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Evaluation of obsessive compulsive disorder and depression symptoms in visitors of hair and skin clinic of Shohadaye Ashayer Hospital of Khorramabad

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ABSTRACT

The main aim of this research is reports related to high prevalence of OCD and undiagnosed depression disorders in visitors of skin clinics.164 visitors of skin clinics were chosen by the use of (simple random) sequential sampling and by the use of Maudsley OCD scale and Beck's revised depression questionnaire and a DSM-IV based clinical interview; they were surveyed based on catching obsession along with depression disorders. The obsession severity was determined based on Maudsley OC scale and depression severity was determined based on Beck's revised depression questionnaire and also they were surveyed in terms of pattern of obsession and depression symptoms and skin complaints.81 individuals were diagnosed with OCD; 76 were diagnosed with OCD along with depression symptoms. From visitors suffering from obsession along with depression symptoms they were based on DSM-IV scales and none of them had any pre-diagnosis. Type and dispersion of obsession symptoms along with depression symptoms had no significant difference with normal clinical status. 5 individuals had no depression (6.2%) and 11 individuals had minor depression (13.6%), 13 individuals had medium depression (16.1%) and 52 individuals had severe depression (64.1%). Results indicated high prevalence of clinical symptoms of obsession along with depression symptoms in visitors of hair clinics; thus it is better to pay more attention to diagnosis and treatment of individuals suffering from obsession along with depression symptoms who do not refer to hair clinics.

KEY WORDS: DISORDER, COMPULSIVE OBSESSION, DEPRESSION, HAIR CLINICS

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INTRODUCTION

Major depressive disorder is considered as the third most common disorder and OCD is considered as the 4th common psychiatric disorder . Due to their characteristics these disorders could have destructive effects on professional, educational and social performance of the individual; for instance, OCD, due to characteristics such as excessive washing, and excessive checking could create disorders in family functions and quality of life. Recently the researchers have found out that destruction level of performance of this disorder could be compared with psychotic disorders (Torres et al, 2006 Eisen et al, 2006, Sadock and Sadock 2007).

Based on most studies conducted on OCD, this disorder has a relationship with many other mental disorders. Depression is one of its most common disorders which overlap OCD (Keeley et al, 2008). Obsessive people tend to depression more than other people and based on conducted studies, depressive mode not only results in increase and severity of undeliberate thoughts but also results in increased discomfort caused by these thoughts (Dadsetan 1999). Almost two third of individuals suffering from obsession also suffer from depression symptoms (Ghassemzadeh et al, 2006 Khairabadi et al 2011 and Ghosh et al 2013).

Most researchers believe that in terms of symptoms there is an overlap between these two in terms of sense of guilt, anxiety, self-doubts, and low self-esteem. Some also discuss feeling of severe responsibility and idealism in obsession which are considered as features of depression. Also, it has been shown that some administrative inefficiency is observed in obsessed patients during implementation of tests which are the result of concurrency of depression symptoms and OCD (Arntz et al, 2007; Aycicegi et al, 2003). Some studies have shown that high percentage of patients suffering from OCD or its symptoms, refer to outpatient skin clinics due to skin signs and symptoms (Demet et al, 2005; Hatch et al, 1992). Gupta et al 2003 and Ghosh et al 2013 have showed that 20 to 40 percent of individuals referring to skin clinics also suffer from psychological problems. (Ellis and Koblenzer 2005; Gupta and Gupta 2003 and Ghosh et al 2013).

Companionship of OCD skin manifestations are called Dermo-OCD in some studies and it is divided into two groups of obsessive and compulsory manifestations. According to this division, complaints such as hair fall, ugliness and though of catching malignant sexual diseases, fungal infections and aids are examples of obsession and manifestations such as hair pulling, nervous itching, nail pulling, lip licking, and skin irritations and inflammations caused by excessive hand wash are examples of Compulsive disorder (Aycicegi et al, 2003; Koblenzer 1992; Stein and Hollander 1992). The current study has been conducted with the aim of determining frequency and OCD severity along with depression signs and determining the possible relationship between obsession and a part of demographic variables in individuals referring to outpatient skin clinics of Shohadaye Ashayer Khorramabad hospital.

MATERIAL AND METHODS

The current research methodology is descriptive-analytical and it is a cross sectional study. This study has been conducted on 164 individuals referring to outpatient hair and skin clinics of Shohadaye Ashayer Khorram Abad. In this study demographic information such a age, gender, marital status, education, disease duration and clinical diagnosis of skin experts for diseases were collected in an inventory. Maudsley Obsessive-Compulsive Disorder Inventory (MOCI) was used in this study for screening prevalence of obsession including 30 right and wrong items (Hodgson RJ and Rachman S, 1977). and it is designed for evaluating OCD symptoms. In addition to an overall obsession score, this inventory also includes 4 sub-scores for reviewing, cleaning and washing, repetition slowness, doubt-accuracy. Total Maudsley score range is from 0 to 30. Validity and reliability of MOCD has been confirmed in different countries. In Iran, Stakti (1976) has achieved 0.85 for reliability through retest and Dadfar (1997) has achieved 0.84 for total test reliability coefficient and its convergent validity has been 0.87 through Yale-Brown OCD scale (Ghassemzadeh et al, 2002). Beck revised depression questionnaire has been used in this study in order to screen depression and its severity (Beck AT. et al, 1961) This is a self-report 21-question tools used for evaluating depression severity and its total score is 0 to 63. 0 to 13 is normal, 14 to 19 is minor depression, 20 to 28 is medium depression, 29 to 63 is severe depression. Iranian researchers have achieved 0.87 for test total reliability coefficient and 0.74 for its validity (Ghassemzadeh et al, 2005). In order to diagnose OCD, patients with scores above 15 and for diagnosing depression, patients with scores above 14 were participated in a clinical interview by the psychiatrist according to DSM-IV scales and all of their diagnoses were confirmed. Information were collected by the use of SPSS and analyzed by the use of statistical tests.

RESULTS AND DISCUSSION

Descriptive statistics for expression of demographic specifications of research units showed that 43.3% of research units were females and 56.7% were males. In terms of education the highest frequency was related to

Table 1. some of the demographic features of total studied samples.

P value	OCD Free		OCD		Total No.		Variable name No.	
		%	No.	%	No.	%		
49/0	5/46	33	5/53	38	3/43	71	Female	Gender
	8/53	50	2/46	43	7/56	93	Male	
54/0	5/78	51	5/21	14	6/39	65	University	Education
	83	73	17	15	7/53	88	High school	
	8/81	9	2/18	2	7/6	11	Primary school	
07/0	8/47	32	2/52	35	40.8	67	Single	Marital status
	7/51	46	3/48	43	54.3	89	Married	
	5/62	5	5/37	3	4.9	8	Divorced	
40/0	4/69	34	6/30	15	9/29	49	Administrative	Job
	8/73	31	2/26	11	6/25	42	Housewife	
	100	3	0	0	8/1	3	Worker	
	3/83	20	7/16	4	6/14	24	Student	
	6/90	29	4/9	3	5/19	32	Freelancer	
	6/78	11	4/21	3	6/8	14	Unemployed	

high school level (53.7%) and the lowest was related to primary level (6.7%). In terms of marital status (40.8%) were single, (54.3%) were married and (4.9%) were divorced. In terms of job, the highest frequency was related to administrative level (29.9%) and the lowest frequency was related to worker level (1.8%).

From 164 individuals, 81 individuals (49.4%) were diagnosed with OCD; which means that their MOCD was between 15 and 30 and their clinical interview was confirmed by the psychiatric and 83 individuals out of total samples (51.6%) were free of OCD. This means that their scale score was below the level. None of the samples were previously diagnosed with OCD nor treated. In this study the relative frequency of OCD had no significant different between men and women (P>0.05) (table 1).

From 81 individuals with OCD, 76 individuals had OCD along with depression symptoms; which meas that their Beck scale score was between 14-63 and their clinical interview has been confirmed by the psychiatric. 5 individuals were depression free (6.2) which means score of 0 to 13 and 11 individuals had minor depression (13.6%) which means score 14 to 19 and 13 individuals had medium depression (16.1%) which means score 20 to 28 and 52 individuals had severe depression (64.1) which means score 29 to 63 (Table 2).

In the current study from 164 individuals, 81 individuals (49.4%) of individuals referring to skin clinics were diagnosed with OCD according to Maudsley scale. From 81 individuals, 76 individuals were diagnosed with OCD along with depression and all of them surveyed by the psychiatrist according to DSM-IV through structured interview and their OCD diagnosis were confirmed. OCD prevalence in individuals were reported to be (49.4%); in study by Demet et al this score was 24.7%; Omrani et al

Table 2. Depression rate among patients with and without OCD.

Sum	Total obsession				
	Healthy	Unhealthy			
8	5	3	No.	Normal	Depression level
100%	63%	38%	%		
19	11	8	No.	Minor depression	
100%	58%	42%	%		
27	13	14	No.	Medium depression	
100%	48%	52%	%		
110	52	58	No.	Severe depression	
100%	47%	53%	%		
164	81	83	No.	Total sum %	
	100%	49%	51%		

(22.1%) and KheirAbadi et al (52.3%) and Fineberg et al reported 20%. In a study conducted in turkey this rate was 24.7% which is consistent with our current research. In our study, comparing to the public population there was higher OCD prevalence; updated reported rate in skin outpatient patients was more than other studies and this indicates increased rate of OCD in population.

Regarding the high prevalence of OCD and depression among the individuals referring to skin clinics, two hypotheses are discussed. The first hypothesis is that the same as other psychological disorders, clinical symptoms of OCD along with depression are firstly manifested by physical complaints and most people firstly refer to non-psychological medical centers and the second hypothesis is that obsessive individuals with depression symptoms are usually more careful about their health and refer to doctors more than others.

These results show that most of the individuals referring to skin disease medical centers simultaneously suffer from OCD and depression and these psychological disorders are significantly severe and need special care. On the other hand, there was no significant difference between relative frequency of OCD along with depression symptoms among men and women and healthy and unhealthy people (P>0.05). this result is consistent with results achieved from studies of several workers, (Demet et al., 2005., Omranifard et al., 2007, Kheir Abadi et al. 2011 and Fineberg et al. 2003)

Additionally, there was no significant difference between relative frequency of OCD along with depression symptoms, and education in healthy and unhealthy individuals (P>0.05). This result is inconsistent with results of Omranifard et al., (2007) and this difference may be due to elevating the educational level in Iran in time. There was no significant difference between relative frequency of OCD along with depression symptoms, marital status, and job of healthy and unhealthy individuals (P>0.05) and this result in consistent with research results of Demet et al., 2005 Omranifard et al. 2007, Kheir Abadi et al.,2011., and Fineberg et al. 2003)

What could be achieved through surveying the current research results is that there is a very complicated relationship between skin diseases and OCD along with depression symptoms; in a way that their skin problems could overlap OCD and depression symptoms; some researchers consider skin complaints as the secondary effects of OCD with depression symptoms; and they have stated that insufficient touch of surrounding things due to obsessive sensitivity could result in problem and weakness of imagination in individual's body and consequently it may cause the individual to be mentally occupied with one's physical defects and refer to a dermatologist with skin complaints; or excessive washing caused by obsession may result in skin irritations and create secondary effects (Kheirabadi et al, 2011).

CONCLUSION

Prevalence of OCD along with depression symptoms in patients with skin disorders referring to skin clinics is significantly higher than the reported amounts from prevalence of this disorder in public. For curing skin problems, it must be noted that in case of presence of OCD along with undiagnosed depression symptoms and not on-time treatment of these disorders could create problems for skin conditions and decrease its successful effect. Thus regarding the stated problems, the cooperation and efforts of dermatologists and psychologists are needed.

But regarding the prevalence of OCD along with depression symptoms and unawareness of people regarding its symptoms, causes and OCD/depression treatments, it seems that it is necessary to educate public through media, magazines and newspapers about the relationship between OCD, depression symptoms and curability of these disorders. Also it is necessary to prioritize training of school health teachers and other people in charge in medical centers in order to detect patients suffering from these disorders and guide them toward expert services.

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