LATENCY OF OBSESSIVE COMPULSIVE DISORDER IN WOMEN

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Abstract: Obsessive-Compulsive Disorder (OCD) is widely accepted as a result from genetic vulnerability &/or functional derangement of some area of brain. OCD comes under Cluster C Personality mental disorder.People having cluster C disorders often show anxiety and fearfulness,characterstics . About 2% of adults is suffering with the OCD in known world. Anxiety and restlessness is very strong symptoms in OCD which puts a person in predicament. There has been substantial research in India on OCD and on its various aspects at National Institute of Mental Health and Neurosciences (NIMHANS), Bangaluru (Bangalore), but limited amount of up-date on treatment aspect. OCD is highly related and nearer to suicidal behavior. 59% of OCD patients have life time suicidal ideation and 28% have current suicidal ideation. Many Studies disclosed that OCD patients are associated with significant disabilities, poor quality of life and high family burdens. A gender based study shows that 68.43 % women are suffering with OCD while males are only 31.57% that is near about double. Study also reveals the fact that religion and habitat also plays an important role in precipitation of OCD.

Introduction: Mind is said to be the creation of culture and basic instinct. In terms of culture we may add (signify) environment and social environment. Today when life being fast and there being no spare time in any family for their constituents, mental agonies are very commonly springing up. Obsessive-Compulsive Disorder (OCD) is one of the most seen anxiety disorder which is making people unrest. Women represent about half of the world's population. In Indian culture, they play a very important

Role in managing their families. Since the decade of 70s, Indian women also started to play a very key role in financial system of their families. Hasty change in life style and social beliefs often provokes dissatisfaction, which generally results in mental aggression in families. It is very essensial to know whether OCD is having any significant relation with gender or not especially in Indian circumstances.

OCD is an anxiety disorder and is characterized by obsessive thoughts which are recurrent, unwanted and usually anxiety-provoking, & followed by compulsions, repeated acts which can help in relieving feelings of tension. OCD is widely accepted as a result from genetic vulnerability &/or functional derangement of some area of brain. Obsessions are known persistent thoughts or fears that preoccupy the sufferer's mind and are disturbing as well as hard to remove. For example, the person might be obsessed about germs and worry endlessly about picking up bacteria from doorknobs. Compulsions are rather specific, ritualistic actions that are performed over and over, often to deal with an obsession (i.e., washing the hands a set number of times after touching a doorknob). Interestingly, those affected by OCD are often well aware that their thoughts and actions are irrational, but are unable to voluntarily control them without going through great anxiety.

OCD is one of the most common type of mental disorder with disability, often comparable to the disability associated with mental illness such as schizophrenia and bipolar disorder. Now it is well established that about 2% of adults are suffering with the OCD, in today's world. Mostly the patient and their caretakers are not aware of the symptoms of OCD or are usually afraid of accepting the behavior of patients as a symptom of mental illness.

In last two decades considerable work has been done in understanding the various aspects of OCD like its etiology, prevalence, clinical presentation, co morbidity and treatment. Some studies have also shown that the clinical picture of OCD is almost similar to each other across cultures and races. This may be the over visualization of the facts. But still this concept might help to proceed in the right direction.

The precise pathology is not yet completely understood. According to psychological school obsessions are considered anxiogenic. OCD patients cannot escape this anxiety & therefore are forced develop compulsion in an attempt to reduce or prevent the dreaded consequences. Reduction of anxiety reinforces the compulsive behavior.

OCD is an intriguing and disabling illness due to presence of unwanted thoughts, image or impulses and reoccuring behavior. In 80s, it was considered not responsive or hardly responsive to the treatment. In 1988, The National epidemiological catchment area survey reported that OCD is (The fourth most common psychiatric disorder in India. Despite high prevalence some of sufferers seek help of doctor due to the secretive nature of the illness. A large number of patients don't interact directly in the society hence they do not know there original sufferings mainly in villages and with the cases of female patients. Those, who are suffering from OCD often find it embarrassing to talk about their unwanted thoughts, In complaint of any other physiological disease if they come across to an Homoeopathic doctor, the OCD may be diagnosed, after many years of sufferings.

Cross national collaborative study examines the prevalence of OCD in diverse cultures and reported life time prevalence 1.9% to 2.5%. In 1997, National survey of psychiatry morbidity conducted in Britain proved that the prevalence of OCD was about 1%. In India middle class, and upper class community suffer about 2%. This rate is higher than the rate of schizophrenia and Bi-Polar disorder. In clinical samples, there is an equal ratio to man to woman. In epidemiological samples, there are higher representatives of OCD in woman compared to that of the man. In childhood onset 60% of males are sufferer of OCD.

How common are Mental Disorders ?: How many and what sort of people have diagnosable psychological disorders today ? This is a significant question for a number of reasons. First, such information is necessary when planning and establishing mental health services . Mental health planners require a precise understanding of the nature and extent of the psychological difficulties within a given area, state , or country because they are responsible for determining how resources such as funding of research projects or services provided by community mental health centers may be most effectively allocated. It would obviously be imprudent to have a treatment center filled with clinicals skilled in the treatment of anorexia nervosa (severe but rare clinical problem) if there were few clinicians skilled in treating anxiety or depression, which are much more prevalent disorders.

Seconds, estimates of the frequency of mental disorders in different groups of people may provide valuable clues as to the cause of these disorders, For ex, data from the UK have shown that schizophrenia is about three times more likely to develop in ethnic minorities than in the white population, Rates of schizophrenia in Southeast London are also high relative to others parts of the country. This is prompting researchers to explore why this might be. Possible factors may be social class, neighborhood deprivation as well as diet or exposure to infection or environmental contaminants.

Prejudice and discrimination in Race, Gender, and Ethnicity: Vast numbers of people in our society have been subjected to demoralizing stereotypes as well as both overt and covert discrimination in areas such as employment, education, and housing. We have made progress in race relation since the 1960's , but the lingering effects of mistrust and discomfort among various ethnic and racial groups can be clearly observed in many places . For ex , on most college campuses many student socialize informally only with member of their own subcultures , despite the attempts of many well - meaning college administrators to break down the barriers . These tendencies needlessly limit student's educational experiences and probably contribute to continued misinformation about , and prejudice towards others . These are also very health disparities between African Americans and Caucasian Americans that may be at least in part be a result of various forms of discrimination seems to predict lower levels of well-being for women on dimensions relating to a sense of growth , anatomy and self -acceptance. Prejudice against minority groups may also explain why these groups sometimes show increased prevalence of certain mental disorders such as depression, One possible reason for this is that perceived discrimination may serve as a stressor that threatens self- esteem , which in turn increases psychological distress.A recent study of Arab and Muslim Americans two years after trhe bombing of the WTC in NY found increased psychological disaster . Finally another study showed that African American men who experience and Perceived high levels of racial Discrimination are more likely to report involvement in both street violence and intimate partner violence.

We have made progress in recognizing the demeaning and often disabling social roles our society has historically assigned to women, Again, though much remains to be done . Many more women than men suffer from certain emotional disorders, most notably depression and anxiety disorders , which are two of the three most common categories of disorders, which are two of the three most common categories of disorders . This may be at least partly a consequence of the vulnerabilities intrinsic to the traditional roles assigned to women and of the sexual discrimination that occur in the workplace ; access discrimination, wherein women are not hired because they are women and treatment discrimination , wherein women who have a job are paid less and receive fewer opportunities for promotion. Sexual harassment in the workplace is another type of stress that women may experience .In addition , the special stressors with which many modern women must cope as their traditional roles rapidly change have also been implicated in higher rates of depression , anxiety, and marital satisfaction in women works long hours, has a higher income than her husband , and has a children at home. However, it should also be noted that under at least some circumstances , working outside the home has also been shown to be a protective factor against depression and marital dissatisfaction.

Material and Methods: Data Collection: It was intended to in-depth study of minimum 25 cases of OCD who would be consulting the outpatient department of the Roy Institute of Mental Health And Allied Science , Bhopal (RIMHAS) , and people in general .

Tools Of Study

- Complete case history and case taking.

- Y-BOCS Yale Brown Obsessive Compulsive Scale.
- Hamilton Anxiety Scale.

Obsessive-Compulsive Disorder -measuring scales are developed according to the local customs and requirements to confirm and ensure the intensity of disease for patient and their family members. A detailed history and diagnostic confirmation tests carried out for these patients. Diagnosis confirmed by application of the Yale Brown Scale, Hamilton Anxiety Scale and Specially Developed Questionnaire suitable to Indian customs and culture. After this screened and confirmed patients recruited for a cross-over randomized open label trial.

Research Question

- Are women more supine to OCD then men ?
- What are other factors determining OCD ?

Null Hypothesis: Women in Indian plight, are more or equally sufferer of OCD in comparison of men.

Study Design

Heterogeneous Design-

Descriptive Qualitative conceptual study design,. All inmates consulted the Institutes and screened for the selection criteria and certain patients fulfilling the inclusion criteria studied in detail.

The Inclusion Criteria: It includes- age above 15 years with no other standardised or metabolic disorders and those who were willing to have at least 6 month follow- up.

The Exclusion Criteria: It includes- Children under 15 years, Non-residents who are not available for follow-up, Patients who are Suffering with systemic or metabolic disorders like Diabetes, Hypertension etc.

Data Analysis: The data related theoretical and clinical is obtained from different sources and were collected and analyzed to research standards according to the type of data using different methods of analysis applicable.

Obsessive Compulsive Disorder: Perfectionism and an excessive concern with maintain order and control characterize individuals with obsessive compulsive personality disorder.Their preoccupation with maintaining mental and interpersonal control occurs in part through careful attention to rules, order, and schedule . They are very careful in what they do as not to make mistakes, but because the details they are preoccupied with are often trivial , they use their time poorly and have difficult time seeing the larger picture .This perfectionism is also often quite dysfunctional in that it can result in their never finishing projects .

Obsessive-Compulsive disorder is a type of anxiety. It is characterized by persistent unwanted thoughts finally resulting in repetitive behaviors because of apprehension, fear or worry. It usually happens when there is problem with the brain which deals with normal worrying and doubts. The person who is suffering with the OCD performs any task several times; to seek relief from obsession related anxiety. It is the fourth-most common mental disorder, and is diagnosed nearly as often as asthma mid diabetes mellitus. OCD affects children and adolescents as well as adults. Roughly one third to one half of the adults with OCD reports a childhood onset of the disorder, suggesting the continuum of anxiety disorders across the life span.

Fear and worry is very strong symptoms in OCD which puts a person in trouble. Repetitive acts like: Repetitive hand washing; checking door again and again before leaving room; thinking several times before starting any task are few very strong symptoms of OCD. People with OCD worry so much that they can spend many hours, or even whole on thinking and worrying about things; some of no value, and trying to make sure that unfavorable things they worry about do not happen. Such people having very strong feeling of fear, some time they feel that something bad could happen to people they love.

Though, it is normal to worry. Everyone does. Any one may worry about getting mislaid or something may happen wrong with his near and dear. Anyone may sometime feel afraid that they will get sick or hurt. It is normal to anyone to worry once in a while about thieves, accidents, fire etc. Worry is an essential element also as it can help someone how to be safe and careful. Worry in normal course come and go without causing too much of problem. On other hand in case of OCD worry is always much more than the normal. In OCD the intrusive thoughts penetrates the mind again and again, and if nothing is done, the worry feeling can get worse and worse.

Signs and Symptoms of OCD Obsessions: Obsessions are recurrent and persistent; intrusive and inappropriate thoughts, impulses, or image which causes severe anxiety or distress. A person who is suffering with OCD might have obsession about illness or injury or cleanliness. And brain keeps these obsessive worries repeating instead of moving on to something else. It may be very similar to the moment of joy when Sachin Tendulkar scored 200 in one-day you saw that get stuck in your head. No matter how much you don't want to remember it, your brain just keep it playing it back. The difference is that the obsessive thoughts come with anxiety. In severe OCD, obsession may change in to delusion. A relatively vague obsession could involve a general sense of disarray or tension accompanied by a belief that life

cannot proceed as normal while the imbalance remains. A more articulable obsession could be a preoccupation with the thought or image of someone close to them dying.

Obsessions in OCD may have symptoms like:

- Extensive hoarding

- Preoccupation with aggressive impulses.
- Preoccupation with particular religious belief.
- Preoccupation with sexual impulses.
- Fear of odd numbers.
- Nervous habits.
- Fear of germs & dirt.
- Fear of illness or injury.
- Obsession about things being perfect or right in a certain way.

Compulsions: Compulsions are repetitive behaviors or mental acts that the person feels they must perform in response to an obsession. People who are with OCD perform compulsive rituals to mitigate the anxiety. Compulsions are the behaviors or actions to reduce the level of anxiety. The person with OCD might feel that these actions somehow either will prevent a dreaded, or will push the event from their thoughts. They believe that doing a certain ritual will make the bad feelings go away and, for a while, it often does.

Obviously, So many people have some actions or rituals, which are very Important to them; like-starting with right foot, any lucky number or color but OCD compulsions are something much more than doing for luck.

The OCD compulsions show:

- Repetitive hand wash.
- Repetitive clearing throat.
- Counting: like 10 birds or 15 red motorbikes or footsteps etc.
- Counting in a specific ways (for instance, alternatively).
- Checking things over and over.
- Touch any object a certain number of times when leaving or entering the room.
- Repeatedly checks lock when leaving home locked.
- Arranging things in a very particular or clean way.
- Unsatisfied with what he has done.

Etiology: It is considered that both psychological and biological factors play paramount role in causing the OCD.

Psychological: OCD is an anxiety disorder characterized by distressing intrusive thoughts and related compulsions to neutralize the obsessions. Obsession upsets while compulsion gives temporary relief.

Biological: It has been linked with Neurotransmitter serotonin, although serotonin is thought to have a role in regulating anxiety. Serotonin binds to the receptor sites located on neighboring nerve cell to send chemical messages from one neuron to another. It is hypothesized that relatively under stimulated serotonin receptor may precipitate the OCD.

Brain scanning of people with OCD shows increased in grey matter volume in bilateral lenticular nuclei, extending to the caudate nuclei, while decrease in grey matter volumes in bilateral dorsal medial frontal/ anterior cingulate gyri.

Recent evidence supports the possibility of a heritable predisposition for neurological development favoring OCD. It has been considered that a possible genetic mutation may contribute to OCD.

Roles of Neurotransmitters: It is considered that the striatum, related with the planning and the initiation of appropriate action may cause the disorder. Brain scanning of people with OCD have shown that they have different patterns of brain activity then people without OCD. Difference in other parts of brain and an imbalance in brain chemicals particularly serotonin and dopamine may also contribute to OCD.

Study also found dopaminergic hyperfunction in the prefrontal cortex and serotonergic hypofunction in the basal ganglia like unusual dopamine and serotonin activity in individual with OCD.

Medicational Status: There is no known cure for OCD but a number of treatment options are available. A significant body of evidence documented that the orbito- frontal cortex (OFC) and the head of caudate nucleus are involved in the mediation of OCD symptoms. Potent serotonin (5-HT) reuptake inhibitors (SSRIs) are the only antidepressant agents so far shown to be effective in the treatment of OCD in modern medical science. But in field of Homoeopathy a lot work is needed to be done. There are number of homoeopathic remedies available for the treatment of mental complaints even few of them also being used for the treatment of OCD symptoms as well but very little information is available in this account. Medicinal substance from vegetable kingdom- Hypericum-Perforatum considered may be effective in case of OCD. Hypericum-Perforatum is being used primarily in depression, there is increasing interest in
research for it in related mental conditions such as obsessive compulsive Is orders and social phobia. But its use in Homoeopathy for OCD is still lo be established.

Management: The management of OCD is under the supervision of psychiatrist.Many known therapies such as behavioral therapy, cognitive behavioral therapy (CBT) and medication should be regarded as first line treatment. Psycho-Dynamic, Psycho-Therapy may help in managing some aspect of the disorder. Psychiatric association notes a lack of controlled demonstration that psycho analysis or Dynamic - Psycho-Therapy is effective in dealing with the core symptoms of the OCD. Behavioral therapy is based on exposure and response prevention (ERP). Here the causes produced mid their counter action is prevented knowingly. In this way Anxiety producing situation arises. But their response is controlled. It is

generally considered the most effective treatment for OCD.

Psychotropic medication is also effective. Recent study has shown no difference in outcome for those treated with combination of medicines and behavioral therapy (CBT), and Behavioral therapy (CBT) alone. There are some works focused on "associated splitting" it means fan effect of associative priming. Electro-Convulsive therapy has been found effective in severe and refractory cases. For some medication, support group, and psychological treatments fails to alleviate OCD symptoms. These patient may choose to undergo Psychosurgery as a last resort. In this procedure a surgical lesion is made in area of the brain that is cingulated cortex, 30% of participants benefitted from. Family involvement in the form of behavioral observations and reports is a key to the success of treatment. In most cases anti depressant therapy provides only a partial reduction in symptoms. Anti-sycotic medicines have also been found useful in treatment of resistant OCD. However these drugs are often poorly tolerated and have metabolic side-effects. None of the atypical anti sycotic have demonstrated efficacy as a mono therapy. This clear admission shows that the remedial approach is made yet to cure OCD patients.

Epidemiology: OCD does not have a higher affinity for a specific gender, but environmental situation tells us that female gender is more susceptible . In 70% cases they are the victim of OCD. The density of this disorder might not be identified in early stages thus many individuals with the disorder may not be diagnosed, many others do not seek treatment may be due to stigma associated with OCD. This disorder transcends culture and geography. Sufferers are generally of above average intelligence. People with OCD may be diagnosed (misdiagnosed) with other similar conditions but they can be summed up in OCD, these names are:-

1. Major depressive disorder.
2. Generalized Anxiety disorder.
3. Anorexia Nervosa.
4. Social Anxiety Disorder.
5. Bulimia Nervosa.
6. Tourette syndrome.
7. Asperger syndrome.
8. Compulsive skin picking.
9. Body dimorphic Disorder.
10. Trichotillomania.
11. Obsessive - Compulsive Personality Disorder

One explanation for the high depression rate among OCD people was reported by Mineka Watson and Clark (1987), who explained Anxiety disordered person may feel depressed because of an " out of control" type of feeling. Fenske and Schwenk reports that "studies have shown that depression among those with OCD is particularly alarming because their risk of suicide is high. More than 50% of patient experience suicidal tendencies and 15% have attempted suicide. People with OCD have also been found to be effected by *delayed sleep phase* syndrome at a substantially higher rate. However OCD symptoms persist at moderate levels even following adequate treatment course and completely symptoms free period is uncommon.

Analysis: The data collected during study been analyzed under following heads- **On the Basis of Sex-** gender differences in OCD.

The data analyzed on the basis of sex reveals significant gender differences in OCD. It shows about 64% of patients come from female gender, while male contributed only about 36%. Distributions of sex in study shows that females are mostly suffering with this complaint- Obsessive-Compulsive disorder while male are just about half in numbers.

On the Basis of Religion: On the basis of religion we found during study that, only 29% females are coming from Muslim community while rest 71% belongs to Hindu community. It shows a very higher prevalence rate in females belonging to the Hindu community.

On the Basis of Marital Status: A study of marital status shows that most of the patients are married. Among them 65% women are living with their spouse, while 25% are divorced and 10% are widows . In case of divorced patients the cause of OCD is fear for future and security, these divorced patients come mostly from Muslim community. The OCD was not the sole cause of the divorce, because disease sprung out of the grief of the divorce.

In cases of widowers, they are aged and having their families well settled, they did not take another chance of marriage. Their sons are their caretakers and take much interest to cure their female patients who are their mothers.

No widower male is a patient of OCD. No patient comes under this disease that is unmarried. It is proved by other sources also and discussed here below that unmarried female or male has rare or less complaint of OCD.

On the Basis of Habitat: It was found during the study that habitat is also an important factor which plays active role in precipitation of OCD. As study shows that about 62% women patients came from urban area, while only 38% women patients belonging to the sub urban areas. On other hand, no women patient approached from the rural areas. Unawareness about disease or negligence of behaviors may be one or the reasons behind these figures.

On the Basis of Age: The other important factor is age. Average age of OCD patient is 47.26 years. In female patients it is 46.6 years and in male cases it is 50.1 year.

Average onset age of OCD patient is 42.71±7.98 years in all cases. 47.34 ± 8.0 years in 39 female patients and 47.26 ± 7.9 years, in male cases. Muslim female patient's average age is 47.36 females males years while their onset age is 41.5 years. Average onset age of Hindu female patients is 41.1 years or nearly the same what of Muslims.

Encircled ones are of 2 important outliers of high values. The mean duration of disease among men is 4.5 ±3.2 years. The Mean duration of disease among women is 4.6 years ±3.2 years. This is mainly In because of 2 important outliers of values. Overall duration of disease is 4.5 years ± 2.9 years.

In all cases average age is 47.26 their onset age is 42.71 years and duration of suffering is 4.55 years. In female cases average age is 46.6 years, onset age is 41.2 years and duration of suffering is 5.4 years. In male cases their average age is 50.1 year their onset line Is 47.7 years and onset age is 2.4 years. In Muslim female patients their average age is 47.36 years and onset age is 41.5 years while their duration of suffering is 5.84 years. In Hindu female patients their average age is 46.6 years and onset age is 41.1 years while duration of suffering N 4.5 years. It shows that there is no noticeable change in period of suffering or in age of onset in female patients on basis of religion.

Narrative	**Average age** (in years)	**Onset of disease.** (in years)	**Period of suffering** (in years)
All Patients	47.26	42.71	4.55
Females	46.6	41.2	5.4
Males	50.1	47.7	2.4
Muslim Females	47.36	41.5	5.84
Hindu Females	46.6	41.1	4.5

It is clear that duration of suffering of male patient is lesser then females. Muslim female's patients suffer longer than their contemporary Hindu females.

On the Basis of Employment: Data analyzed on the basis of employment status of women in case of OCD shows very significant results. It is found that empowerment in form of employment may be very useful to prevent OCD. As we found that 77% of women suffering with OCD were unemployed, while in case of employed women the incidents of OCD recorded is only 33%.

Conclusion: After analyzing the data on the basis of different indices the study reveals that females are mostly suffering with this complaint- Obsessive-Compulsive disorder while male are just about half in numbers. Among patients dealt during study period 68% patients were females, which are showing a significant dominance. While men patients were only 32% of total considered for study. On the basis of religion we found during study that, among all patients; 71% are Hindu women and 29% Muslim patients reported.

Obsessive-Compulsive Disorder has positive relation with marital status, and one of its causes may be dissatisfaction of the spouses. A study of marital status shows that married life and related dissatisfaction with spouse plays very important role in precipitating OCD among women. All cases are married including widows and divorced women 15% and 10% of all women patients respectively. In case of divorced, the cause of Obsessive-Compulsive Disorder is fear for future and fear of security.

As study shows that about 62% women came from urban area, while share of sub-urban areas like tehsils and talukas was 38%. On other hand no patient approached from the rural areas, this may be just because of lack of awareness about the disease and/or taking such complaints as a habit by family members. Some time people also confuse this as a part of ageing process that is why they do not care of it.

Average age of OCD patient is 47.26 years. In female patients it is 46.6 years and in male cases it is 50.1 year. Average onset age of OCD patient is 42.71±7.98 years. 47.34 ± 8.0 years in females and 47.26 ± 7.9 years in male cases.

It is found that satisfaction with employment/earning and nature of job have deep concern with this type of disorder especially in women Empowerment in form of employment may be very useful to prevent OCD. As we found that 77% of women suffering with OCD were unemployed, while in case of employed women suffering with the incidents of OCD recorded is only 33%.

Females are more victims of this disorder; age span suitable to OCD is 40 -55 years. Before this period, there is no maladies of OCD and after 60 years it loses its severity and patient again rehabilitated in his family by compromising to her/his some disorders in accepting 'habits', or excuse some part of disease is forbidden by the patient himself.

In some cases acceptable modification in habits may takes place.

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