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Original Research Article

QUALITY OF LIFE IN PERSONS WITH OBSESSIVE-COMPULSIVE DISORDER: A COMPARATIVE HOSPITAL-BASED STUDY

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ABSTRACT

Background: Obsessive-compulsive disorder (OCD) is among the top ten disabling conditions globally, with prevalence rates approaching 2% in adults. Despite its significant burden, quality of life (QOL) in Indian OCD populations remains understudied. The Objective is to assess QOL in OCD patients compared to age-, sex-, and sociodemographically matched controls, and to examine the influence of disease severity and co-morbid depression on QOL.

Materials and Methods: A cross-sectional hospital-based study was conducted at SBMCH, Chennai, Thirty-two consecutive OCD outpatients diagnosed per ICD-10 criteria were compared with 32 matched controls. The Yale-Brown Obsessive Compulsive Scale (Y-BOCS), Montgomery-Asberg Depression Rating Scale (MADRS), and WHOQOL-BREF were administered.

Results: OCD patients scored significantly lower than controls across all four WHOQOL-BREF domains ($p<0.001$). Disease severity (Y-BOCS) significantly impacted physical and psychological QOL domains ($p=0.006$ and $p=0.023$ respectively). Fifty percent of OCD patients had co-morbid depression (MADRS), which significantly worsened physical ($p=0.002$) and psychological ($p=0.034$) QOL.

Conclusion: OCD substantially impairs QOL across all life domains. Both disease severity and co-morbid depression are key determinants of QOL deterioration. Simultaneous treatment of OCD and depression is essential to improve patient outcomes.

Keywords: Obsessive-compulsive disorder, quality of life, WHOQOL-BREF, depression, Y-BOCS, India.

INTRODUCTION

Obsessive-compulsive disorder (OCD) is the fourth most common mental disorder worldwide. The World Health Organization (WHO) lists it among the top ten disabling conditions, with disability in severe cases comparable to schizophrenia and bipolar disorder. Epidemiological studies demonstrate that approximately 2% of adults suffer from OCD, and its prevalence among adolescents is comparable to that of adults.[1]

Despite its high prevalence, OCD is frequently undiagnosed due to its secretive nature, with most sufferers enduring years of silent distress before seeking help. The disorder runs a chronic course in the majority of patients, with waxing and waning of symptoms, and is commonly misdiagnosed as depression or generalized anxiety due to substantial co-morbidity.[2]

The core clinical features of OCD are obsessions and compulsions. Obsessions are recurrent, intrusive, and distressing thoughts, images, or impulses that individuals recognize as products of their own mind—distinguishing OCD from schizophrenia. Compulsions are repetitive behaviors or mental acts performed in response to obsessions, aimed at neutralizing distress or preventing a feared outcome.[3]

OCD patients demonstrate significantly worse QOL than the general population, with the most affected areas being social functioning, emotional role, and mental health. They also face higher unemployment

rates, lower average income, and poorer academic outcomes. While this has been studied extensively in Western populations, research from India remains limited. This study aimed to assess QOL and the prevalence of depression in OCD patients in a general hospital outpatient setting.[4]

MATERIALS AND METHODS

Study Design and Setting: A cross-sectional, hospital-based study wasconducted at the Department of Psychiatry, Sree Balaji Medical College and Hospital (SBMCH), Chennai, Tamil Nadu.

Participants: The study group comprised 32 consecutive patients of both sexes, aged 18 years and above, with a clinical diagnosis of OCD per ICD-10 diagnostic guidelines, attending the psychiatry outpatient department. Controls were 32 age-, sex-, and sociodemographically-matched individuals from the general population without any current or past medical or psychiatric illness.

Patients with a history of schizophrenia, bipolar disorder, psychosis, recurrent depressive disorder, substance abuse (other than nicotine), neurological illness, severe sensory impairment, or age below 18 years were excluded from both groups.

Assessment Instruments: The Yale-Brown Obsessive Compulsive Scale (Y-BOCS) was used to assess OCD severity across ten items (five for obsessions, five for compulsions), rated 0–4, with higher scores indicating greater severity (mild: <16, moderate: 16–23, severe: ≥24).

Quality of life was measured using the World Health Organization Quality of Life – Brief Version (WHOQOL-BREF), a 26-item self-administered questionnaire covering four domains: physical health, psychological health, social relationships, and environment. Domain scores were converted to a 0–100 scale; higher scores indicate better QOL.

Statistical Analysis

Data were analyzed using SPSS software. Student's t-test compared mean values between groups. Chi-square tests compared proportions. One-way ANOVA compared QOL across Y-BOCS severity categories. Statistical significance was set at $p<0.05$.

RESULTS

Sociodemographic Characteristics

There were no significant differences between OCD patients and controls in age (mean 31.47 ± 8.6 vs. 31.53 ± 8.5 years; p=0.977), sex (62.5% male in both groups; p=1.000), education, or socioeconomic status. [Table 1]

Table 1: Sociodemographic comparison between OCD and control groups

Variable	OCD (n=32)	Control (n=32)	χ^2 / t	p-value
Mean age (years)	31.47 ± 8.6	31.53 ± 8.5	0.029	0.977
Male sex, n (%)	20 (62.5%)	20 (62.5%)	0.00	1.000
High SES, n (%)	25 (78.1%)	25 (78.1%)	0.00	1.000
Graduate education, n (%)	18 (56.2%)	18 (56.2%)	0.00	1.000

OCD Severity Distribution

Using Y-BOCS, 12.5% of patients had mild OCD, 62.5% moderate, and 25% severe OCD. [Table 2]

Table 2: Y-BOCS severity distribution in OCD patients

Severity Category	Frequency (n)	Prevalence (%)
Mild	4	12.5
Moderate	20	62.5
Severe	8	25.0

***Significant at p<0.05**

Effect of Disease Severity on QOL

One-way ANOVA demonstrated a significant inverse relationship between Y-BOCS severity and QOL in physical (F=6.152, p=0.006) and psychological (F=4.313, p=0.023) domains. Social and environmental domains showed a non-significant trend (p=0.614 and p=0.511 respectively), likely attributable to the small sample size and high standard deviation.

DISCUSSION

This study confirms that OCD substantially impairs QOL across all life domains, consistent with findings by Koran et al. (1996), Moritz et al. (2005), and Sorensen et al. (2004), who used the SF-36 in similar populations. The use of WHOQOL-BREF in the current study provides a culturally appropriate and locally validated measure for the Indian hospital setting.[5]

The most pronounced QOL impairment was in the psychological domain (mean score 35.44 in OCD vs. 64.81 in controls), reflecting the subjective burden of intrusive thoughts, compulsions, and anticipatory anxiety. Physical QOL was also markedly reduced, consistent with the somatic manifestations of severe anxiety and compulsive behaviors such as prolonged hand-washing.[6]

The non-significant impact of severity on social and environmental QOL domains may reflect the chronic nature of OCD—patients adapt coping strategies over time in these domains—or alternatively may result from the limited sample

size. Larger studies are warranted to clarify this relationship.[7,8]

CONCLUSION

Persons with OCD have significantly poorer QOL than matched controls across all WHOQOL-BREF domains. Disease severity is a significant determinant of QOL, particularly in physical and psychological domains. These findings underscore the urgent need for early diagnosis, comprehensive treatment, and QOL monitoring as a standard outcome measure in OCD management in the Indian context.

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