

Phenomenology of obsessive compulsive disorder in a Sri Lankan patient population

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Introduction

Obsessive-compulsive disorders (OCD) are characterised by obsessional thinking and compulsive behaviour. Obsessional symptoms include thoughts, ruminations, impulses, 'phobias', images and rituals. Compulsions are overt or covert. The themes are diverse. Phenomenological differences may have implications in prognosis and response to treatment.

Aims

To study phenomenological aspects and their prevalence in patients with OCD in a Sri Lankan setting.

Methods

Descriptive study. Patients meeting ICD-10 criteria for OCD attending a tertiary care hospital as out-patients were interviewed using a semi-structured questionnaire.

Results

The sample size was 55 with 32 males. The mean age was 24.5 years with a mean duration of illness of 32

months. Thirty three had obsessional thoughts, 23 had doubts, 13 had ruminations, 8 had images, 5 had urges and one had an obsessional phobia. Twenty six patients had more than one type of symptoms. The themes included dirt and contamination, orderliness, sexual themes, aggression, fidelity of partner and others. Thirty-five had overt compulsions only, 13 had covert compulsions only, 5 had both types; no compulsions were identified in two. The compulsions were checking, cleaning, arranging and dressing. Fifteen had more than one type of compulsion. Twenty-five had co-morbid ICD 10 diagnoses, the commonest was depression.

Conclusions

The sample had a diversity of phenomenological forms. Obsessional thoughts were commonest; dirt and contamination was the commonest theme; checking was the commonest compulsion.

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Introduction

Obsessive-compulsive disorder (OCD) is a chronic disabling condition characterised by recurrent intrusive thoughts and compulsive acts. The phenomenology of this condition has been extensively explored. Lately, there has been an abundance of studies on the neurobiology, pharmacotherapeutics and psychological treatment of OCD. However prospective studies on its phenomenology has been relatively neglected by contemporary researchers (1).

Obsessive-compulsive disorders have been associated in terms of phenomenological similarity with conditions such as trichotillomania, Tourette's syndrome, hypochondriasis, eating disorders, body dysmorphic disorder and others (6-13).

The onset of the disorder maybe early (before the age of 18 years) or late (after 18 years) with implications in the severity of illness (14). Post-partum onset has also been clearly described (15).

Akthar et al in 1975 demonstrated six forms of obsessions: obsessive doubt, obsessive thinking, obsessive impulses, obsessive fear, obsessive images and miscellaneous forms. The same study identified two distinctive categories of compulsions: yielding compulsions and controlling compulsions. Six broad varieties of thought content were identified: dirt and contamination, aggression, inanimate-impersonal, sexual, religious and miscellaneous forms (2). Similar categories are described in studies done in other

populations (3, 4). Furthermore, studies show that the phenomenology of obsessive compulsive symptoms secondary to brain pathology is similar to that of the commoner idiopathic illness (5).

The phenomenological variations of OCD have not been explored in a Sri Lankan setting. The aim of this study was to describe the different phenomenological presentations of OCD in a Sri Lankan sample.

Method

A descriptive study of out-patients at a tertiary care centre in Colombo, Sri Lanka was conducted from January to November 2013. Those who fulfilled ICD-10 clinical criteria for OCD were selected from clinic records and were invited to participate in the study. Those who agreed to participate were engaged in a detailed clinical interview by the authors using a semi-structured questionnaire to identify the different aspects of phenomenology and co-morbidities. Ethical clearance was obtained by the ethical review committee of the hospital. Informed consent was obtained from all patients who participated.

Results

Sixty one patients with OCD were registered at the out-patient clinic during the study period and 55 responded to the study. Among them, 32 (58.18%) were males. The mean age of males was 26.03 years; the mean of

females was 22.43 years. The mean duration of illness was 31.93 months (range 1-144 months). Co-morbidity with other psychiatric illnesses was present in 45.45% (n=25) of the sample (Table 1).

There were six types of obsessions in the sample: obsessional thoughts, obsessional doubts, obsessional ruminations, obsessional images, obsessional impulses and obsessional phobias. Obsessional thoughts were the commonest with 60% of the sample (n=33) reporting at least one obsessional thought, followed by obsessional doubts (41.81%, n=23). Obsessional ruminations occurred in 23.63% (n=13). Obsessional phobias were the least common (1.81%, n=1).

Multiple types of obsessions were seen in 43.63% (n=24) of the sample. The commonest combination was thoughts and doubts (20%, n=11). One patient had obsessional thoughts, images, ruminations and urges.

The themes of obsessions could be categorised into seven types: dirt and contamination (38.18%, n=21), orderliness (18.18%, n=10), sexual themes (12.72%, n=7), aggression (9.09%, n=5), blasphemy (9.09%, n=5), fidelity of the partner (5.45%, n=3) and others (7.27%, n=4).

The majority of the sample (63.63%, n=35) had overt compulsions only; 23.63% (n=13) had covert compulsions only; 9.09% (n=5) had both types. The authors could not identify any compulsion in 3.63% (n=2) of the sample.

The types of overt compulsions could be divided into four groups: checking, cleaning, arranging and dressing. 38.18% (n=21) of the sample had checking compulsions, followed by cleaning (34.54%, n=19). Arranging was present in 16.36% (n=9) of the sample, while 3.63% (n=2) had dressing compulsions. Although counting rituals have been described in literature as a type of compulsion, this type of compulsion was not encountered in this study.

As in obsessions, multiple types of compulsions were common (25.45%, n=14). Checking and cleaning was the commonest combination, reported by 16.36% (n=9) of the sample. Two patients experienced checking, cleaning, and arranging compulsions (3.63%).

The commonest co-morbid condition was depression (14.54%, n=8). Bipolar Affective Disorder (BPAD) was a co-morbidity in 5.45% (n=3) of the sample. Three patients (5.45%) had co-morbid social phobia.

Table 1. Patient characteristics

	Male (n=32)	Female (n=23)	Total
Mean age (years)	26.03	22.43	24.52
Mean duration of illness (months)	22.59	33.82	31.93
Co-morbid conditions	15 (27.3%)	10 (18.2%)	25 (45.5%)

Table 2. Co-morbid conditions

	Number (%)
Social Phobia	3 (5.45)
Mental retardation	1 (1.81)
Depressive disorders	8 (14.54)
Bipolar affective disorder	3 (5.45)
Asperger's syndrome	1 (1.81)
Alcohol dependence syndrome	1 (1.81)
Hyperkinetic disorder	1 (1.81)
Specific phobias	2 (3.63)
Fetishism	1 (1.81)
hypochondriacal disorder	1 (1.81)
Others	2 (3.63)

One patient (1.81%) each had co-morbid intellectual disability, alcohol dependence syndrome, hyperkinetic disorder, hypochondriacal disorder, schizophrenia, fetishism and Asperger's syndrome (Table 2).

Discussion

In this study, obsessional thoughts, seen in 60% of the sample, were the commonest form of obsessions. This is at variance with the findings of studies conducted in India by Akthar et al. and Kulhara et al, where obsessional doubts were commoner (75% and 65.2% respectively) (2, 16). The commonest theme in all three studies was that of dirt and contamination.

Having a single obsession was less common in the study by Kulhara et al (15.27%, n=11) than in this study (56.36%, n=31). However, the commonest combination of obsessions (thoughts and doubts) was similar in both samples.

The theme of fidelity of the partner was not noted in both the above studies. In this study, three patients reported this obsession; all of them had multiple obsessions. None of them initially presented with this symptom which was revealed only on specific inquiry. Detecting this symptom could be considered important due to the risks it carries.

A significant proportion of the sample in the studies by Akthar et al and Kulhara et al (24% and 18% respectively) did not have any type of compulsions. In contrast, only 3.63% in this study reported no compulsions. The categorisation of the types of overt compulsions was not looked in to in both the Indian studies (2, 16).

A significant proportion of the sample had co-morbid psychiatric diagnoses. Depression was the commonest co-morbidity. This was easily detected when routinely inquired for. The wide range of psychiatric co-

morbidities was a significant finding. This suggests that having a high index of suspicion for the presence of co-morbidities would be of value in assessing patients with OCD.

A challenging combination appears to be OCD and BPAD. Three patients (5.45%) in this study presented with these diagnoses. The diagnostic validity of this co-morbidity however, is now being questioned with the premise that OCD symptoms occur as a secondary phenomenon of BPAD rather than representing a separate entity (17). Even so, management of these co-morbidities maybe difficult and therefore detection is of paramount importance. In one patient in this study, BPAD emerged only when he was treated with antidepressants for OCD.

Obsessional slowness is a well-documented accompaniment of the disorder which impairs the day-to-day functioning of those with OCD (18). This aspect was not inquired into in this study. Similarly, the division of compulsions into yielding and controlling compulsions described in other studies, was not carried out (2, 16).

This study highlights the multiplicity of symptoms and the common occurrence of co-morbidities in OCD. These may have implications in both choosing management options and evaluating prognosis. Numerous follow up studies highlighting these aspects have been conducted several decades ago in different regions (19-21). Extrapolating these findings to a current Sri Lankan setting may not be appropriate because of cultural and religious disparities as well as the chronological differences between the periods of study. The findings of the present study could serve as important markers for further exploration of the phenomenology of OCD in a South Asian setting.

Declaration of interest

None declared

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