalil, A.H. Seif E Dawla, A.Yehia N. Phenomenology of Obsessive compulsive disorder: A transcultural study. *Comprehensive Psychiatry*, 1994; 35: 191-7.
- Rahman, M.H., Kamal, A.H.M.KM. 2010. Obsessive-compulsive disorder a study on clinical phenomenology, *JAFMC Bangladesh*, 6:13-6.
- Ruscio, A, M., Stein, D.J., Chiu, W.T., Kessler, R.C. 2010. The epidemiology of obsessive-compulsive disorder in the National Comorbidity Survey Replication. *Mol Psychiatry*, 15:53-63.
- Saha A, Gupta S. Phenomenology of OCD: A Cross Cultural Perspective. Poster Presentation at ANCIPS. 2000.
- Yeong-Yuh Juang MD And Chia-Yih Liu MD. Phenomenology of obsessive-compulsive disorder in taiwan. *Psychiatry and Clinical Neurosciences*, 2001; 55: 623-7.
