

Research Article

Socio-demographic Characteristics of Schizo-obsessive Patients



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Abstract

Obsessive Compulsive symptoms (OCS) occur frequently in patients with schizophrenia spectrum disorders with a rate varying from 10% to 64% for OCS and from 7.8% to 31.7% for OCD. The aim of our study was to evaluate socio-demographic features and psychopathological profile of OCS in schizo-obsessive patients. patients with DSM-5 diagnosis of schizophrenia spectrum disorders and current typical OCS were evaluated for Socio-demographic features and Yale-Brown Obsessive-Compulsive Symptoms checklist was used to determine form and content of OCS. The mean age of patients was 28.6 years ($SD\pm 3.104$). As regard marital status, 50% (n=25) of patients were single, 40% (n=20) were married and 10% (n=5) were divorced. The majority of patients came from rural areas and were illiterate. The most common obsessions were those of contamination followed by obsessions of need for symmetry and the most common compulsions were those of cleaning. Conclusion: Socio-demographic characteristics help in delineating the profile of schizo-obsessive patients.

Keywords: Psychiatry, Neurology, comorbid

Introduction

Obsessive Compulsive Symptoms (OCS) and Disorder (OCD) occur frequently in patients with schizophrenia with a rate varying from 10% to 64% for OCS and from 7.8% to 31.7% for OCD^[1]. Variability of epidemiological data between studies can be explained by methodological aspects, including differences in the definition of ARMS criteria and differences in the psychometric assessment of OCS or OCD.

A growing literature suggests that obsessive-compulsive symptoms (OCS) would represent a distinct and clinically relevant dimension in schizophrenia^[2].

OCS may occur in schizophrenia patients as preceding prodromal symptoms before the development of psychosis as an

independent, coexisting syndrome that can be diagnosed as OCD or as comorbid condition, during a psychotic episode or during recovery from psychosis or de novo associated with antipsychotic treatment, as markedly aggravated or de novo occurring after initiation of specific antipsychotic treatment^[3].

Subjects and methods

Patients and study design

This prospective cross-sectional study was carried out on patients who were over 17 years old and received a diagnosis of schizophrenia spectrum disorders according to DSM-5 criteria. Patients with substance induced psychotic disorder were excluded from the study. All patients continued to receive their treatment as usual. All participants and their legal guardians gave written informed consent

for participation in the study after receiving a full explanation of the study protocol.

Tools of the study

participants underwent a direct clinical interview after resolution of acute psychosis, when they were cooperative enough to undergo a structured clinical interview. Socio-demographic and clinical variables of the selected patients were recorded in the data sheet specially designed for this study which included basic information, such as name, age, sex, religion, education, occupation, marital status, residence.

According to DSM-5 diagnostic criteria, recurrent and persistent thoughts that were not related to individual delusional themes and hallucinations and were recognized by patients as intrusive, inappropriate and a product of his/her own mind were considered as obsessions. Similarly, repetitive behaviours that the person felt driven to perform in response to an obsession and that were not interrelated with the content of delusions and/or hallucinations were defined as compulsions.

Statistics

Data analysis was done by the Statistical Package of Social Sciences (SPSS) Version 24.0 for Windows. Descriptive statistics: Frequencies and percentages were calculated for categorical variables, while means and standard deviations were calculated for continuous variables. The level of statistical significance was established at $p \leq 0.05$.

Results

Socio-demographic features

As shown in table 1. The mean age of patients was 28.6years ($SD \pm 3.104$). 52% ($n=26$) were males and 48% ($n=24$) were females. 66% ($n=33$) of patients came from rural areas and 34% ($n=17$) came from urban areas. As regard marital status, 50% ($n=25$) of patients were single, 40% ($n=20$) were married and 10% ($n=5$) were divorced. As regard educational level 30% ($n=15$) of patients were illiterate, 20% ($n=10$) can only read and write, 24% ($n=12$) had primary education, 8% ($n=4$) had preparatory education, 10% ($n=5$) had secondary education and 8% ($n=4$) had university education.

Table (1): Socio-demographic characteristics of study sample

Variable	Mean(SD)/frequency (%)	
Age	28.6 (3.104)	
Sex	Male	26 (52%)
	Female	24 (48%)
Residence	Urban	17 (34%)
	Rural	33 (66%)
Marital status	Single	25 (50%)
	Married	20 (40%)
	Divorced	5 (10%)
Educational level	Illiterate	15 (30%)
	Read and write	10 (20%)
	Primary education	12 (24%)
	Preparatory education	4 (8%)
	Secondary education	5 (10%)
	University education	4 (8%)

Psychopathological profile of obsessive compulsive symptoms

On obsessive compulsive checklist, the most common obsessions were those of contamination which were present in 30% (n=15) of patients, followed by obsessions

of need for symmetry which were present in 18% (n=9). The most common compulsions were those of cleaning/washing followed by ordering and checking compulsions as shown in table 2.

Table (2): Form and content of obsessive compulsive symptoms

Variable	Frequency (%)
Contamination obsessions	15 (30%)
Need for symmetry obsessions	9 (18%)
Religious obsessions	7 (14%)
Hoarding obsessions	6 (12%)
Somatic obsessions	6 (12%)
Sexual obsessions	4 (8%)
Aggressive obsessions	3 (6%)
Cleaning/washing compulsions	15 (30%)
Ordering compulsions	9 (18%)
Checking compulsions	8 (16%)
Repeating rituals compulsions	8 (16%)
Hoarding/collecting compulsions	6 (12%)
Counting compulsions	3 (6%)
Miscellaneous compulsions	1 (2%)

Discussion

In the present study, the mean age of patients was 28.6 ± 3.104 which is in line with the mean age in the studies by Faragian et al.,^[4] and Rajkumar et al.,^[5] but lower than mean age in the studies by Lysaker et al.,^[6] and Tibbo et al.,^[7].

As regard gender, in the present study 52% of patients were male and 48% were females. This finding is in line with the study by Kruger et al.,^[8] but in contrast to the study by and Kokurcan and Safak^[9] in which there was preponderance of men.

Regarding residence, in the present study 66% of patients came from rural areas. This is in line with the study by Tibbo et al.,^[7] but in contrast to the study Devi et al.,^[10] in which majority of patients had urban residence.

Regarding educational level, the majority of patients in the present study had low

educational level. This finding is in line with the study by Zhou et al.,^[11] but in contrast to the study by Devi et al.,^[10].

In the present study, the most common obsessions were those of contamination, followed by obsessions of need for symmetry or exactness, religious and aggressive obsessions. Again, cleaning/washing compulsions were most common and these were followed by compulsions of checking and repeating. High rates of cleaning/washing compulsions in the present study are understandable because of the higher prevalence of obsessions related to contamination. This is in line with the studies by Seedat et al.,^[12] and Gansen et al.,^[13] who reported that contamination obsessions were the most prevalent OCS in patients with schizophrenia. Washing and checking compulsions or repeating rituals were

reported to be the most common among compulsion.

Conclusion

Socio-demographic characteristics help in delineating the profile of schizo-obsessive patients and obsessions of contamination and cleaning compulsions were the most common.

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