

**Pathways and barriers to care in patients with treatment naïve obsessive compulsive disorder- An exploratory study**

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**Abstract**

*Background:* Many people suffering from obsessive-compulsive compulsive hesitate to seek treatment, causing an increase in the seriousness of the disorder, further co-existing conditions, and a rise in functional disability.

*Aim:* The main objective of this study is to acknowledge the steps to supervise the patients with the medical care for obsessive-compulsive disorder, and to acknowledge the hurdle for the management of naïve obsessive-compulsive disorder.

*Methods and Materials:* It was a cross-sectional study in which 120 patients were included and was conducted in Department of Psychiatry, Patna Medical College and Hospital, Bihar, India. Socio-cultural attributes, seriousness of obsessive-compulsive disorder, a complication in treatment, and self-reliance were assessed.

*Results:* Most of the patients with obsessive-compulsive disorder were in the age group of 20-25 years and the majority of the patients were male that is 78 and 42 were female. 35% of the patients were not literate and 52% of the patients belonged to lower social class.

*Conclusion:* The main limitation seen in this study was that the patient was undecided about where to get the healthcare services, trying to resolve the problem on its own, believing the problem would resolve by itself, feeling embarrassed, believing they do not have any issue, worried about what their friends think about them and too much busy in their work.

*Keywords:* Obsessive-compulsive disorder, complications, hurdle

## Introduction

Obsessive-compulsive disorder is a serious and draining anxiety dysfunction affecting around one adult in 50 or roughly 2% of people at some phase of their life span [1-3]. Obsessive-compulsive disorder is the fourth most frequent psychiatric disorder [2] and is more common than schizophrenia and bipolar disorder. Obsessive-compulsive disorder is a mental illness that causes recurring unwanted thoughts ideas or sensations in a person. If not treated, the possibility of symptom reduction is very poor. Obsessive-compulsive disorder is greatly coexisting with other mental disorders [4].

Obsessive-compulsive disorder is more common in adulthood or early adolescence however it can be seen in children, the mean age at the outset of obsessive-compulsive disorder is 20-35 years [5]. The outset of the disorder in males is quick as compared to females. Proneness to obsessive-compulsive disorder is genetic to a certain extent [6]. The line of treatment for obsessive-compulsive disorder includes Cognitive behavior therapy and medicaments. According to many doctors' treatment, including both is more effective as compared to a single treatment [7].

Impairment caused by psychiatric dysfunction is reported around 25% in developing countries [8]. A study was carried out including 40 subjects who had obsessive-compulsive disorder were interviewed, it was found that the time of outset of the disorder and obtaining healthcare treatment was 6 years [9]. It was also seen that most of the subjects who went for psychiatric treatment, 90% complained about particular obsessive-compulsive disorder symptoms, but only 21% of them got appropriate treatment of Cognitive behavior therapy and medicaments.

In a study carried out in Australia, online questionnaire survey was done among 80 patients who were suffering from obsessive-compulsive disorder the hurdles which were found in obtaining psychiatric help were the choice of managing difficulty solely, expenses of the treatment, and inadequacy of awareness about the accessibility of psychiatric treatment [10].

According to many studies many people having psychiatric disorders don't get proper treatment regardless of having a proper approach to the psychiatric hospital [11, 12]. According to the National Co-morbidity Survey Replication, obsessive-compulsive disorder is more common in

people aged 18 or above in the United States, about 50% had severe disorder, 34% had medium disorder and 14% had minimal defect [13].

Regardless of the seriousness and impairing type of disorder, very few people who are suffering from obsessive-compulsive disorder try to obtain psychiatric treatment. Many research were carried out which show 30-40% of the patients underwent psychiatric treatment after the positive test reports [14, 15]. According to a study, 45% of the subjects gets proper checkup and only 26% undergo psychiatric treatment [16]. According to the Epidemiologic Catchment Study, very few patients who are suffering from obsessive-compulsive disorder obtain psychiatric treatment in contrast with any other mental illness [2]. In a study, it was evaluated that approximately for 7 years the disorder lingered from its outset and sought medical help in patients with obsessive-compulsive disorder [17].

However, it is notable that regardless of the obvious underuse of accessible treatment very little research conducted to examine the possible hurdles in seeking help from hospitals for patients with obsessive-compulsive disorder [14, 15]. So, the present study aims to know the steps to supervise patients with medical care for obsessive-compulsive disorder, and to know the hurdle for the management of naïve obsessive-compulsive disorder.

## Materials and Methods

*Study participants and duration:* It was a cross-sectional study in which 120 patients were included and was conducted in Department of Psychiatry at Patna Medical College and Hospital, Bihar, India.

*Inclusion criteria:* Both genders, 20-60 years of age, undergoing treatment for obsessive-compulsive disorder, No other existing psychiatric disorder

*Exclusion criteria:* Patients without consent, has co-existing psychiatric disorder.

*Statistical analysis:* IBM SPSS software was used for the statistical analysis. ICD-10 criteria were utilized for the detection of obsessive-compulsive disorder and the YBOCS checklist was utilized for the classification of different types of obsessive-compulsive disorder and severity.

## Results

**Table 1: Age and gender distribution of the study**

| <i>Age</i> | <i>Male</i> | <i>Female</i> | <i>Total</i> |
|------------|-------------|---------------|--------------|
| 20-25      | 28          | 8             | 36           |
| 25-30      | 22          | 6             | 28           |
| 30-35      | 12          | 10            | 22           |
| 35-40      | 2           | 4             | 6            |
| 40-45      | 10          | 10            | 20           |
| >45        | 4           | 4             | 8            |
| Total      | 78          | 42            | 120          |

In Table 1 it is shown the age and gender-wise distribution of the study. 28 male and 8 female patients were in the age group of 20-25 years. 22 male and 6 female patients were in the age group of 25-30 years. In the age group of 30-35 years 12 male and 10 female patients were present. 2 male and 4 female patients were in the age group of 35-40 years. 10 male and 10 female patients were in the age group of 40-45 years. 4 male and 4 female patients were above 45 years of age.

**Table 2: Educational qualification of the patients**

| <i>Education</i> | <i>Frequency</i> | <i>Percentage</i> |
|------------------|------------------|-------------------|
| Illiterate       | 42               | 35%               |
| Primary          | 8                | 7%                |
| High school      | 12               | 10%               |
| Intermediate     | 36               | 30%               |
| Graduate         | 22               | 18%               |
| Total            | 120              | 100               |

As shown in Table 2, 42 (35%) patients were illiterate. 8 patients (7%) were primary school students. 12 patients (10%) went to high school. 36 patients went for intermediate schooling and 22 patients were graduates.

**Table 3: Prevalence in the social class of the subjects**

| <i>Social class</i> | <i>Number of patients</i> | <i>Percentage</i> |
|---------------------|---------------------------|-------------------|
| Lower               | 62                        | 52%               |
| Upper lower         | 4                         | 3%                |
| Lower middle        | 36                        | 30%               |
| Upper middle        | 18                        | 15%               |
| Total               | 120                       | 100%              |

In Table 3, 62 patients who were suffering from obsessive-compulsive disorder belonged to lower social class backgrounds. 4 patients were from the upper lower socioeconomic background. 36 and 18 belonged to the lower and upper middle class respectively.

**Table 4: Prevalence according to types of obsessive-compulsive disorder**

| <i>Types of OCD</i>                  | <i>Prevalence</i> | <i>Percentage</i> |
|--------------------------------------|-------------------|-------------------|
| Aggressive obsession                 | 14                | 12%               |
| Cleaning/washing compulsion          | 46                | 36%               |
| Sexual obsessions                    | 24                | 27%               |
| Somatic obsessions                   | 14                | 11%               |
| Obsession with exactness or symmetry | 2                 | 2%                |
| Checking compulsions                 | 10                | 4%                |
| Religious compulsions                | 6                 | 5%                |
| Miscellaneous                        | 4                 | 3%                |
| Total                                | 120               | 100%              |

As shown in Table 4, 14 patients were suffering from aggressive obsessions. A greater number of patients, 46 (36%) were suffering from cleaning or washing compulsions and 24 had sexual obsessions. 14 had somatic obsessions and 2 had an obsession with exactness or symmetry. 10 patients had checking compulsions whereas 6 patients had religious compulsions. 4 patients had miscellaneous obsessions.

**Table 5: Number of patients according to the period of illness**

| <i>The period of illness</i> | <i>Number of patients</i> | <i>Percentage</i> |
|------------------------------|---------------------------|-------------------|
| Less than 2 years            | 6                         | 5%                |
| 2-5 years                    | 34                        | 28%               |
| 6-9 years                    | 6                         | 5%                |
| 10-13 years                  | 72                        | 60%               |
| Above 13 years               | 2                         | 2%                |
| Total                        | 120                       | 100               |

In Table 5, 6 patients were suffering from obsessive-compulsive disorder for less than 2 years. 34 patients had a period of 2-5 years of illness. 6 patients had a period of illness of 6-9 years. 72 patients had a duration of illness of 10-13 years. 2 patients had a duration of illness above 13 years.

### **Discussion**

In the present study, it was found that a larger number of the patients was in the age group of 20-25 years. A study carried out by Ruscio et al [18], had the same evaluation with the average age of onset obsessive-compulsive disorder as 20 years. In one more research, it was found that the average age of the onset of obsessive disorder was 21 years [19]. In the present study, it was seen that obsessive-compulsive disorder was more prevalent in males as compared to females. Most of the patients were Hindu followed by Muslim. The research investigated Muslim and Christian participants from Turkey and Canada and observed that the symptoms of obsessive-compulsive disorder are more common in Muslim participants than in Christian participants [20].

In the current study, it was observed that a larger number of patients were illiterate and 18% of the patients had completed their graduation. According to research people with obsessive-compulsive disorder are unlikely to clear all the basic and supplementary courses in compulsory schools and individuals with obsessive-compulsive disorder are rarely able to complete their graduation and post-graduation [21]. Most of the patients belonged to the low economic class in this study and very few belonged to the upper middle class. According to many studies, it was observed that lower economic class is related to psychological health disorders [20, 22, 23].

Individuals who belong to lower socioeconomic status are three times more prone to psychiatric disorders as compared to people who belong to upper socioeconomic status.

In the present study, it was seen that the majority of the patients had washing or cleaning compulsions and then sexual obsessions. Obsession with precision or uniformity was minimal. Various other studies had similar findings in which the most common obsession was washing and cleaning [24-26]. In research carried out by Labad et al [24] it was observed that gender cleaning or washing compulsions and religious compulsions are associated with each other. In most of the patients' period of the disorder was 10-13 years, this shows that the mean time in delay in the treatment from the outset of the disorder is 10-13 years. In many studies, it has been described that the mean time in the delay of the outset of the symptom and the mean age in which the patient obtains proper healthcare treatment is 11-14 years [7-9].

In the current study, it was observed that being undecided about where to get healthcare services, trying to resolve the problem on their own, believing the problem cured by itself, and feeling awkward were major hurdles greater number of patients. The most common hurdle which was observed in the present study was feeling embarrassed and another hurdle was where to get health care services and trying to resolve the problem on their own.

## Conclusion

In the present study, it was concluded that the mean lag from the outset of the symptoms to the getting healthcare services. The main hurdles seen in this study was the patient was undecided about where to get the healthcare services, trying to resolve the problem on its own, believing the problem would resolve by itself, feeling embarrassed, believing they do not have any issue, worried about what their friends think about them and too much busy in their work. It was seen that the majority of the patients first went to religious healers instead of healthcare professionals.

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