

## Examining the role of Duration of illness on the level of mental disability in Obsessive Compulsive Disorder

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### Abstract

Recent literature considers duration of illness (DI) and duration of untreated illness (DUI) as important factors influencing outcome in many psychiatric conditions. The aim of the present article is to analyze the relationship between DI and DUI, and pharmacological response in the different psychiatric disorders with particular emphasis on neurodegenerative aspects. An updated review of the current literature was conducted through PubMed in order to compare different studies focused on DI and DUI, and treatment response in major psychoses and in depressive/anxiety disorders. A significant body of evidence shows that a prolonged DI and DUI is associated with brain abnormalities and poor treatment response, particularly in schizophrenia. Nevertheless, an increasing number of studies point toward a similar conclusion in mood and anxiety disorders as well, even though fewer studies have been published in this field. The present study was undertaken to assess and compare the disability in patients with obsessive compulsive disorder (OCD) using Indian Disability Evaluation Assessment Scale (IDEAS). Results indicated significant disability in work and global score was seen in patients of obsessive-compulsive disorder with duration of illness >5 yr. it was concluded that these illnesses affect all areas of daily functioning leading to greater disability, and thus increasing the burden on the family, pose greater challenge for the rehabilitation of patients and their inclusion in the mainstream of the family and society. Further studies on a larger sample need to be done to confirm the finding.

**Keywords:** obsessive-compulsive disorder, Indian Disability Evaluation Assessment Scale, duration of illness, disability.

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### Introduction

Disability associated with psychiatric disorders is considered an important public health problem in developing countries like India [1]. Disability due to psychiatric illness refers to dysfunction or inadequate performance in specific activities of daily living which are normally expected from a person according to his age, sex and societal role [2].

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About one-third of patients having Major Depressive Disorder (MDD) and Bipolar Affective Disorder (BPAD) have a severe disability. Self-care and work were the dysfunctional areas in MDD while BPAD affected all areas of functioning [3,4].

Non-psychotic disorders such as OCD also run a chronic course and can cause disability. It is reported that about 16-17% OCD and anxiety disorders result in significant disability [3]. However, Olfson et al., did not observe any significant disability in OCD [5]. OCD is the only non-psychotic illness for which the government of India sanctions disability benefits. Effective treatment and the issue of monetary benefit for the disabled by the government assume importance

in this context. In this background, it is important to assess the extent of disability in OCD.

Obsessive Compulsive Disorder (OCD) is characterized by recurrent obsessions or compulsions that are severe enough to be time-consuming or cause marked distress or significant impairment and is given disability benefits as per the existing Indian disability act.

Psychiatric disorders are one of the most common and prevalent illnesses that widely affect world population accounting for nearly 31 per cent of world's disability. Five of the 10 leading causes of disability worldwide are in the category of mental disorders: major depression, alcohol use, bipolar affective disorder, schizophrenia and obsessive-compulsive disorder[6]. Psychiatric illnesses like schizophrenia, bipolar affective disorder and obsessive-compulsive disorder, impact negatively on the academic, occupational, social and family functioning of the patients.

It has been demonstrated that in the patients of mood and anxiety disorders, residual disability and poor quality of life continue even after completion of symptom-linked treatment[7,8]. There is amelioration of symptoms with pharmacotherapy, but social functioning and quality of life improve only with concerted efforts at rehabilitation that take longer intervals of time[9].

There is limited available literature which assessed disability among non-psychotic illnesses in Indian setup. However, there are some community-based studies to assess mental disability in mental disorders [10]. Hence, the present study was planned to assess disability in OCD.

**Table 1: Socio-demographic characteristics of patients with obsessive-compulsive disorder**

Category	Sub-divisions	OCD No.	Percentage (Round off)
Age groups	16-30	14	52
	31-45	11	41
	46-50	2	7
Gender	Male	15	56
	Female	12	44
Domicile	Urban	18	67
	Rural	9	33
Religion	Hindu	21	78
	Muslim	6	22

## Methodology

Patients attending outpatient section of Department of Psychiatry, Pacific Institute of Medical Sciences, Udaipur, Rajasthan, India, were screened to include in this cross-sectional study. Those diagnosed to be suffering from schizophrenia and obsessive compulsive disorder by ICD-10 DCR [11], with duration of illness of minimum two years without any exacerbation or hospitalization, and accompanied with a primary care giver were assessed further. All patients with co-morbid medical and psychiatric illness, likely to contribute in disability, were excluded. Informed consent was taken from the primary care giver. The target was to include about 30 consecutive patients for each illness. IDEAS was applied in all the patients who fulfilled the selection criteria to measure the disability.

A total of 27 patients of (27 with obsessive-compulsive disorder) were included in this study. Of the 30 patients of obsessive compulsive disorder initially included, 3 patients were excluded as they were found to have conditions likely to cause disability per se (one had a seizure disorder, another had a history of intermittent excessive alcohol abuse, and the third one developed severe anxiety symptoms).

## Results and Discussion

Many patients with OCD were from urban background in our study. The poor representation of rural population may be due to the inability to understand this being an illness. It has been shown that obsessive-compulsive disorder produces a significant impact on daily living. [12,13]

**Table 2: Assessment on various items of IDEAS in patients of obsessive-compulsive disorder between duration of illness 2-5 yr and >5 yr**

Duration of illness	Self-care	Interpersonal Activities	Communication and Understanding	Work	Global Disability score
2-5 years (N=8)	0.2 ± 0.1	0.63 ± 0.52	0.75 ± 0.89	0.50 ± 0.53	3.13 ± 0.83
>5 years (N=19)	0.58 ± 0.96	1.16 ± 0.9	1.52 ± 1.02	1.79 ± 1.18*	7.95 ± 3.34**

Values are mean ± SD

P\* < 0.01, \*\* < 0.001 compared to those with OCD (2-5 year duration)

In our study, there was more work impairment in patients with OCD with duration of illness more than 5 years than in patients with duration of illness between 2-5 year; this however, needs confirmation in a larger sample. The factors responsible for deterioration in the working ability of patients with obsessive compulsive disorder need to be explored in further studies. The disability produced in areas of self-care, interpersonal activities and communication and understanding remained stable over the time. Koran et. al [14] reported that 22 per cent of OCD patients were unemployed, however, Khanna et. al [15] did not substantiate the same findings. Notably these two studies did not include the patients with duration of illness more than 2 yr.

Other workers [17,18] also reported that patients with OCD had greater disruption on their careers and relationships with family and friends. However, in these studies [16-18], no attempt was made to match the patients on the basis of duration of illness.

It appears that the instrument IDEAS is sensitive enough to pick up disability even at mild severity of illness. However, results of our study should be interpreted with caution. This was a cross-sectional small sample study, based on exclusively hospital-based outpatient sample, and therefore, is not likely to be representative sample of patients in community. Moreover, the premorbid assessment using standardized instruments was not carried out. The relationship between disability and socio-demographic variables like family structure, family income etc., needs to be evaluated in further studies.

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