Socio-demographic study of obsessive compulsive disorder in Qatar

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ABSTRACT

Objective: We dedicated our work to study the socio-demographic aspect of obsessive compulsive disorder (OCD) patients seeking psychiatric treatment in the outpatient clinic of Hamad General Hospital for a duration of approximately 5 years of continuous follow-up.

Methods: Out of 8878 individual patients who attended the psychiatric outpatient clinic of Hamad General Hospital in Qatar, during the period from August 1996 to December 2001, we reviewed a total number of 348 patients with the diagnosis of OCD (according to International Classification of Diseases-10 diagnostic criteria). We divided them according to their age, sex, nationality, duration of illness, occupation and marital status. Each patient was interviewed using a structured interview technique and evaluated by a psychiatrist in one session at the psychiatric outpatient clinic.

Results: We found that the disorder is more prevalent among non-Qatari people (52%) (Arabs 36.2%, non-Arabs 15.8%) than Qatari people (48%); more common at the age groups of 31-45 years (44.8%); more frequent in the category that visited the outpatient clinic for a period of 1-4 years (60%). We found that the married females (34.5%) are affected more than the married male patients (24.7%). It was also found that in the diagnosis of OCD predominantly obsessional thoughts were 54.9%; more frequent in the sample than the other diagnosis.

Conclusion: In the State of Qatar, where expatriates usually outnumber Qatari patients, we discovered that non-Qatari patients are affected more with OCD than the natives. Sex, marital status and occupation also proved to be important factors. From our study, in the female married group, being a housewife seems to pose a greater risk in developing OCD. Predominantly obsessional thought was the most common sub-type of OCD affecting the patients in Qatar.

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Obsessive compulsive disorder (OCD) was previously called foulie du doute[1] and over the last 300 years there was a debate about the nature of illness; astute observers have been intrigued by guilt, doubt, abortive insanity and indecision. Now it is well established that it is a disorder of anxiety and was described in the 4th edition of diagnostics and statistical manual of mental disorder (DSM IV)[2] as recurring obsessions or compulsions "severe enough to be time consuming or cause marked distress or significant impairment". People with this disorder recognize that their reactions are irrational or disproportionate. Obsessions are recurrent-persistent thoughts, impulses or images that enter the mind despite the person's effort to exclude them. Most common obsessions are obsessions of contaminations 45%, pathological doubt 42%, somatic type 36%, need for symmetry 31%, aggressive type 28%, others 13%.[3] It has been pointed out that the compulsive neurotics struggle against their obsessions, were as the deluded patients struggle with their ideas.[1] Compulsive (ritual) act is a conscious standardized recurring pattern of behavior and carrying out compulsive act reduces anxiety. Most common compulsions are checking 63%, washing 50%, counting 36%, need to ask or to confess 31%, symmetry and precision 28%, hoarding 18% and multiple comparisons

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48%.[3] The ritualistic ceremonial described by Freud in one of his earliest papers (1896) entitled the defense neuro-psychosis, is often quoted and is an excellent illustration of the complexity that may be assumed by these compulsive devices designed to protect against anxiety.[2]

Lifetime prevalence of OCD in the general population is estimated at 2-3%. Some researchers have estimated that the disorder is found in as many as 10% of the outpatients in psychiatry clinics.[3] Among adults, men and women are equally affected but adolescent boys are more commonly affected than girls. Mean age of onset in men 17.5 years ± 6.8 years and women 20.8 years ± 8.5 years.[3]

Methods. It is a prospective study to analyze the socio-demographic data of patients with the diagnosis of OCD in the period between August 1996 and December 2001, attending the outpatient Psychiatric Department at Hamad General Hospital in Qatar. This is the only such specialized center, which can accept referrals from Primary Health Center, School Health Care, Accident & Emergency and private doctors. Out of 8872 patients, we found 348 with the diagnosis of OCD, according to the International Classification of Diseases (ICD-10) diagnostic criteria.. Each patient was interviewed and evaluated by a psychiatrist in one session at the outpatient clinic. The sample was divided into OCD predominantly obsessional thoughts or ruminations (F42.0). In this category the main feature is recurrent obsessional thoughts (ideas, image or impulses that enter the individuals mind in stereotyped form that are almost invariably distressing. The second subtype is predominantly compulsive act (obsessional rituals, F42.1). The main symptoms here are compulsive acts that are concerned with cleaning (particularly hand washing), repeated checking to ensure that a potentially dangerous situation has not been allowed to develop, or orderliness and tidiness. The third subtype is mixed obsessional thoughts and acts (F42.2). Here, the individual has elements of both obsessional thinking and compulsive behavior. The 4th subtype is other obsessive-compulsive disorders (F42.8) where there are obsessive thoughts or compulsive acts that do not meet the criteria of the previous categories. The residual subtype is obsessive-compulsive disorder, unspecified (F42.9). After receiving the patients we divided them into groups: according to their age from 0-15 years, 16-30 years, 31-45 years, 46-60 years, 61 years and more; according to sex: male and female; according to nationality: Qatari, Non-Qatari Arab and Non-Qatari non-Arab; according to duration of illness: 1-4 years, 5-9 years, 10-14 years and 15 years and more; according to occupation: professional, non-professional, student, housewife and not working; and finally according to their marital status: single, married, divorced and widowed. All these were carried out to facilitate the collection of data. The data were coded and entered into the computer for analysis using the statistical package for social sciences under Windows, 'Pearson's Chi-Square' analysis was performed to test the difference in proportions of categorical variables between 3 or more groups; the level of $p<0.05$ was considered as significant.

Results. This disorder is more prevalent among non-Qatari people 52% (Arab 36.2%, non-Arab 15.8%) than Qatari people (48%). Females (53.4%) are affected more than males (46.6%). According to marital status, married patients had the highest frequency of 59.2%, single 36.8%, widowed 2.6% and divorced 1.4%. According to occupation, Housewife patients were represented more in frequency at 28.4% of the sample, non-professional 22.1%, professional 21.3%, student 20.7% and patients not working were 7.5% of the sample. In the age group classification, a great percentage of the sample (44.8%), were between 31-45 years, 35.1% where in the age group between 16-30 years, the age group between 46-60 years was 15.8% and from 61 years and more, 2.6%. The least proportion in the sample was the age group between 0-15 years (1.7%). Considering the diagnosis of OCD and its subtypes, with predominantly obsessive thoughts, out numbered all other subtypes in the sample (54.9%), mixed type (obsessive thoughts and compulsive acts) (36.2%), predominantly compulsive acts (8.3%), other OCD (0.6%), but the diagnosis of OCD unspecified (F42.9) was not found in the sample. The patients attended the clinic for follow up and treatment; 60.1% for 1-4 years, 22.7% attended for 5-9 years, 13.2% attended for 10-14 years and only 4% of the patients attended the outpatient clinic for 15 years and more. We also found that female married patients (34.5% of the sample) out numbered the male married category (24.7%). Both results were highly significant ($p<0.05$). The least percentage was found in male (0.6%) and female (0.9%) divorced category. No widowed male patient was detected in the sample while female widowed was only in the percentage of 2.6% of the sample (highly significant, $p<0.05$). Qatari, female patients affected with OCD constitute 29.9% while Qatari, male patients 18.1% (both results highly significant, $p<0.05$). Females at the age group of 31-45 years have the highest percentage of OCD occurrence in the sample (25.6%) in comparison to males (19.3%). But, we did not find any male patients in the age group of 0-15 years and we have only 1.7% of female patients in this same age group. Female, housewives seem to have the maximum probability of being affected by OCD (28.4%). It was also found that the disorder was more common in the male, non-professional group (19%) in comparison to the female, non-professional group (3.2%) and it

was the least in female (4.3%) and male (3.2%) non-working category. Females with the diagnosis of OCD with predominantly obsessional thoughts seem to be more frequent in the sample (27.9%). Female, married, Qatari patients had the highest percentage (17.5%) in comparison to the male sample (10.6%). Divorced, male, Qatari and non-Qatari have a small percentage (0.3%). Also divorced, female, Qatari patients were also found to be of smaller percentage (0.6%) and non-Qatari (0.3%). There were no patients in the widowed, male, Qatari category. We also found that housewives with the diagnosis of predominantly obsessional thoughts seem to out number the other diagnosis (18.4%) (highly significant, $p<0.05$).

Table 1 - Age group of patients attending for follow-up.

Age group	Frequency	(%)
0 - 15	6	(1.7)
16-30	122	(35.1)
31-45	156	(44.8)
46-60	55	(15.8)
61 and over	9	(2.6)
Total	**348**	**(100)**

Table 2 - Marital status of patients according to sex.

Marital status	Male		Female		Total	
	n	(%)	n	(%)	n	(%)
Single	74	(21.3)*	54	(15.5)*	**128**	**(36.8)**
Married	86	(24.7)*	120	(34.5)*	**206**	**(59.2)**
Divorced	2	(0.6)	3	(0.9)	**5**	**(1.4)**
Widowed	0	(0)	9	(2.6)*	**9**	**(2.6)**
Total	**162**	**(46.6)**	**186**	**(53.4)**	**348**	**(100)**

*Highly significant, $p<0.05$

Discussion. In our socio demographic study we found that 52% of the sample are non-Qatari (expatriate) in comparison to 48% Qatari which, is consistent with the official data of population in Qatar, the total population being 550,000 with two-thirds expatriates. It seems that stressors of immigration and social adversity trigger the hidden disorder. We discovered that females (53.4%) out numbered male patients (46.6%) in the ratio of 1.14:1, this may contradict the known fact that there is equal distribution of illness between male and female 1:1,[3] with boys more affected than girls. Also, our results were consistent with the results of Fireman,[4] who found that the disorder is more common in women than men but in his research he found that the illness was higher among boys than girls. This somewhat antagonizes our results, as we discovered that no male was found at the age from 0-15 years but girls totalled 1.7% at this age. Pigott[5] also found that females are more likely to be affected by OCD than males. Okasha[6] in his study among a community sample of Egyptian students found that the disorder is more prevalent among female students and first born subjects, however, research, carried out at the School Health Care center in Qatar found no significant difference between boys and girls as mentioned above.[7]

In our sample, the most common group who presented to the outpatient clinic was at the age group of 31-45 years (44.8%) (**Table 1**), contradicting the psychiatric fact that OCD symptoms in most of the patients appear in the early twenties.[3] Our results can be justified as patients in the Gulf area deny their illness at the start of OCD symptoms and some refer it to lack of faith in God, poor adherence to religious instructions and most of them think that they may be possessed by the devil who keeps invading them by its obscene thoughts and words. So they seek traditional healers years before coming for psychiatric treatment.

Table 3 - Diagnosis (subtypes of OCD) of patients according to occupation.

Diagnosis	Professional		Non-Professional		Student		Housewife		Not working		Total	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
Predominantly obsessional thoughts	45	(12.9)	47	(13.5)	28*	(8)	64*	(18.4)	7*	(2)	**191**	**(54.9)**
Predominantly compulsive acts	8	(2.3)	5	(1.4)	9	(2.6)	5	(1.4)	2	(0.6)	**29**	**(8.3)**
Mixed	20	(5.7)	25	(7.2)	34*	(9.8)	30	(8.6)	17*	(4.9)	**126**	**(36.2)**
Others	1	(0.3)	0	(0)	1	(0.3)	0	(0)	0	(0)	**2**	**(0.6)**
Total	**74**	**(21.3)**	**77**	**(22.1)**	**72**	**(20.7)**	**99**	**(28.4)**	**26**	**(7.5)**	**348**	**(100)**

*Highly significant, $p<0.05$, OCD - obsessive compulsive disorder

The most common subtype of OCD in our sample is predominantly obsessional thoughts (54.9%) as our patients in the Gulf area suffered more from obsessions of a religious nature, fear of dirt and contaminations, aggression, orderliness illness and obsessions of a sexual nature. This was consistent with the result of Okasha[6] in Egypt who found that obsession of aggression, contamination, religious obsessions and cleaning compulsions were most common among his sample. The result of Maggini[8] in his research in the Parma High School epidemiological survey in Italy was less consistent with our result as he found that obsessions of dirt, phobia, ruminations and nail biting were the most common symptoms.

We discovered that married female patients (34.5%) out numbered married male patients (24.7%) and this result was highly significant (**Table 2**) and the least percentage was found in the divorced and widowed category. This result is contradicting to our knowledge of OCD patients who are more likely to be single.[3] Al-Banna[9] in his socio-demographic study of major depression in Qatar also found that the disorder is more prevalent among married patients of both sexes, so it seems that marriage may impose a lot of stress on people especially females who have a lot of responsibilities. Being a housewife may also impose significant stress, which could trigger OCD (**Table 3**).

In conclusion, non-Qatari patients are affected more by OCD than Qatari. Sex, marital status and occupation also proved to be important factors. The illness was higher in the female married group. Being a housewife may impose a greater risk of developing OCD. Predominantly obsessional thoughts were the most common subtype affecting patients in Qatar. Limitations of this study are duration which, is 5 years only, and the small sample size (348 patients). This is not enough data for a socio-demographic purpose, so further follow-up study is recommended with a larger number of patients to clarify these limitations.

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