Abstract — The present study was aimed to explore the relationship of obsessive compulsive disorder and quality of life. The instruments used to measure the severity of OCD and quality of life were Yale Brown Obsessive Compulsive Scale (Y-BOCS) and World Health Organization Quality of Life Bref (WHOQOL Bref) respectively. The sample consisted of a total of 80 (40 male and 40 female) adult diagnosed patients of obsessive compulsive disorder ranging from ages 25 to 40 years. To analyze the data, the correlation was applied. Severe Obsessive compulsive disorder, obsessional severity and compulsion severity were found to have a significant relationship with QOL of patient. It was concluded that Obsessive compulsive disorder is associated with poor quality of life.

Keywords — Obsessive Compulsive Disorder, OCD, Obsessions, Compulsions, Quality of life, Qol.

I. INTRODUCTION

During the past few decades the interest of the researchers and clinicians in the quality of life of the patients with mental disorders has developed progressively. In current times it is vital to identify and evaluate the impact of disease on the social and psychological health, physiological and socioeconomic outcomes of the patient.

According to World Health Organization, Quality of Life is an individual's perception regarding his/her status in life in the perspectives of the principles, morals and culture systems in which one lives, and with regards to his/her aims, objectives, standards, desires and concerns. It is a wide-ranging concept, integrating in a multifaceted manner an individual's physical health, psychological state, social RELATIONSHIPS, and their relationship to significant characteristics of their environment. The individual’s perception about qol can be measured in the following domains: Physical, Psychological, Social Relationships, and Environment [1] Obsessive compulsive disorder is an Anxiety Disorder defined by the occurrence of unwanted and intrusive obsessive thoughts or upsetting images; these are commonly complemented by compulsive acts and rituals which are executed to neutralize the obsessive thoughts or images or to avert some anxiety inflaming situation. More specifically, according to DSM-IV-TR, obsessions implicate recurrent and persistent interfering thoughts, impulses, or images which are considered to be disturbing and improper. Individuals who experience such obsessions attempt to suppress or resist them; many times they try to neutralize the obsessions with some other patterns of thought or actions. Compulsions can involve any overt repetitive activity (such as checking, washing, ordering or hoarding) or some covert mental acts (such as praying, counting or saying certain words silently). A person with OCD feels driven to carry out the ritualistic acts in response to an obsession and there are often exceptionally unbending rules concerning the execution of the compulsive acts. The aim of performing the compulsive behaviors is to prevent or reduce the distress or avert some dreadful event or situation [2,3].

OCD is ranked as the most disabling anxiety disorder and the tenth most disabling condition across all medical and psychological conditions [4]. OCD may critically impair self-care, social relationships, occupational functioning, family and marital relationships, child-rearing capacities, and use of recreations or spare time. Consequently, it may be useful to include an evaluation of incapacity in various fields of life while diagnosing and dealing with the patients [5].

Numerous surveys established the fact that the OCD significantly interferes with the daily activities of the patient; disturb family, social, and occupational life; and muddle up the emotional well-being, which results in poor quality of life [6]. Koran and associates found that patients with the OCD have poor quality of life as compared to the depressed patients [7]. OCD is associated with worse qol than for any other patient group; in addition qol for OCD patients was exactly as poor as that of schizophrenic patients [8].

II. METHOD

A. Sample

The sample of the present study consisted of a total of 80 (40 male and 40 female) adult diagnosed patients of OCD ranging from ages 25 to 40 years. The sample included literates (till matriculation) belonging to working, non-working
internal consistency. The data was collected from the Outpatient Department and Inpatient Department of the government and private hospitals/clinics of the cities of Rawalpindi and Islamabad in Pakistan.

B. Instruments

The following instruments were used in the present study:
1. Yale-Brown Obsessive Compulsive Scale (Y-BOCS)
   The Yale-Brown Obsessive Compulsive Scale (Y-BOCS) developed by Goodman et al. (1989) is a standardized scale for measuring the severity of symptoms of obsessions and compulsions. It consists of 10 items relevant to obsessions and compulsions, presented with a 5-point Likert scale ranging from 0 to 4. It consists of questions about time spent, interference, resistance and control regarding obsession and compulsions. For the present study, the purpose of using Y-BOCS was two-fold. It was used as a screening device to confirm the diagnosis of patients for OCD and was also used to assess the severity of obsessions and compulsions.
2. The World Health Organization Quality Of Life (WHO QOL – Bref): The WHOQOL-Bref is a likert-type scale which produces a quality of life profile, four domain scores, 24 specific facet scores, and one general facet score that measures overall QOL. The scores of the four domains signify an individual’s perception of QOL in Physical, Psychological, Social Relationships, and Environment domains. Most of the facets are scaled in a positive direction but facets like pain and discomfort, negative feelings and dependence on medication are not scaled in a positive direction.

III. Results

Table I shows that Cronbach Alpha for Y-BOCS and WHO QOL Bref is 0.968 and 0.928 respectively which shows high internal consistency.

<table>
<thead>
<tr>
<th>Scale</th>
<th>No. of Items</th>
<th>Cronbach Alpha</th>
</tr>
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<tbody>
<tr>
<td>Y-BOCS</td>
<td>10</td>
<td>0.96</td>
</tr>
<tr>
<td>WHO QOL</td>
<td>26</td>
<td>0.92</td>
</tr>
</tbody>
</table>

The table II indicates that severity of OCD has a negative correlation with QOL of patients. The findings of the study reveal that obsessional severity and compulsion severity also has a negative correlation with QOL of patients with OCD. The table indicates that the results are highly significant at the 0.01 level of significance.

<table>
<thead>
<tr>
<th>Quality of life</th>
<th>Sig</th>
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<tr>
<td>Obsessive Compulsive Disorder Severity</td>
<td>-0.637**</td>
</tr>
<tr>
<td>Obsessive Compulsive</td>
<td>-0.621**</td>
</tr>
<tr>
<td>Disorder Severity</td>
<td>-0.611**</td>
</tr>
</tbody>
</table>

The table III indicates that OCD has a negative correlation with physical health, psychological health, social relationships and environmental domains of the life of patients with OCD. The results are highly significant for the three domains of psychological health, social relationship and environment at the 0.01 level of significance and for physical health significant at the level of 0.05. The scores on physical health are relatively higher as compared to the other three domains. This reveals that OCD impairs the psychological health, social relationships and environment much more than physical health.

IV. Discussion

The present study exhibits a considerable impairment in QOL of the patients with OCD. Noticeable impairment was found in all the specific domains of QOL that were considered for the measurement, including Physical, Psychological, Social Relationships, and Environment. Past studies have indicated that the patients with OCD show a greater impairment in many aspects of QOL [9,10].

The results showed that the severity of OCD has a negative correlation with QOL of patients. OCD impairs the patients’ QOL [9,11,12]. The results of the study also reveal that obsessional severity produces a significant impairment in the QOL of patients with OCD. Many studies identified that obsessional severity has a significant impact on the QOL of patient [11,12,13,14]. The results of the study confirmed that compulsion severity leads to lower QOL of patients with OCD. Compulsions, as the most prominent characteristic of OCD are strongly correlated with QOL in a number of studies [12,13,15].
The results indicated that OCD has a highly significant negative correlation with physical health, psychological health, social relationships and environmental domains of the life. The scores on physical health are relatively higher as compared to the other three domains. This reveals that OCD impairs the psychological health, social relationships and environment much more than physical health. The results showed constancy with previous findings that OCD patients show relatively better scores on qol for physical health domain than psychological health [14,16]. The areas of physical health seem to be affected to a lesser extent as compared to other aspects of qol [8].

REFERENCES