

A Comparative Analysis on Phenomenology of OCD in Children and Adult in a Hospital Based Population

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ABSTRACT

Introduction: Obsessive Compulsive Disorder (OCD) is one of the common psychiatric illnesses in contrast to earlier concept of this illness. Majority of the cases are childhood onset but adult onset OCD also found to be frequently presented in the out patient department of psychiatry. So any difference in the phenomenology of OCD between children and adult onset group is not known in this part of North Eastern State of India.

Aim of the study: To compare the phenomenology of OCD in children and adult onset OCD.

Method & Material: A cross-sectional study included 20 children (<18yrs) and 50 adults (>18yrs) with OCD as per Diagnostic and Statistical manual of Mental disorders (DSM-5) criteria after obtaining full informed consent. To assess the severity of OCD, 10 items Yale Brown Obsessive Compulsive (YBOC) scale was administered for both adult and children after administering the Y BOCS symptoms checklist. For data analysis chi square and student t test has been used. ρ value <0.05 has been taken as test of significance in the study.

Result: The study has found significant phenomenological difference between children and adult onset OCD in symmetry ($\rho = 0.02$) and religious obsession ($\rho = 0.01$). Adult onset were

significantly had more checking compulsions than the children group ($\rho = .002$). YBOCS mean scores was higher in children than adult onset group.

Conclusion: This study explores phenomenology of OCD in adult and children and phenomenological difference observed in both the groups. The OCD phenomena in our study have similarity with the OCD of various cultures in the world.

Key Words: OCD, Phenomenology, North East India.

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Article History:

Received: 17-10-2016, Revised: 01-11-2016, Accepted: 19-11-2016

Access this article online

Website: www.ijmrp.com	Quick Response code 
DOI: 10.21276/ijmrp.2016.2.6.007	

INTRODUCTION

Obsessive compulsive disorder is a chronic, disabling disorder with waxing and waning symptoms aggravated by stress and some may have episodic course. It is characterized by the presence of either obsession or compulsions and its prevalence is internationally 1.1-1.8%.¹ In India life time prevalence of OCD is 0.6%.² Obsessive compulsive disorders is found to be common in children and adolescent age group. More than 80% of individuals have the onset of their symptoms before the age 18 years.³ Study on OCD in children had been reported from India, and OCD was found more in male than female children.⁴ The age at onset of OCD symptoms is defined as the earliest age of OCS. Various studies have defined the early onset OCD as beginning of symptoms before 11 years of age, whereas late onset was defined as beginning of symptoms at or after 18 years.^{5,6} Regarding phenomenology of OCD in adult populations has been conducted by different researchers in India. The first study on OCD was

conducted by Dutta Ray in 1964.⁷ Comparison of phenomenology of juvenile OCD was done with adult onset OCD, by Jaisooriya et al.⁸ and similar finding has been reported in young patients with OCD at National Institute of Mental Health (NIMH) in USA.⁹ Psychiatric comorbidity is common in both children and adult with OCD.

Common comorbid psychiatric disorders are Major depressive disorder, Anxiety disorder, and Tic disorder.¹⁰ The Persons with Disabilities (Equal Opportunities, Protection of rights & Full Participation) Act 1995 included mental illness one of the disabilities in India. OCD has been included one of the disabling mental illness eligible for disability benefits.¹¹ Several studies have been done in this area in other part of our country as well as other part of the world. The present study will be first of its kind in its institution and our hypothesis is, there is no difference in the phenomenology of OCD in children and adult onset population.

AIM AND OBJECTIVES

1. To assess phenomenology of OCD in children and adult population
2. To compare the phenomenology of OCD in children and adult population

METHODS AND MATERIALS

Place of study: The cross sectional study was conducted with 20 children and 50 adult onset OCD as per DSM -5 diagnostic criteria in the Department of Psychiatry, Gauhati Medical College and Hospital for the period of one year (year 2015). It is a tertiary care Institute receiving patient from entire north east India.

Inclusion criteria: Both male and female children and adult diagnosed with OCD as per Diagnostic and Statistical manual of Mental disorders (DSM-5) criteria. Children in this study are defined those who do not completed 18 years at the time of enrollment in the study. Adult population are defined in our study to those, had onset of obsessive compulsive symptoms after 18 years (>18) .Patient having past treatment history for OCD, recently relapse of OCD symptoms due to discontinuation of medication were also included in the study.

Exclusion criteria: History of epilepsy, substance abuse. Adult OCD with history of childhood onset.

Description of Tools

1. Diagnostic and Statistical manual of Mental disorders (DSM-5) Criteria.¹
2. Socio demographic and clinical data proforma.

3. Yale-Brown Obsessive Compulsive Scale (YBOCS): This scale has been used to assess severity of OCD symptoms .It is a clinician administered instrument. The severity scale has 10 items, five each for obsession and compulsions. The maximum total score is 40 .Total score above 15 is considered to be clinical OCD.¹²

4. Children Yale Brown obsessive compulsive scale (C-YBOCS): This is a child version of obsessive compulsive scale. This is a 10 item scale. This scale has been used in Indian study in juvenile group to compare with adult OCD patient⁸ and internal consistency has been very high 0.87 for the 10 items.¹³

Method of assessment: Adult subjects having OCD symptom attending outpatient department of psychiatry were recruited for the study. Similarly children subjects recruited from the Child Guidance Clinic as per selection criteria. Diagnosis was done by senior psychiatrist.

Informed consent for the study participation was taken from all participants and also from parents of children participants. For study participants privacy of interview and confidentiality was strictly maintained. For both group parents and family members are also interviewed. YBOCS symptom checklist has been administered in both children and adult participants. Severity of OCD was assessed with 10 item YBOCS scale in case of adult patient and in case of children 10 item CYBOCS scale has been administered. The study was approved by the Institutional Ethical Committee.

Table 1: Sociodemographic Variables Of Adult & Children With OCD

Variable	Sub Group	Adult (50)	Children (20)
Mean Age		30.4 SD 7.8	14.2 SD 2.5
Sex	Male	30(60%)	14 (70%)
	Female	20(40%)	6 (30%)
Religion	Hindu	37(74%)	17 (85%)
	Muslim	11(22%)	3 (15%)
	Sikh	1 (2%)	0 (0%)
Family	Christian	0 (0%)	0 (0%)
	Nuclear	29(58%)	13 (65%)
	Joint	15(30%)	6 (30%)
Locality	Extended	6(12%)	1 (5%)
	Rural	19(38%)	9 (45%)
Educational Status	Urban	31(62%)	11 (55%)
	Illiterate	3(6%)	0 (0%)
	Primary	1(2%)	3 (15%)
	Middle	4(8%)	10 (50%)
Marital status	High	0 (0%)	7 (35%)
	Higher	14(28%)	0 (0%)
	Graduate	28(56%)	0 (0%)
Occupation	Married	18(36%)	0 (0%)
	Unmarried	32(64%)	0 (0%)
	Student	11(22%)	20 (100%)
	Employed	17(34%)	0 (0%)
Occupation	Unemployed	22(44%)	0 (0%)
	Lower middle	8(16%)	7 (35%)
	Middle	19(38%)	9 (45%)
	Upper middle	9(18%)	2 (10%)
	High	1(2%)	0 (0%)

SD=Standard Deviation

Table 2: Comparison of Obsessions and Compulsions of Adult & Children

Obsession	Adult (50)		Children (20)		Chi square	p Value
	Frequency	%	Frequency	%		
Contamination	25	50	8	40	0.57	0.45 n
Aggressive obsession	21	42	7	35	0.29	0.59 n
Somatic obsession	5	10	1	5	0.46	0.50 n
Sexual obsession	15	30	4	20	0.72	0.40 n
Hoarding (Saving)	6	12	1	5	0.78	0.38 n
Magical (Miscellaneous)	11	22	2	10	1.36	0.24 n
Symmetry	11	22	0	0	5.22	0.02 s
Religious obsession	13	26	0	0	6.39	0.01 s
Compulsion						
Cleaning/Washing	27	54	10	50	0.09	0.76 n
Checking	22	44	1	5	9.85	0.002 s
Repeating compulsion	14	28	5	25	0.07	0.80 n
Counting	13	26	2	10	2.17	0.14 n
Ordering/Arranging	11	22	1	5	2.91	0.09 n
Hoarding	6	12	1	5	0.78	0.38 n
Miscellaneous	6	12	2	10	0.06	0.81 n

n= not significant, *s*=significant

Table 3: Comparison of YBOCS mean score of Adult and Children

	Adult	Children	p value
Yboc's obsession score	11.2 ± 1.9	13.4 ± 3.1	0.0067 s
Yboc's compulsion score	10.0 ± 3.4	11.1 ± 4.6	0.341 n
Yboc's total score	22.02 ± 4.9	24.5 ± 4.6	0.0529 n

n= not significant, *s*=significant

Data Analysis: For comparison of numerical data of both the group independent t test has been used. And for assessment of categorical variables in children and adult chi square test has been used. $P < 0.05$ has been taken as a test of significant in this study.

RESULTS

Table 1 shows the socio demographic data of patients with adult and children OCD. Mean age of adult sample was 30.2 ± 7.7 years. No of male sample was 30 (60%) and female sample was 20 (40%). Mean age of the children with OCD sample was 14.2 ± 2.2 years. Total no of male children was 14 (70%) and female was 6 (30%) in the sample.

Table 2 represent the frequencies of the obsessive and compulsive symptoms in both adult ($n=50$) and children ($n=20$) as per YBOCS and CYBOCS respectively. Various obsessive phenomena were compared between the groups the difference was found statistically significant in case of symmetry ($p=0.02$) and religious obsession ($p=0.01$) between adult and children. On compulsive symptoms 5% children and 44% of adult had checking compulsions. On statistical evaluation significant difference was found in checking compulsion ($p=0.002$) between the group.

Table 3 Compared the mean scores of YBOCS in both the children and adult group. In adult group obsessive compulsive symptom severity score was found to be lower than the children group. The difference was statistically not significant ($p=0.0529$). The YBOCS obsession mean scores was higher in children than adult group and statistically found to be significant $p=0.0067$.

DISCUSSION

The aim of our study is to compare the phenomenology of OCD between children and adult onset group. The phenomenology of children in our study is almost similar with previous Indian study¹⁴ and study done by Swedo et al.⁹ Riddle et al.¹⁵ studied the current and past obsessive and compulsive symptoms in 21 children and findings were similar with our study. But in our study none of the children reported obsession of symmetry and religious obsession. The phenomenology of OCD in our adult population is in keeping with the findings of previous Indian studies¹⁶⁻¹⁸ and western study.¹⁹

We have compared the phenomenology of adult and children with OCD to see any difference in the phenomenology of adult onset OCD and children with OCD, and found that in obsession, there is statistically significant difference in symmetry ($p=0.02$) and religious obsession (0.01). In children group we do not found symmetry and religious obsession. When both the groups are compared for compulsions there is statistically significant difference has been found in checking compulsion ($p=0.002$). Our finding is not accordance with findings of one study, in that study compulsion related to checking is more common in children group in comparison to adult onset OCD.⁸ We do not found any significant difference between the groups in other obsession and compulsion symptoms. It may be due to small sample size and in this group three children had only obsessions without compulsion. Rosario Compos reported no significant differences were found between early onset <18 years and late onset >18 years group.⁵ A retrospective study had reported that obsessions were more

frequent in children and compulsions were more frequent in adult with OCD.²⁰

The mean Y-BOCS score was compared in children and adult group and no statistically differences were found in our study but mean Y-BOCS score was higher in children with OCD group than the adult onset group as reported by previous study.⁵ But another study has found statistically significant difference in Y-BOCS mean scores between adult onset OCD and children with OCD. The mean scores in children group were higher than the adult onset group.⁸ From this study it is evident that in this region of our country, children also have more severity of obsessive compulsive symptoms than adult population.

Strengths of the Study: Although the sample size of children is small but this is the first study to explore phenomenology of OCD in the North East region of India. In this tertiary care Institute we do not have specialized OCD clinic for the patient and all the patients were self-referred to the psychiatry outpatient department and can be considered them as representative sample of general population of North Eastern region.

CONCLUSION

Our study has found phenomenological difference between children and adult onset OCD patient and severity of Y BOCS score was higher in children with OCD than adult group although it was statistically not significant. Higher YBOCS score indicating more severity of OCD phenomena and may impaired academic years as well as other developmental areas in these populations. A follow up study will determine the extent of impairment due to the severity of OCD phenomena. Our findings are similar with the results of the other part of our country as well as the world.

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Source of Support: Nil. **Conflict of Interest:** None Declared.

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Cite this article as: Bobby Hmar, Deepanjali Medhi, Angshuman Kalita, Dipesh Bhagabati. A Comparative Analysis on Phenomenology of OCD in Children and Adult in a Hospital Based Population. Int J Med Res Prof. 2016; 2(6):38-41. DOI:10.21276/ijmrp.2016.2.6.007