

Comparison Quality of Life for Patients with Obsessive Compulsive Disorder with Schizophrenic Patients, Mashhad, Iran

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ABSTRACT

Background: OCD is the fourth psychiatric common disorder that is seen in 2-3% general population. OCD is a chronic and debilitating disease that has a negative effect on familial, social ,educational & occupational function. On the other hand, Schizophrenia is the eighth debilitating disease in the world.

Aim: To assess the quality of life Qol of OCD patients and also to compare it with the schizophrenic patients

Method: In a cross-sectional study, held in Mashhad, Iran, quality of life in out-patients with Obsessive-compulsive disorder and schizophrenic disorder were compared. The sample size estimated 98 patients in each group. The WHO quality of life questionnaire was filled out through person to person interview.

Results: There was strong evidence of the difference between the quality of life of OCD patients and schizophrenic patients. The quality of life in OCD patients was worse than schizophrenic patients. P-values were less than 0.000 in all aspects of quality of life, including physical health, psychological, social, relationships, and environment.

Conclusion: The quality of life in OCD patients was significantly disrupted. Our study also showed that the quality of life in OCD patients was even worse than schizophrenic patients. These findings suggest a strong need for better management of these two disabling conditions in order to improve the Qol of patients.

Keywords: Quality of life (QOL), Obsessive-compulsive disorder (OCD), schizophrenia

INTRODUCTION

OCD is the fourth psychiatric common disorder seen in 2-3% general population¹ with a negative effect on familial, social ,educational & occupational function^{2,3,4}. Patients are delayed about ten years to see physicians because of concealing their symptoms^{5,6}. Despite symptomatic therapy, decreasing quality of life & induced disability has continued^{7,8,9}. Schizophrenia is sever disease^{10,11,12} patients with OCD disorder have lower QOL than general population^{8,13}. Comparing OCD with schizophrenia have conflicting results^{14,15,16,17}. We aimed to evaluate QOL in patients with OCD disorder & compare it with schizophrenia.

MATERIAL AND METHOD

In a cross-sectional design, 96 OCD and 96 schizophrenic patients participated in this study held in Mashhad, Iran. The sample size was estimated with regard to sample size formula keeping in mind α : 0.05, β : 0.2, and z : 1.96. Participants were recruited through a convenient sampling method. The diagnosis was by an experienced psychologist using ICD-10 criteria. Patients had to have no other co-existing severe mental illness or physical disease. Exclusion criteria data collection was performed by a questionnaire and a checklist. Age, sex, marital status, occupation, educational level, residing place, income, duration of the disease, and family history of similar psychologic disorders were mentioned. Questionnaires were filled out through person to person interview by an experienced interviewer.

The WHOQOL-100 produces scores relating to four dimensions of quality of life: physical health, psychological

health, social functioning, and living conditions. Four items are included for each facet, as well as four general items covering subjective overall QOL and health, producing a total of 100 items in the assessment. All items are rated on a five-point scale 1-5. The validity of the WHOQOL-100 in Persian was proved previously.

SPSS 11.5 software SPSS Inc., Chicago, Illinois, USA was used for all statistical analyses. Standard descriptive statistics were applied to describe the pattern of the data. Chi-square test was used to examine the significance of the association between categorical data. The normality of the data was checked with Kolmogorov–Smirnov test. When the test statistic would follow a normal distribution T-test used and for the non-normal distributions Mann-Whitney-U test was applied. Linear regressions also used to predict the quality of life predictors. All tests were 2-tailed, and probability values <0.05 were considered significant.

RESULT

192 schizophrenic and OCD patients participated in this study. The mean age of schizophrenic patients was 36.12 ± 11.33 , while 31.7 ± 12.05 for OCD Group. Table 1 reveals the sociodemographic Characteristics of the study participants. Most OCD patients were female, while schizophrenic patients were dominantly male. The frequency of jobless was higher among OCD patients. Durance from unset of disease was more than five years among most patients in both groups.

There was strong evidence of the difference between the quality of life of OCD patients and schizophrenic patients. The quality of life in OCD patients was worse than schizophrenic patients. P-values were less than 0.000 in all

aspects of quality of life, including physical health, psychological, social, relationships, and environment (Table 2).

DISCUSSION

Most assessments in medicine are obtained by examinations by health workers and laboratory tests. The WHOQOL- instruments, by focusing on individuals' own views of their well being, provide a new perspective on the disease. In this study, the WHOQOL-100 showed all domains of quality of life, including physical health, psychological health, social communications, and environmental health was severely disturbed with preference in social communications among OCD patients. While the physical health domain was the most disturbed among schizophrenic patients. Among age, occupation, education, income sex, and being married, which were correlated to all domains of quality of life, merely significant association in the social communication of quality of life and occupation among OCD patients observed.

This study obtained that most patients in the schizophrenia group were male in comparison with a female in the OCD group, and this difference was significant. This result was similar to other studies¹⁸.

Our results confirm Hollander and stensky, which patients with OCD disorder being pressured in all aspects of jobs, familial communication, and friendships³. Koran and colleagues found that patients with OCD disorder are more limited in psychological health aspects as well as social function to play a role in a complicated situation, and their quality of life is destroyed more than other chronic diseases such as diabetes mellitus⁸. Bab and colleagues in the year 2001 show that patients with OCD disorder had a poor quality of life in all aspects, according to the SF36 questionnaire that was compared with the general population. In our study, the most deficiency was seen in the psychological category. And the destruction in quality of life was similar to each other in two groups¹⁴.

Bystritsky, in his study in the year 1999, 2001, showed that patients with severe OCD disorder had more function destruction in comparison with depressed patients. In addition, he showed that their quality of life was lower than schizophrenic patients¹⁵. Stengler showed that OCD disease had side effects on patient quality of life that may be more from schizophrenic patient complications¹⁶. Patients with OCD disorder are faced with obsession and compulsion that is too unpleasant for them. 15 obsessions, which are recurrent, intrusive thoughts, images or impulses, and/or compulsions which are repetitive covert or overt actions that are carried out to decrease anxiety¹⁷. And since they have insight from their disease, try to rescue their feeling and emotion from these or find a believable reason to fix these hurtful processes. On the other hand, patients with OCD disorder become angry earlier, so their family and friends understand their pathological behavior. The second disturbing function in these patients is low Psychological health. They have negative thoughts and feelings and dissatisfied with themselves, so depression and psychological stresses, as well as drug abuse, are common among them¹⁸. However these don't convince us to accept the quality of life in patients with OCD disorder be

poor. We assume that awareness of OCD patients from their insufficiency and remaining of obsession and compulsion induce lower quality of life for them¹⁹. On the other hand, schizophrenic patients compare themselves with patients that have worse conditions than them or similar to them, which is named downward comparison or lateral social comparison. While patients with OCD disorder think their disease is curable and less serious, therefore compare themselves with the common psychological condition or normal people in society. Wills study admitted this result as well²⁰.

This study faced some limitations: patients with OCD disorder have insight from their conditions, and this may lead to response bias. On the other hand, because OCD was a subcategory of anxiety disorder, the likelihood of participation in the interview was low. In most situations, OCD was accompanied with depression disorder. We try to exclude patients that show some symptoms and signs of depression to evaluate the role of quality of life just among OCD in comparison with schizophrenic disorder. But this condition was uncontrollable. In fact, the relation between quality of life with depression even in the general population are seen.

The result of this study revealed that the quality of life in OCD patients was significantly disrupted. Our study also showed that the quality of life in OCD patients was even worse than schizophrenic patients. These findings suggest a strong need for better management of these two disabling conditions in order to improve the QoL of patients.

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