

Original paper

Obsessive Compulsive Disorder in Karbala, Iraq: a preliminary Report

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Abstract

Background: Literature on obsessive compulsive disorder (OCD) in Iraq is scarce. The Iraqi Mental Health Survey (IMHS) reported a high prevalence. This study was carried out to throw a light on OCD in Karbala, Iraq.

Methods: The study was conducted in outpatient Dept. of Al-Hussaini General Hospital, Karbala, Iraq, for the period 1st Jan. to 23rd Dec. 2006. Patients diagnosed as OCD were interviewed and a questionnaire was filled for each one. The questionnaire was prepared according to DSM-IV-TR. Demographic data and family history for OCD or any mental disorder was included in the questionnaire.

Results & Discussion: The peak age for OCD was 21-30 years, females were predominating (63.2%). singles were more affected than married (47.3%). Family history of OCD and any mental illness was observed in 20.5% and 52.9%, respectively.

Conclusion: OCD affect young age group, females and singles. Family history for any mental illness was positive in more than half of the cases.

Keywords: Obsessive compulsive disorders, Karbala, Iraq, Family history.

Introduction

The diagnostic and statistical manual of mental disorders, fourth edition, text revision (DSM-IV-TR) classify obsessive-compulsive disorder (OCD) as an anxiety disorder¹, although the current thinking suggests that it may be etiologically less related to other anxiety disorders such as post-traumatic stress disorder (PTSD) or panic disorder and more related to a group of disorders called obsessive compulsive spectrum disorders or obsessive compulsive related disorders (OCRD)².

Literature on OCD in Iraq is scarce, and recently, the Iraqi Mental Health Survey (IMHS) reported a high prevalence of OCD³. This study was conducted to throw a light on OCD in Karbala, Iraq.

Materials and Methods

The study was carried out for the period 1st Jan. 2006 to 23rd Dec. 2006 in the outpatient department of Al-Hussaini General Hospital, Karbala, Iraq. The cases clinically diagnosed as OCD by the psychiatrist were interviewed and a questionnaire was filled for each patient. The questionnaire was prepared according to DSM-IV-TR criteria⁴. Sociodemographic data (age, sex, residence, educational level, marital status, occupation, family history of OCD and other mental disorder) were requested. A checklist of obsessions & compulsions was added too.

Results

A total of 136 patients with OCD were included in the study. The peak age of the patients with OCD was at 21 - 30 years (49.3%). Females were predominating in OCD (63.2%). Married patients were

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constituted 65 (47.3%) of the patients with OCD and the singles were 71 (52.2%). Most of the patients were from urban areas 115 (84.6%). Only 32 (23.5%) of the patients were university graduated. those finished secondary school were 50 (36.7%). fifty eight of OCD patients were housewives (42.6%). Employed patients were 35 (25.75). Positive family history of OCD was noticed in 28 (20.5%) of the patients with OCD. Positive history of any mental disorders was observed in 72 (52.9%). these findings were shown in Table 1.

Table 1. characteristics of the sample

Variable	No.	%
Age		
≤ 20	27	19.8
21 - 30	67	49.3
31 - 40	26	19.1
41 - 50	8	5.9
51 - 60	4	2.9
> 60	4	2.9
Sex		
Male	50	36.8
Female	86	63.2
Marital status		
Married	65	47.8
Single	71	52.2
Residence		
Urban	115	84.6
Rural	21	15.4
Education		
Illiterate	25	18.4
Primary	28	20.6
Secondary	51	37.5
Graduated	32	23.5
Occupation		
Housewife	62	45.6
Unemployed	7	5.1
Employed	39	28.7
Self-employed	20	14.7
Retired	8	5.9
Family history		
OCD affective relative	28	20.6
Any mental affective relative	72	52.9
No history	36	26.5

Discussion

The findings reported in this study were evaluated in the light of several

limitations. First, OCD was diagnosed clinically in outpatient department without the use of instruments e.g. world health organization composite international diagnostic interview (CIDI 3.0), structured clinical interview for DSM-IV (SCID) and Yale- Brown obsessive compulsive scale that were familiar in the article on OCD. Second, this study was carried out in 2006, while the rates of violence in Iraq were quite high⁵.

Female predominance was observed in this study. This finding is consistent with that of IMHS³. In preceding literature⁶⁻⁸, the female to male ratio was close to 1:1. This finding may be attributed to the wide spread violence as the study was held during 2006⁹⁻¹². Several workers refer to that time (widespread violence) as civil war⁵. Anxiety disorders are generally seen 2 to 3 more frequently in young women than men, and each sex exhibits different sensitivity levels to stress and anxiety disorders. This finding illustrates that women displayed a higher response to stress than men. It is supported by previous epidemiological studies in different countries^{13,14}.

Rates of OCD in married and single people were equal. This finding is in the line of that in Iran¹⁵. It is in contrast with that of other workers^{16,17}. The clarification of this issue requires studies to evaluate the personality characters; severity of OCD, course and treatment was received, family history and early marriage.

Most of the patients had OCD were not graduated. It is in accordance with that of other studies^{11,13,14}. Previous epidemiological reports did not found that subjects with OCD were of higher educational level.

The frequency of OCD in urban area was more than that in rural area. Residential area is a risk factor for OCD¹⁵⁻¹⁷. Rural life was dramatically changed over the past decades and the traditional characteristics of rural life have been affected by factors such as economic restructuring, movement of younger

generation to cities, having easy access to internet and ready to access to urban setting by improved transportation. Therefore, probably there would be no focus on whether disorders are more or less common in urban or rural areas in near future.

The rate of OCD in unemployed subjects was less than in housewife subjects. It is similar to that in Iran¹⁵. In previous studies¹⁸ there were little difference between OCD and non- OCD subjects in term of current unemployment or type of occupation. The reported high rate of OCD in housewives was attributed to sex rather than exposure to violence of wars.

There were two groups; one had high proportion of OCD affected relatives (38.8%) (family group) and the second group has a family history of any other mental illness. It was demonstrated the two groups by other workers¹⁹. One group had a significant higher proportion of OCD affected relatives and was associated with earlier age of OCD onset, more sever OCD symptoms, greater psychiatric comorbidity

and more impairments compared with second group¹⁹.

The study revealed that 52.9% of patients with OCD had positive family history of OCD and\ or any mental disorder. This finding reflects genetic contribution. Studies of possible genetic contributions to OCD remain quite limited. A part from investigations of specific candidate gene and gene related syndromes, the greatest effort in the last decade has been directed toward genome-wide linkage and more recently, genome wide association studies that based upon group of individuals 9with DSM-IV diagnosed OCD¹⁵.

The core components of OCD are recognizable as the cardinal features of OCD, and the specific component of these symptoms varies widely. Many studies over the last decade had attempted to reduce the variability of OCD symptoms, and majority of studies reported that symptom dimensions including four factors²⁰ used in this study. Groups and distribution of symptoms (obsessions and compulsions) were similar to that reported in different countries^{21,22}.

Table 2. Features of obsession and compulsion of the studied sample

Obsession			Compulsion			
	No	%		No.	%	
Contamination	70	48.3	Cleaning, washing	75	51.7	
Aggression, sexual, religious, somatic	101	65.6	Checking related actions	53	34.4	
Symmetry, exactness, need things to be just right	20	69.0	Ordering, arranging, counting	9	31.0	
Hoarding	12	66.7	Hoarding	6	33.3	

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