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A STUDY ON PREVALENCE OF OBSESSIVE-COMPULSIVE DISORDER AND ASSOCIATED DEPRESSION AMONG YOUNG ADULTS

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Abstract
Obsessive Compulsive Disorder is neurotic problem which is potentially disabling condition that can persist through out a person's life. OCD affects during childhood and it prevails during adolescence and degrades the total social functioning of the individual. OCD has a significant negative impact on the quality of life. OCD affected people always separate themselves from social connections, and the symptoms and actions are often time consuming, bizarre, misleading and distressing. The main aim of the study is to measure and understand the prevalence of obsessive-compulsive disorder and associated depression in younger adults. Present study adopted descriptive research design and the questionnaire method for data collection. Majority of the respondents have low level of obsessive-compulsive disorder, but there is a significant relationship between the OCD level and Depression level of the respondents.

Keywords
Adolescence, Compulsive, Depression, Disorder, neurotic, Obsessive, Prevalence

INTRODUCTION

According to the Diagnostic and Statistical Manual mental disorders-IV- TR(American Psychiatric Association,2000)"Obsessive Compulsive Disorder can be defined as the presence of recurrent, persistent, and unwanted thoughts, impulses or images(obsessions) and /or the performance of repetitive ,ritualistic behaviours(compulsion)".These obsessions and compulsions are often ego-dystonic and are often resisted by the individual at some point in the illness and interfere with the individuals daily functioning. These are the characteristics that are clinically important in differentiating OCD from other diagnosis such as schizophrenia and phobic disorders. Addictions, thoughts and forceful urges or actions are part of everyday life.

History of Obsessive-Compulsive Disorder

The term obsessive compulsive disorder is derived from the German word "Zwangneirose" which was translated into "obsession and compulsions". Obsessive Compulsive Disorder was once considered rare (0.5%) but it is now found increased rate in the general population. Obsessive Compulsive Disorder has a long history. Those with obsessive thoughts of a blasphemous or sexual nature were believed to be possessed by the devil. This view was consistent with the belief of that time. The treatment that was

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followed was to remove the possessed demons from the possessed soul. The treatment of the choice was exorcism. The individual was bound to heavy torture for eradicating the evil from the mind(Jenike,Bae,Minichiellio 1998).Later the view of obsessive-compulsive phenomena had started to shift OCD toward a psychological explanation; Janet had already described the successful treatment of compulsive rituals with what would come to be known behavioural techniques, and with Freud's publication in 1909 of the psychoanalysis of a case of obsession neurosis, Obsessive and compulsive actions came to be seen as the result of conflicts in their mind and the separation of thoughts and actions from their emotional components. This shift identified that actions can be motivated by factors of which the individuals is unaware. Recently there has been a rapid growth in the understanding of the clinical features, path physiology and treatment of OCD. Research has accelerated in areas across a spectrum pf approaches as brain imaging, and epidemiology, immunology, neuropsychology and treatment interventions including biological and psychotherapeutic modalities (Pato and Zohar,2001).

Features of Obsessive-Compulsive Disorder

Obsessions: Obsessions are persistent and repetitive thoughts which intrude upon an individual mind gradually or suddenly. Initially the thought may be connected to the event that occurred, but later thought may paper to be purposelessness and extreme and it may sound bizarre to others.

Compulsions: People with OCD frequently perform tasks or compulsions to seek relief from obsession-related anxiety. Compulsions are defined as repetitive, purposeful and intentional behaviours that are performed in response to obsessions (American Psychiatric Association).

Cognitive Performance: It has been purposed those sufferers are generally of above-average intelligence, as the nature of the disorder necessitates complicated thinking patterns. OCD is associated with high intelligence.

Resistance: Most people with obsessive compulsive disorder struggle to banish their unwanted, obsessive thoughts and to prevent themselves from engaging in compulsive behaviour. Many are able to keep their Obsessive Compulsive under control during the hours when they are at work or attending school.

Shame and Secrecy: Obsessive Compulsive Disorder sufferers often attempt to hide their issues rather than asks help. They are successful in hiding their Obsessive-Compulsive symptoms from peers and co-workers.

Long-lasting symptoms: obsessive compulsive disorder tends to last for years, even decades. The symptoms may become less severe from time to time, and there may be long intervals when the symptoms are less, but for most individuals with obsessive compulsive disorder, the symptoms are heavy.

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Avoidance: Compulsions are performed in the attempt to remove negative thoughts such as confused feelings that arise from obsessions. Avoidance can take many forms- some of them quite subtle and can have a profound impact on the individual's day-to-day life.

Some forms of disorder seen in obsessive compulsive disorder

Kleptomania: Kleptomania is the condition to steal items for reasons other than personal use or financial gain. Kleptomania is considered in psychiatry as an impulse control disorder.

Voyeurism: Voyeurism is the sexual interest and watching people engaged in intimate behaviours such as undressing, sexual activity or other actions.

Dipsomania: Dipsomania is a medical condition involving an uncontrollable urge for alcohol. It was describing a variety of alcohol-related problems, most of which are most commonly conceptualized today as alcoholism.

Problems of the younger adults: The term problems of younger adults are very broad and can span over several areas. In order to streamline it a little, these problems have been divided into emotional and physical problems. Some of them are the following.

Emotional issues: There are several emotional problems that younger adults face. Need to express in this age there is a need for expression of thoughts and feelings. But since they have not been living in society and know nothing about societal pressures and constraints, they do not understand that this need to express them cannot be used in whichever way they want, but has to be used with discretion.

Need to succeed: There is an innate need to stand on their own feet and prove themselves and their capacities to the world. If there is any hurdle in that path; it leads to various psychological issues like stress, depression and anger.

LITERATURE REVIEW

Khanna et al (1996) in an exploratory study examined whether a reactive- endogenous dichotomy exists. Acute onset and fluctuating course were significantly commoner in the reactive subgroup. In the study of Gojer et al. Compared 53 cases of OCD affected people with depression and anxiety neurosis. There are more similarities in the OCD and anxiety neurosis group than the depressive group.

Kamath et al (2007) examined suicidal behaviour in 100 consecutive DSM-IV OCD patients; 59% had 'worst ever' (lifetime) suicidal ideation and 28% had current suicidal thought. History of suicidal attempt was reported in 27% of the subjects. Major depression unmarried status and hopelessness were the major risk factors for suicidal behaviour.

Rajkumar et al (2008) studied the clinical profile of schizophrenic patients with and without co morbid OCD (50 in each group). Significant relationships were observed between OCD severity scores and schizophrenia symptom dimension scores. Authors concluded that "schizo-obsessive" schizophrenia may be a distinct subtype with unique clinical characteristics.

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RESEARCH METHODOLOGY

The main aim of the study is to find out the prevalence of obsessive -compulsive disorder and associated depression in younger adults. Objectives of the study are:-

- To assess the personal and socio-economic background of the respondents
- To measure the level of obsessions and compulsions in respondents
- To measure the associated depression in the respondents.
- To find out whether there is any significant difference between personal profile of the respondents and their level of OCD.
- To find out whether there is any significant difference between OCD and depression level of the respondents.

Descriptive research design was used by the researcher for this study. Descriptive research design is those studies which are concerned with describing the characteristics of a particular individual or group. The universe of this study was the individual who are above 18 and below 25 purposefully. The researcher selected two colleges that is Nehru college of Engineering and Nehru arts and science college, Coimbatore.

Primary data collection was the source of this study. The data required for the study was collected directly from the respondents using standardized questionnaire. The questionnaire included personal data of the respondents like age, gender, educational qualification, family income, Area of housing, size of the family, obsessive-compulsive inventory scale and depression scale developed by Aaron T Beck which consist of 21 items for measuring the depression level of the respondents.

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RESULTS

Table 1 Obsessive Compulsive Disorder level of the respondents

Sl No	OCD level	Frequency	Percent	Valid Percent	Cumulative Percent
1	Not at all	9	15.0	15.0	15.0
2	Mild	22	36.7	36.7	51.7
3	Moderate	18	30.0	30.0	81.7
4	Severe	10	16.7	16.7	98.3
5	Extreme	1	1.7	1.7	100.0
Total		60	100.0	100.0	

1.7 percent of the respondents have extreme level of depression, 36.7 percent of the respondents have mild obsessions, 30 percent of the respondents have moderate obsession, 16.7 percent of the respondents have severe obsessions and remaining 15 percent of the respondents have no symptoms of OCD.

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Figure 1 obsessive compulsive disorder level of the respondents

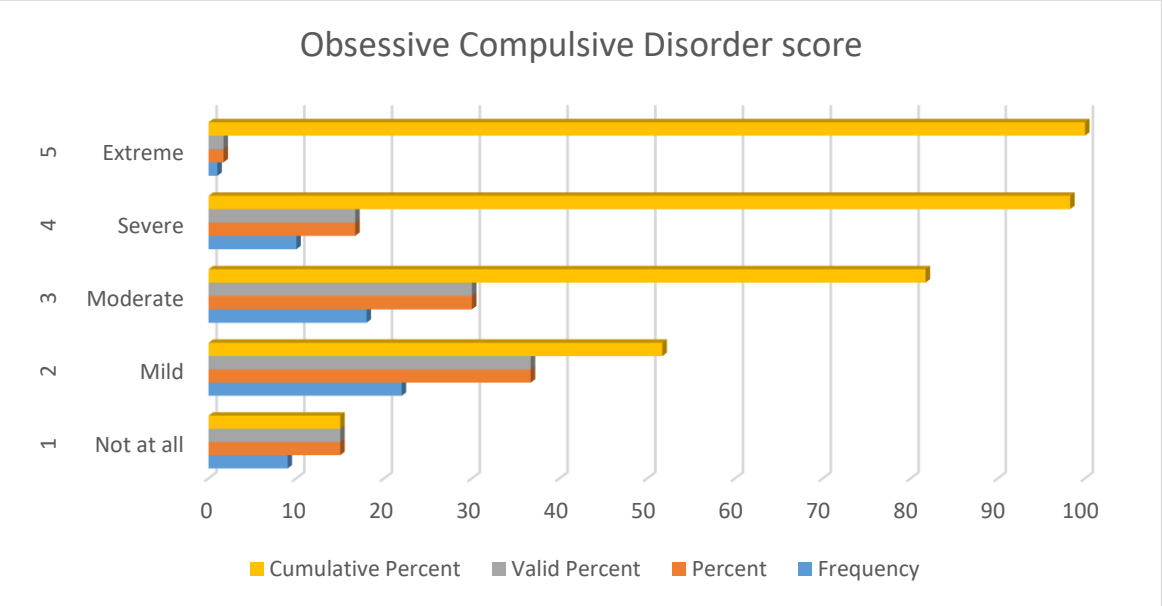

Table 2 Depression level of the Respondents

Sl No	Depression level	Frequency	Percent	Valid percent	Cumulative Percent
1	Not at all	17	28.3	28.3	28.3
2	Mild	8	13.3	13.3	41.7
3	Moderate	23	38.3	38.3	80.0
4	Severe	6	10.0	10.0	90.0
5	Extreme	6	10.0	10.0	100.0
Total		60	100.0	100.0	

38.3 percent of the respondents have moderate level of depression, 13 percent of the respondents have mild level of depression, 10 percent of the respondents have extreme

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level of depression, 10 percent of the respondents have severe depression and the remaining 28.3 percent of the respondents have no symptoms of depression.

Figure 2 Depression level of the respondents

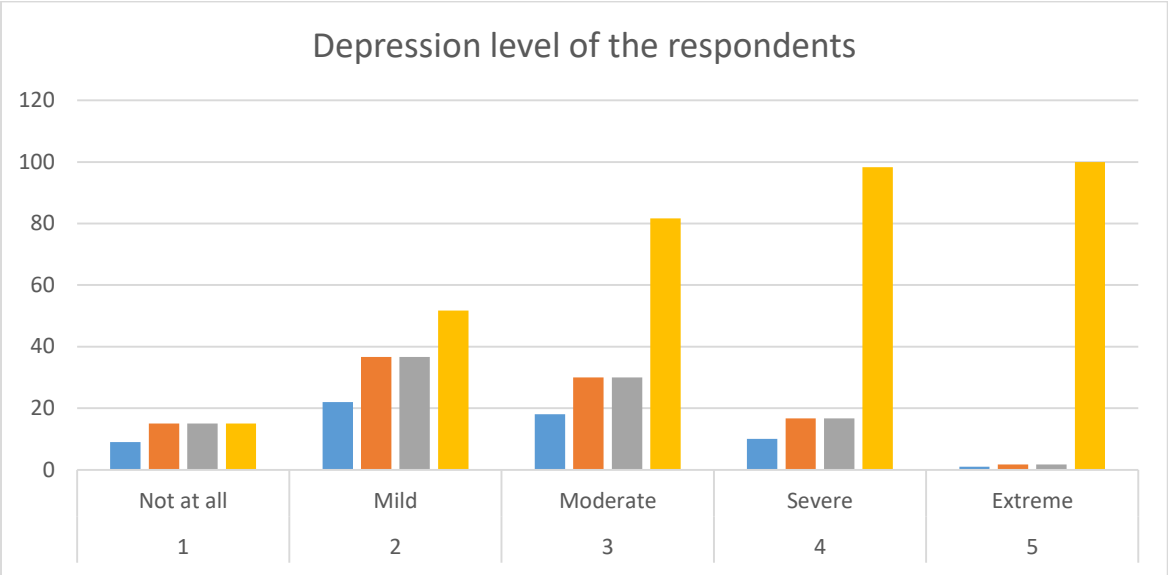

Table 3 Chi-Square scores pertaining to obsessive compulsive disorder and age

Tests	Value	Df	Asymp.Sig.(2-sided)
Pearson Chi-Square	6.356(a)	4	0.174

Hypothesis 1

There is no difference between different age group of the respondents and their level of obsessive-compulsive disorder. CHI-SQUARE was computed to find out the Variance between different Age groups of the respondents and their level of obsessive-compulsive disorder. The calculated value is 0.174 which is not significant. Hence this hypothesis is accepted.

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Table 4 Chi- Square test for the Gender of the respondent and their level of obsessive-compulsive disorder

Tests	**Value**	**Df**	**Asymp.sig. (2-sided)**
Pearson Chi-Square	3.408(a)	4	0.492
Likelihood Ratio	3.860	4	0.425
Linear – by- Linear Association	1.285	1	0.257
N of Valid cases	60		

Hypothesis 2

There is no significant difference between gender of the respondents and their level of obsessive-compulsive disorder CHI-SQUARE was computed to find out the Variance between gender of the respondents and their level of obsessive-compulsive disorder. The calculated value is 0.492 which is not significant. Hence this hypothesis is accepted.

Table 5 Chi-square test of education of the respondents and their level of obsessive-compulsive disorder

Tests	**Value**	**Df**	**Asymp.Sig.(2-Sided)**
Pearson Chi-Square	7.753(a)	8	0.458
Likelihood Ratio	10.221	8	0.250
Linear – by- Linear Association	3.961	1	0.047
N of Valid cases	60		

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Hypothesis 3

There is no difference between education of the respondents and their; level of obsessive-compulsive disorder. CHI-SQUARE was computed to find out the Variance between Education category of the respondents and their level of obsessive-compulsive disorder. The calculated value is 0.458 which is not significant. Hence this hypothesis is accepted.

Table 6 Chi-square scores Pertaining to OCD level and Type of family

Tests	**Value**	**Df**	**Asymp.Sig.(2-Sided)**
Pearson Chi-Square	1.123(a)	4	0.891
Likelihood Ratio	1.346	4	0.853
Linear-by-Linear Association	0.356	1	0.551
N of valid cases	60		

Hypothesis 4

There is no difference between Type of family of the respondents and their level of obsessive-compulsive disorder. CHI-SQUARE was computed to find out the Variance between type of the family of the respondents and their level of OCD. The calculated f-ratio value is 0.891 which is not significant. Hence this hypothesis is accepted.

Table 7 Chi-square scores pertaining to OCD level and area of housing

Tests	Value	Df	Asymp.Sig.(2-Sided)
Pearson Chi-Square	2.889(a)	8	0.941
Likelihood Ratio			
Linear-by-Linear Association	3.190	8	0.922
	0.020	1	0.886
N of valid cases	60		

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Hypothesis 5

There is no difference between Area of housing of the respondents and their level of obsessive-compulsive disorder. CHI-SQUARE was computed to find out the Variance between area of housing of the respondents and their level of OCD. The calculated f-ratio value is 0.941 which is not significant. Hence this hypothesis is accepted.

Table 8 Chi-Square test of OCD and Depressive level

Tests	Value	Df	Asymp.Sig.(2-Sided)
Pearson Chi-Square	43.029(a)	16	0.000
Likelihood Ratio	44.110	16	0.000
Linear-by-Linear Association	14.064	1	0.000
N of valid cases	60		

Hypothesis 6

There is a significant relationship between the OCD level and depression level of the respondents. CHI-SQUARE was computed to find out the Variance between OCD and depression level of the respondents. The calculated f- ratio value is 0.000 which is a significant value. Hence this hypothesis is accepted.

Discussions

The researcher collected data from 60 respondents regarding the prevalence of obsessive-compulsive disorder and associated depression in younger adults which have been analysed. 83.3 percent of the respondents belong to the age group of 22-25 and remaining 16.7 percent of the respondents belong to the age group of 18-21 years. Reason: Most of the respondents participated in this study are post graduate students.

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The majority 61.7 percent of the respondents are male and remaining 38.3 percent of the respondents are females.75 percent of the respondent belongs to nuclear family and the remaining 25 percent of the respondent belongs to joint family. The respondents from nuclear family have high level of obsessive-compulsive disorder than respondents from Joint family. Reason: The family system has drastically changed now and parents are busy in their career. In joint family system many people are around the young adults rather than their parents. They can share their feeling with them. 30 percent of the respondents have moderate obsession and 16.7 percent of the respondents have severe obsessions. Reason: Family system, economic conditions, educational level and age factors are affecting on the respondent's mental health.10 percent of the respondents have extreme level of Depression and 10percent of the respondents have severe depression. Reason: Because of prevalence of Obsessive – Compulsive Disorder, depression and anxiety problems are increasing in young adults.

Conclusion

"A Study on prevalence of obsessive-compulsive disorder and Associated Depression among Younger Adults" attempted to relate the personal data of the respondents with their level of obsessive-compulsive disorder and associated depression. From the findings of the study, it is concluded that there is no significant difference in the level of obsessive-compulsive disorder level of the respondents with regard to their age, gender, education, religion, and family income, type of family and area of housing.

From the above study it was concluded that there is no relationship between obsessive compulsive disorder and personal data like age, gender etc., hence it is understood that obsessive compulsive disorder and Associated Depression exists in every individual without being influenced by the personal characteristics. These can be a difference in the level of OCD and depression between individuals, but there is no doubt about its prevalence.

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