Quality of Life in OCD Patients

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Introduction

Obsessive-compulsive disorder (OCD) is a psychological disorder characterized by intrusive thoughts/impulses and repetitive actions, affecting 2% of the general population[1]. Due to its chronic and debilitating nature, OCD has adverse negative effects on the individual, often resulting in a significantly lower quality of life (QOL)[2]. QOL is an individual's perception of his position in life based on culture and value systems relevant to their expectation and standards [3]. It can be further categorized into different domains: physical health (PHY QOL), psychological health (PSYCH QOL), social relationships (SOCIAL QOL) and environment (ENV QOL).

Many studies in the current literature utilized the 36-Item Short Form Health Survey (SF-36) and European Quality of Life-5 Dimensions(EQ-5D) in their evaluations of QOL. However, SF-36 was designed to measure health status[4] and EQ-5D focuses heavily on the physical aspects of QOL[5]. Thus, they may not be an accurate representation of QOL. Furthermore, research of QOL in OCD have yielded inconsistent findings [6,7]. This could be attributed to the inclusion of OCD patients with psychiatric co-morbidity that complicate interactions between OCD and QOL[7].

Therefore, the current study aims to utilize a more accurate measure of QOL by using the WHOQ-BREF [8], a QOL instrument with good internal consistency and no ceiling/roof effects when previously used on a Singapore population[9]. Exclusion criteria employed in the present study (Methodology) ensured effects are not attributable to other psychiatric/physical conditions. In addition, as OCD severity and depressive symptoms have been separately shown to be predictive of QOL, the current study expects these clinical indices to be significantly correlated with all the QOL domains.

Hypothesis 1: Participants with OCD are expected to score significantly lower in all domains of the WHOQ-BREF in comparison to healthy controls.
Hypothesis 2: Symptom severity (Y-BOCS) and Depressive symptoms (HDRS) are expected to be significantly correlated with QOL across all the domains.

Methodology

Participants
• 21 OCD Patients (recruited from Institution of Mental Health and National University Hospital)
Exclusion Criteria: Any current/past co-morbid psychological or physical/medical conditions & if OCD is not the main diagnosis
• 16 Healthy Controls (age, gender and education matched)
Exclusion Criteria: Any current/past psychological or physical/medical conditions
Procedure
All participants completed the WHOQ-BREF and were administered the HDRS (Hamilton Depressive Rating Scale[10]. Patients with OCD were additionally administered the Y-BOCS (Yale-Brown Obsessive Compulsive Scale)[11].

Statistical Analyses
SPSS 21 was used to conduct the statistical analyses.
Mann-Whitney U tests were employed to compare overall and domain QOL scores among OCD patients and healthy controls.
IV: OCD Patients, Healthy Controls
DVs: Overall QOL, Physical Health QOL, Psychological Health QOL, Social Relationships QOL, Environment QOL
Spearman's correlation analyses were employed to evaluate correlations of the overall and domain QOL scores with the clinical indices (Y-BOCS Symptoms Severity and Depressive Symptoms-HDRS) in the OCD sample.
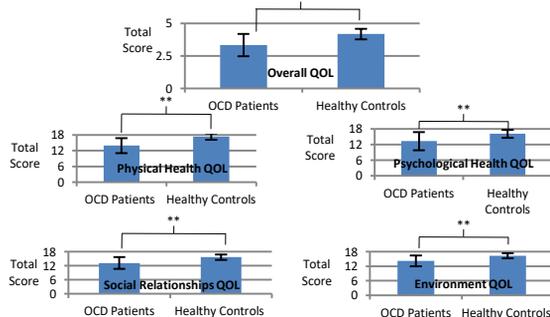
Results

Figure 1. Results of the Mann-Whitney test indicated that the QOL scores for all the domains were significantly lower for OCD patients than for the Healthy Controls, p <.01.
[* indicates significance at p<.05; ** indicates significance at p<.01]

An Overall QOL was obtained from a single item in the WHOQ-BREF. Domain scores were obtained from the total scores of the domain items (Physical – 7 items, Psychological – 6 items, Social – 3 items & Environment – 8 items); each item was ranked on a 5 point Likert scale.

Correlation Matrix Table (Spearman's Correlation)

Variables	OVERALL QOL	PHY QOL	PSYCH QOL	SOCIAL QOL	ENV QOL	Y-BOCS
OVERALL QOL	-					
PHY QOL	.748**	-				
PSYCH QOL	.802**	.732**	-			
SOCIAL QOL	.621**	.729**	.676**	-		
ENV QOL	.690**	.719**	.696**	.752*	-	
Y-BOCS	-.440*	-.543*	-.576**	-.407	-.461*	-
HDRS	-.448**	-.504**	-.572**	-.289	-.363*	.572**

Figure 2. Results of the Spearman's Correlations test indicated that all the correlations between the above variables were significant at *p* <.05, with the exception of the correlations of Social Relationships QOL with Y-BOCS and HDRS
[* indicates significance at p<.05; ** indicates significance at p<.01]

Discussion

Consistent with Hypothesis 1, patients with OCD scored significantly lower than healthy controls in all WHOQ-BREF domains. This suggests that OCD patients are more likely to experience a more negative perspective of their position in life. One possible reason is that as the behaviours and actions of OCD patients can be perceived as bizarre and unexplainable, this often results in relationship conflicts with family and friends. Further agitation from anxiety and social stigma issues caused by the OCD symptoms could also contribute to lower QOL in OCD patients[12].

Hypothesis 2 was partially supported as symptoms severity and depressive symptoms were shown to be significantly associated with QOL in all domains with the exception of the social relationships domain. This finding is unexpected, as severity of OCD symptoms can affect the patient's social life and activities by restricting their social and occupational functioning[7]. However, as the social relationships domain measures the subject's perception of his/her relationships with their family and friends, it may be more associated to other factors such as social support from family/friends (i.e. providing resources & being part of the patient's rituals) rather than symptoms severity [12].

Moving forward, treatment plans for OCD patients could consider monitoring improvements of QOL in patients to ensure a more holistic treatment. As symptoms severity and depressive symptoms have been shown to be significantly associated with most of QOL domains, improvements of these clinical indices should be tracked alongside improvements in QOL, particularly for the physical health, psychological health and environment domains. Building upon our study, future studies can also further explore other possible predictors (obsessions severity, compulsions severity, anxiety symptoms, OCD sub-types) of QOL together with the current predictors in greater depth to better understand the associations between QOL and symptom profiles.

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Project Title: Associations between Clinical Indices and Quality of life in Obsessive-Compulsive Disorder
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