



## A cross-sectional study of the phenomenology of obsessive-compulsive disorder

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### ABSTRACT

Obsessive-compulsive disorder (OCD) is a clinical syndrome whose hallmarks are excessive, anxiety-evoking thoughts and compulsive behaviours that are generally recognised as unreasonable, but which cause significant distress and impairment. Heterogeneous nature of OCD presentation makes its conceptualisation as a complicated one. Phenomenological studies are needed to understand various heterogeneity OCD. This study is intended to see various phenomenological subtypes of OCD in the local population. This is a hospital-based cross-sectional study. Two hundred consecutive OCD patients attending psychiatry OPD analysed for the various social-demographic features and phenomenological findings. In our study, 48% of the sample had only obsessions, 19% had only compulsions, while 33% had a mixed presentation, studying the subtypes, the study revealed that 36.5% of the sample who presented with fear of contamination and 11.5 % samples have an aggressive obsession and another 11.5 % samples have symmetry obsession. 28% had contamination obsessions, 9% had sexual obsessions, 7% had somatic obsessions while 9% had religious obsessions, and 6% had various types of obsessions. When compulsion was assessed, it was found to be checking 28 (77.8%), cleaning 25 (69%), repeating 18 (50%), counting 6 (16%), ordering 4 (11%), collecting 4 (11%) and miscellaneous 15 (42%) when subtyped. Studying the phenomenological pattern in OCD patient would help in better understanding of the illness of the patients, it also tries to attempt the relationship between sociocultural issues and OCD. Though the neurobiology is similar in all individuals, phenomenology differs between individuals concerning gender, religion and culture.

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### INTRODUCTION

Obsessive-compulsive disorder (OCD) is a clinical syndrome that is typically characterised by repetitive thoughts that provoke anxiety and compulsive behaviours which, though recognised as irrational, leading to distress and functional impairment ([American Psychiatric Association, 2013](#)). It is diagnosed in 2% of the population and is associated with considerable socio-occupational and personal impairment ([Angst et al., 2004](#); [Kessler et al., 2005](#)). It is ranked among the top 20 causes of years of life lived with disability among 15-44-year-olds as determined by the World Health Organization ([Mur-](#)

ray and Lopez, 1997).

Our conventional diagnostic system is often changing to keep up with the conceptualisation of obsessive-compulsive disorder. In DSM 5, OCD has been taken out from the anxiety disorders category and reformulated as a separate diagnostic entity. The heterogeneous nature of OCD presentation makes its conceptualisation a complicated task.

OCD's core symptoms of anxiety-provoking obsessions and compulsive behaviours are hallmarks of its presentation; however, the content of the symptoms can be widely varying in their specificity. This points to clear evidence that there is excellent heterogeneity of symptoms in OCD (Hasler *et al.*, 2005).

Over several decades, a significant number of studies have used methods such as factor, cluster and latent variable analysis of OCD symptom inventories to bring down the variability of the symptom groupings in the different populations afflicted with the disease.

A right proportion of these studies have found evidence for a small number of symptom dimensions, usually three to five (Mataix-Cols *et al.*, 2005). The most frequently found answer to address the heterogeneity of symptoms in OCD includes the following:

1. Contamination obsessions and cleaning compulsions
2. Aggressive, sexual, religious, and somatic obsessions with checking-related compulsions;
3. Obsessions regarding symmetry, exactness, and the need for things to be "just right" paired with compulsions relating to ordering, arranging, and counting, and
4. Hoarding obsessions and compulsions.

Further attempts have been made to subgroup patients afflicted with OCD based on specific phenomenological characteristics, such as severity, whether the disease runs in the family, the age of its onset, gender of the patient, and comorbid conditions.

Evidence also suggests that childhood-onset OCD is different from that of adult-onset, in that there are differences in several factors that include gender and co-morbidity (for instance, there is a higher prevalence of tics and Tourette syndrome in childhood-onset OCD).

With this background in mind, this study attempted to ascertain the phenomenology of OCD in the local population.

## MATERIALS AND METHODS

This study was done at OPD Unit of the Department of Psychiatry, SRM Medical College Hospital and Research Centre, Kattankulathur, Chengalpattu district, Tamilnadu.

### Sample size

Number of Patients – 200 (n = 200).

### Inclusion criteria

1. Patients diagnosed to have primary OCD based on DSM IV-TR criteria.
2. Aged 18 - 65 years.
3. Able to give fully informed, written consent for the study.

### Exclusion criteria

1. Patients with OC symptoms not fulfilling the DSM IV-TR criteria.
2. OCD with any other illness which might distort the phenomenology.
3. Substance-induced and drug-induced OCD.

### Instruments and tools used

1. Socio-demographic and Clinical proforma.
2. Mini-International Neuropsychiatric Interview (MINI) Scale for assess the comorbid diagnosis (Lecrubier *et al.*, 1997).
3. Yale-Brown Obsessive-Compulsive symptoms checklist (YBOCS) and Yale-Brown Obsessive Compulsive severity scale (Goodman *et al.*, 1989; Woody *et al.*, 1995).

### Procedure

Two hundred consecutive OCD patients attending psychiatric OPD were included in the study after fulfilling the inclusion criteria. Initially, socio-demographic details were collected which included name, age, sex, religion, age of onset of illness, duration of illness, type of the family, marital status, family history of psychiatric illness, and family history of comorbid medical illness. Mini International Neuropsychiatric Interview scale was administered to rule out other psychiatric co-morbidities. OCD is diagnosed based on DSM IV-TR Criteria by a qualified Psychiatrist Then Y-BOCS symptom checklist was administered to study phenomenology, i.e. type of obsession or compulsion or whether it was

**Table 1: Age-wise distribution**

Age	Number of Patients	Percentage %
Less than 45 years	166	83%
More than 45 years	34	17%
Total	200	100%

**Table 2: Sex wise distribution**

Sex	Percentage
Male	56%
Female	44%
Total	100%

**Table 3: Mean age of onset**

Age of onset	Male	Female
Mean age of onset (years)	29	24

**Table 4: Duration of illness**

Duration of illness	Male	Female
Mean Duration of illness (years)	6.5	7.6

**Table 5: Frequency of obsessive and compulsive phenomenology**

Phenomenology	Percentage
Only Obsession	48%
Only Compulsion	19%
Mixed	33%
Total	100%

**Table 6: Frequency of obsessive phenomenology**

S. No.	Obsession	Total number of obsession	% of Obsession
1	Aggression	11	11.5%
2	Contamination	35	36.5%
3	Sexual	9	9.3%
4	Hoarding	8	8.3%
5	Somatic	7	7.3%
6	Religious	9	9.3%
7	Symmetry	11	11.4%
8	Miscellaneous	6	6.4%

**Table 7: Frequency of Compulsive phenomenology**

S. No.	Compulsion	Total number of compulsion	% of Compulsion
1	Cleaning	25	69.5%
2	Checking	28	77.8%
3	Repeating	18	50%
4	Counting	6	16.8%
5	Ordering	4	11.1%
6	Collecting	4	11.1%
7	Miscellaneous	15	41.7%

mixed. The YBOCS severity scale was administered to assess the severity.

### Statistical analysis

1. Descriptive statistics were applied to study the socio-demographic variables
2. Mean values were obtained for age, age of onset of illness and duration of illness.

## RESULTS AND DISCUSSION

This study was conducted at the SRM Medical College Hospital Psychiatric out-patient department. The study population was those who attended the OCD clinic of the department. One hundred patients who attended the clinic during the study period were assessed after obtaining informed consent. They were both new and reviewed patients.

Among 200 patients with OCD, 166 patients were less than 45 years old, and 34 patients were more than 45 years old (Table 1), regarding sex 56% were males and 44 % were females (Table 2). Mean age of onset 29 years for male and 24 years for females (Table 3). Females have a longer mean duration of illness when compared to men. Males have 6.5 years mean duration, where females have 7.6 years mean duration of illness (Table 4).

In our study, 48% of the sample had only obsessions, 19% had only compulsions. In comparison, 33% had a mixed presentation (Table 5), Studying the subtypes, the study revealed that 36.5% of the sample who presented with fear of contamination and 11.5 % samples have an aggressive obsession and another 11.5 % samples have symmetry obsession. 28% had contamination obsessions, 9% had sexual obsessions, 7% had somatic obsessions, while 9% had religious obsessions, and 6% had various types of obsessions (Table 6). When compulsion was assessed it was found to be checking 28(77.8%), cleaning 25 (69%), repeating 18(50%), counting

6(16%), ordering 4 (11%), collecting 4(11%) and miscellaneous were 15(42%) (Table 7).

Among subtypes of OCD, only obsession subtype is more common (Girishchandra and Khanna, 2001), in our study group; also, 48% of the sample had only obsessions. On the phenomenology of OCD unlike previous studies (Parmar and Shah, 2014; Rajashekharaiyah and Verma, 2016) fear of contamination is a more common obsession in our group, likewise more than the cleaning compulsion checking the type of compulsion is more common in our study population.

We need more trans-cultural studies to find whether there is any role of culture in the phenomenology of obsessive-compulsive disorder.

### Summary

This study was conducted in 200 consecutive OCD patients attending SRM Medical College Hospital in Psychiatric OPD to study the phenomenological pattern of OCD in our population.

Two hundred consecutive OCD patients fulfilling the inclusion criteria who were attending psychiatric OPD were included in the study. Initially, socio-demographic details were collected which included name, age, sex, religion, age of onset of illness, duration of illness, type of the family, marital status, family history of psychiatric illness, family history of comorbid medical illness after obtaining informed consent. Mini International Neuropsychiatric Interview scale was administered to all the patients (MINI) to diagnose OCD. Then the Y-BOCS symptom checklist was administered to study phenomenology, i.e. type of obsession or compulsion or mixed features. Then the YBOCS severity scales were administered to assess the severity.

In this study, 48% had only pure obsessions, 19% had pure compulsions, and 33% had mixed obsession and compulsion. Among obsessions, contamination obsession was the commonest obsession, i.e. 36.5%, followed by aggressive and symmetry

obsessions which were 11.5%. Under compulsive phenomenology, the commonest compulsion was checking compulsion which was 77.8%, 69.5% had cleaning compulsions, 50% had repeating compulsions.

The mean age of onset in males was 29 years, and for females, it was 24. Though the onset was earlier in females, the difference was not statistically significant. The mean duration of illness of the total sample was 9.16 years (SD 7.63). Men had a slightly lesser duration of 6.5 years compared to women who had a duration of 7.6 years.

## CONCLUSION

Studying the phenomenological pattern in OCD patient would help in better understanding the illness of the patients, and it also could be used to attempt to draw the relationship between socio-cultural issues and OCD. Though the neurobiology is similar in all individuals, phenomenology differs between individuals concerning gender, religion and culture. While delivering non-pharmacological treatment, phenomenology helps to create better insight in patients concerning their gender, religion and culture.

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## Conflict of Interest

The authors declare that they have no conflict of interest for this study.

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