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**Category: SOCIAL SCIENCES**

**School of Humanities & Social Sciences**

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**Project ID: HH51610**

**Project Title: Associations between Clinical Indicators and Quality of Life in Obsessive-Compulsive Disorder**

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**Quality of Life in OCD Patients**

**Introduction**

Obsessive-compulsive disorder (OCD) is a psychological disorder characterized by intrusive thoughts/impulses and repetitive actions, affecting 2–3% 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 upon his physical, psychological, and social relationships to what he/she considers important \(^{[3]}\). Symptoms of OCD 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 \(^{[6]}\). Thus, they may not be an accurate representation of QOL. Furthermore, research of QOL in OCD have yielded inconsistent findings \(^{[7]}\). This could be attributed to the inclusion of OCD patients with psychiatric comorbidity that complicate interactions between OCD and QOL.

Therefore, the current study aims to utilize a more accurate measure of QOL by using the WHOQ- BREF, \(^{[9]}\) a QOL instrument with good internal consistency and no ceiling/ceiling effects when previously used on a Singapore population \(^{[10]}\). 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 compared 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.

**Results**

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 – 5 items, Environment – 5 items). Hypothesis 1 was supported as the OCD group scored significantly lower than healthy controls in all WHOQ-BREF. In addition, significant correlations were found between the overall QOL scores and Y-BOCS (r = 0.488***, p < 0.001) and HDRS (r = 0.468***, p < 0.001).

**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 perception 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 symptom severity and depressive symptoms were shown to be significantly associated with all QOL domains, improvements of the 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.

**References**