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QUALITY OF LIFE OUTCOMES IN OBSESSIVE-COMPULSIVE DISORDER PATIENTS RECEIVING TREATMENT IN A NORTHERN INDIA TERTIARY CARE PSYCHIATRY OUTPATIENT DEPARTMENT

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ABSTRACT: Background: Obsessive-Compulsive Disorder (OCD) is a chronic mental health condition that significantly impairs an individual's quality of life (QOL), affecting physical, psychological, social, and environmental well-being. In India, particularly in Northern regions, OCD patients face unique socio-cultural and healthcare challenges, which may exacerbate the impact of the disorder. This study aims to assess the QOL outcomes of OCD patients receiving treatment at a tertiary care psychiatry outpatient department in Northern India. **Methods:** A prospective observational study was conducted at King George's Medical University, Lucknow, involving 33 patients diagnosed with OCD, aged 18-60. The WHOQOL-BREF questionnaire was used to assess QOL across four domains: physical health, psychological health, social relationships, and environmental factors. Patients were followed up at 1, 3, and 6 months. Statistical analysis was performed using SPSS version 26, and significant differences were identified using ANOVA. **Results:** The study found significant improvements in specific domains of the WHOQOL-BREF, particularly in social functioning and psychological well-being, following treatment interventions. The results suggest that pharmacological and psychotherapeutic treatments contribute to enhanced QOL in OCD patients, with improvements observed over the 6-month follow-up period. **Conclusion:** This study underscores the importance of addressing QOL in the management of OCD. The findings highlight the positive impact of treatment on both social functioning and psychological health, suggesting that a holistic, patient-centered approach to care can improve the overall well-being of individuals with OCD. These insights may help develop more effective, culturally sensitive interventions tailored to the needs of OCD patients in Northern India.

INTRODUCTION: Quality of Life (QOL), according to the World Health Organization, is a person's assessment of their place in life concerning

their objectives, standards, expectations, and concerns as well as the context and value system in which they live^{1,2}.

Obsessive-Compulsive Disorder (OCD) is a chronic and debilitating mental health condition characterized by recurring, intrusive thoughts (obsessions) and repetitive, ritualistic behaviors (compulsions)³. OCD significantly impairs an individual's quality of life, social relationships, and daily functioning. While various treatments,

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including pharmacological and psychotherapeutic interventions, are available, the impact of OCD on patients' quality of life remains a pressing concern^{2, 4, 5}.

In India, where mental health resources are limited, OCD patients often face significant barriers in accessing effective treatment. Northern India, in particular, has a high prevalence of OCD, and patients in this region may experience unique cultural and socio-economic challenges that affect their quality of life⁶.

This study aims to investigate the quality of life of patients with obsessive-compulsive disorder attending the Psychiatry Outpatient Department at a tertiary care hospital in Northern India. By exploring the physical, psychological, social, and environmental aspects of quality of life, this research seeks to provide valuable insights into the experiences of OCD patients in this region. The findings of this study will contribute to the development of culturally sensitive and effective treatment strategies, improving the overall well-being of OCD patients in Northern India.

MATERIAL AND METHODS: The study, conducted at King George's Medical University, Lucknow, involved patients with OCD attending the OPD of Psychiatry. It was a prospective observational study, involving data from patients with OCD, and was initiated after ethical clearance from the Institutional Ethics Committee (IEC), KGMU, Lucknow (Ref Code- XVI-PGTSC-IIA/P61).

The study includes patients diagnosed with obsessive-compulsive disorder, aged 18-60, who are willing to give written informed consent. Exclusion criteria include patients with co-morbid mental illness, debilitating medical co-morbidities, disorders requiring priority medical management, those who cannot comprehend the WHOQOL BREF questionnaire, and pregnant and lactating women. Patients who are lost to follow-up are also excluded.

The patients attending OPD who are diagnosed with OCD were recruited and monitored. Patients are assigned a unique identification number for ease of follow-up. Prescription forms were collected from the patients, willing to participate in

the study, and relevant information was noted on the Case Report Form (CSR). The patients were followed up in the 1st month, 3rd month, and 6th month to assess the outcomes. Data was evaluated using statistical tests after completion.

Assessment Tools: WHOQOL-BREF questionnaire for quality of life.

Statistical Analysis: Data was entered in Microsoft Excel and analyzed using statistical software SPSS version 26 (SPSS Inc., Chicago, IL, USA). The continuous variables were evaluated by mean (standard deviation) value when required. The continuous variables were compared by using ANOVA test. A p-value of <0.05 was regarded as significant.

RESULTS: The results of the study assessing the Quality of Life (QoL) of patients with obsessive-compulsive disorder (OCD) over a 6-month treatment period, as shown in **Table 1**, revealed significant improvements in certain domains. The general QoL (Q1) increased from a mean score of 4.10 (SD = 1.33) at 1 month to 6.10 (SD = 1.88) at 6 months, with a statistically significant change ($F = 12.42, p < 0.0001$). Similarly, health satisfaction (Q2) improved from 3.83 (SD = 1.37) at baseline to 5.32 (SD = 1.58) at 6 months, showing significant improvement ($F = 7.6, p = 0.0009$).

The social relationships domain also saw a notable increase from 45.83 (SD = 10.50) at 1 month to 53.85 (SD = 15.78) at 6 months ($F = 3.21, p = 0.0449$). However, the physical health domain demonstrated minimal changes, with a mean score of 53.80 (SD = 12.52) at baseline increasing to 55.42 (SD = 12.33) at 6 months, but this change was not statistically significant ($F = 1.393, p = 0.8702$).

Psychological health showed a modest increase from 42.52 (SD = 13.14) to 49.12 (SD = 14.36) ($F = 2.172, p = 0.1197$), which was not statistically significant. The environmental domain showed negligible change, with scores moving from 51.27 (SD = 13.27) at 1 month to 52.78 (SD = 12.36) at 6 months ($F = 0.1194, p = 0.8876$). The overall average QoL score (excluding Q1 and Q2) increased from 48.35 (SD = 12.17) to 52.79 (SD = 12.45), but this change was not statistically significant ($F = 1.098, p = 0.3377$).

TABLE 1: QUALITY OF LIFE OVER THE TREATMENT PERIOD

| WHOQOL- BREF Domains | 1 month | 3 months | 6 months | F-value | p-value |
|---|--------------|--------------|--------------|---------|----------|
| Q1 | 4.10(1.33) | 5.15(1.56) | 6.10(1.88) | 12.42 | <0.0001* |
| Q2 | 3.83(1.37) | 4.93(1.78) | 5.32(1.58) | 7.6 | 0.0009* |
| Physical | 53.80(12.52) | 54.45(12.22) | 55.42(12.33) | 1393 | 0.8702 |
| Psychological | 42.52(13.14) | 48.86(15.45) | 49.12(14.36) | 2.172 | 0.1197 |
| Social | 45.83(10.50) | 48.45(11.87) | 53.85(15.78) | 3.21 | 0.0449* |
| Environmental | 51.27(13.27) | 52.56(14.36) | 52.78(12.36) | 0.1194 | 0.8876 |
| Total average QoL score (Excluding Q1 and Q2) | 48.35(12.17) | 51.08(11.63) | 52.79(12.45) | 1.098 | 0.3377 |

Table 1 shows the Quality of Life (QoL) over the treatment period, with all values presented as mean and standard deviation (SD). Comparisons were done using ANOVA, and the significance of results is denoted by p-values. A p-value of <0.05 indicates statistical significance (*), while p-values <0.001 indicate highly significant changes. For instance, Q1 (general QoL) and Q2 (health satisfaction) showed significant improvements ($p < 0.001$), as indicated by the F-values of 12.42 and 7.6, respectively. The social relationships domain showed a moderate significance ($p = 0.0449$), while other domains (physical, psychological, environmental) did not show statistically significant differences ($p > 0.05$). The total average QoL score (excluding Q1 and Q2) showed no significant change ($p = 0.3377$).

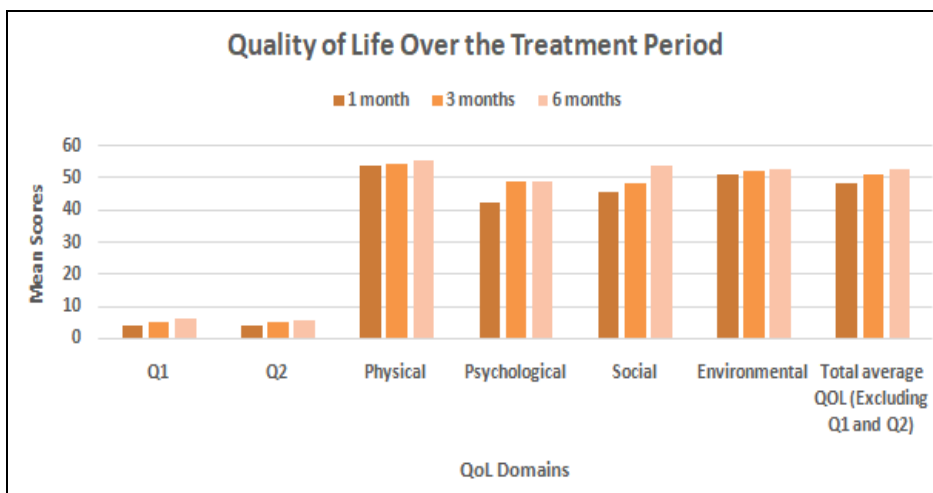


FIG. 1: BAR CHART REPRESENTING THE QUALITY OF LIFE (QOL) OVER THE TREATMENT PERIOD FOR DIFFERENT DOMAINS AT 1 MONTH, 3 MONTHS, AND 6 MONTHS. EACH DOMAIN IS COMPARED ACROSS THE THREE TIME POINTS. THE CHART VISUALIZES THE CHANGES IN THE MEAN SCORES OVER TIME

DISCUSSION: The present study aimed to investigate the quality of life (QOL) of patients with obsessive compulsive disorder (OCD) attending a psychiatry outpatient department at a tertiary care hospital in Northern India. The findings of this study highlight the significant impact of OCD on various aspects of patients' lives.

Consistent with previous research, our study found that OCD patients reported significantly lower QOL scores compared to the general population ⁷. The physical domain was most affected, indicating that OCD symptoms significantly interfere with daily activities and physical functioning. The psychological domain was also severely impacted, suggesting high levels of anxiety, depression, and stress. The social domain was also affected, indicating difficulties in social relationships and isolation. The environmental domain was relatively less affected, but still showed significant

impairment. These findings underscore the need for comprehensive treatment approaches that address the physical, psychological, social, and environmental aspects of OCD.

This study aims to understand and address the complexities of obsessive-compulsive disorder (OCD), a mental health condition affecting individuals worldwide. The study revealed significant improvements in quality of life (QOL) for individuals with OCD over a six-month period, with stability in physical and environmental domains and a trend towards improvement in psychological domains, and social functioning also improved from 1 to 6 months.

The study by Zhang *et al.* (2022) ⁸ explores the relationship between obsessive-compulsive disorder (OCD) and quality of life (QOL) and the severity of OCD symptoms. It found that overall

QOL scores were similar between OCD and other psychiatric disorders, with no significant difference. However, the psychological domain of QOL, including emotional well-being and mental health, showed lower scores in both OCD and DD groups. The psychological domain showed a trend of improvement over time, suggesting that individuals with OCD may face challenges related to psychological well-being. The study also found no significant correlation between Y-BOCS scores and QOL scores.

The study's limitations include a small sample size and a cross-sectional design. Future studies should aim to recruit larger samples and employ longitudinal designs to explore the temporal relationships between OCD symptoms and QOL.

CONCLUSION: The study involved 33 patients with obsessive-compulsive disorder (OCD), treatment interventions improved specific domains of the WHOQOL-BREF questionnaire and social functioning, indicating enhanced quality of life among patients. This study emphasizes the significance of addressing QOL in OCD treatment. By understanding the impact of OCD on patients' lives, healthcare professionals can develop more effective, patient-centered treatment strategies that improve overall well-being.

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CONFLICT OF INTEREST: Nil

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