

CLINICAL PRESENTATION OF OBSESSIVE-COMPULSIVE DISORDER IN KARBALA

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Abstract: The objectives of the study are to know the most frequently encountered symptoms of OCD in our psychiatric outpatient sample, the age of onset, time to first psychiatric consultation, and the correlation with the sociodemographic variables. The sample consisted of 70 patients of OCD who were interviewed at Al Hussain teaching hospital was diagnosed according to the Diagnostic & Statistical Manual of Mental Disorders, 5th edition (DSM-5), and to clarify the symptoms of OCD were clarified as obsessive-compulsive symptoms using the Yale-Brown Checklist (YBCL). The majority of patients have both obsessions & compulsions (87.2%); the most common types of obsessions were religious & contamination (62.9% and 58.6%, respectively), while rituals is the most common compulsion (67.2%). Most patients presented with a young age of onset (mean 17.9 years; males had an earlier onset of 16.4 years). Married patients were more than single patients (40% and 30%, respectively). The mean time between the first psychiatric consultation and the initial treatment was over 5 years (5.4 years). With minor differences, the pattern of symptoms with various contents in this sample was similar to that in other countries.

Keywords: Obsessive-compulsive disorder, Contamination, Need for symmetry, Aggressive impulse, and Sexual impulse.

Introduction

Common and chronic, OCD is frequently accompanied by significant anxiety and depressive symptoms, and the majority of patients report both obsessions and compulsions, although some

patients only report obsessions [1]. Obsession: Unsuppressed thoughts, images, or urges that repeat, intrude into consciousness, and are unwanted. Compulsions are any kind of repeated, ritualistic, and purposeful behavior or mental activity performed in a stereotyped manner most often in response to an anxiety provoked by an obsessive thought [2, 3]. People who had blasphemous, obsessive, or sexual thoughts were thought to be possessed centuries ago [4]. With the passage of time, there gradually began to be attempts to understand obsessions and compulsions religiously; and then there were attempts to understand them medically [5]. Pierre Janet reported successful treatment of rituals with behavioral techniques, but with Sigmund Freud's in classic psychoanalytic theory, OCD was termed obsessive-compulsive neurosis and was considered a regression from the oedipal phase to the anal psychosexual phase of development [6, 7]. Patients get paralysed in action with uncertainty and indecision between hatred and love towards the same individual [8, 9]. Typical obsessions of OCD include contamination and/or doubts. The content, form, resistance, and precipitating stimuli of obsessions differ from that of generalized anxiety disorder (GAD), in which excessive preoccupation with real-life concerns is a feature [10, 11]. There is a close association between OCD and phobic disorders. They both seem to respond to the same behavioral treatments; they both avoid, and they both appear to be very subjectively and autonomously reactive to focused stimuli [12]. The most important characteristic of a compulsion is that it helps to decrease the anxiety associated with the obsession, and there is an anxious dread present [13, 14]. The rate of the disorder in psychiatric clinics is up to 10% among outpatients. OCD ranks as the fourth most common psychiatric condition, behind phobias, substance abuse, and major depression [15]. Men and women are equally likely to be affected in adults, whilst in adolescents, males are more likely to be affected than females. The average age is about 20 years, but is slightly younger in males (mean age about 19 years) than females (mean age about 22 years) [16].

Materials and Methods

The period of this study was carried out in the outpatient department of Al Hussain teaching hospital during January 2025 till January 2026. Patients were sampled as OCD patients: 38 females and 32 males.

Patients were selected according to the inclusion criteria, and informal consent was obtained from the patients that had a diagnosis of OCD, which was made according to the DSM-5. According to the exclusion criteria of patients, history of psychiatric illnesses other than OCD; medical diseases; or substance-induced obsessive-compulsive symptoms known to be associated with psychiatric conditions are excluded from the study; and non-responder patients 2 from 72 patients, are excluded; only 70 patients out of the total 72 patients fit the inclusion criteria; and the remaining 2 were excluded from the study.

The purpose of the interview and the study was explained to each patient by the researcher, emphasizing the issue of confidentiality, and then consent was obtained from each patient prior to conducting the interview with the patient. The sociodemographic and clinical information was collected from each patient. Clinical assessment was made by a detailed history and mental state examination; all patients met the diagnostic criteria for OCD according to the DSM-5 criteria, and YBCL was used to determine the symptoms of OCD.

Results

Table 1. Distribution of the sample according to gender.

Gender	No	%
Male	32	45.71
Female	38	54.29
Total	70	100

Table 2. Distribution of patients according to age.

Age /years	male	%	female	%	total	%
15-19	2	2.85	—	—	2	2.85
20-24	7	10.00	5	7.14	12	17.14
25-29	11	15.71	14	20.00	25	35.71
30-34	6	8.57	10	14.28	16	22.85
35-39	4	5.71	5	7.14	9	12.85
40-44	1	1.42	2	2.85	3	4.27
45-49	—	—	1	1.42	1	1.42
50-54	—	—	1	1.42	1	1.42
55-59	—	—	—	—	—	—
60 ≥	1	1.42	—	—	1	1.42
Total	32	45.71	38	54.29	70	100

Table 3. Distribution of patients according to marital status.

Marital state	Male	%	Female	%	Total	%
Single	7	10	14	20	21	30
Married	17	24.29	11	15.72	28	40
Widow	3	4.28	5	7.15	8	11.428
Divorce	5	7.14	8	11.42	13	18.571
Separated	-	-	-	-	-	-
Total	32	45.71	38	54.29	70	100

Table 4. Distribution of patients according to educational level.

Education	Male	%	Female	%	Total	%
Post-graduate	-	-	-	-	-	-
Institute, college	14	20	13	18.57	27	38.58
Secondary school	15	21.43	10	14.29	25	35.71
Primary School	2	2.86	10	14.29	12	17.14
Illiterate	1	1.42	5	7.14	6	8.57
Total	32	45.71	38	54.29	70	100

Table 5. Distribution of patients according to residency

Residency	F	%	M	%	Total	%
Urban	19	27.15	21	30	40	57.15
Sub urban	17	24.29	10	14.29	27	38.57
Rural	2	2.85	1	1.42	3	4.28
Total	38	54.29	32	45.71	70	100

Table 6. The rate of obsessive-compulsive symptoms.

Symptoms	n	%
Obsessions alone	5	7.14
Compulsions alone	4	5.7
Obsessions & Compulsions	61	87.14
Total	70	100

Table 7. Distribution of each compulsion according to gender.

Compulsions	male	%	female	%	Total	%
Rituals	28	40	19	27.142	47	67.142
Multiple	29	41.428	25	35.714	54	77.142
Checking	26	37.142	18	25.714	44	62.857
Washing	19	27.142	24	34.285	43	61.428
Counting	17	24.285	13	18.571	30	42.857
Symmetry	20	28.571	10	14.285	30	42.857
Hoarding	-	-	4	5.714	4	5.714
Slowness	-	-	1	1.428	1	1.428
Miscellaneous	4	5.714	5	7.142	9	12.857

Table 8. Distribution of patients according to the age of onset.

Age of onset/years	male	%	female	%	total	%
9	1	1.42	—	—	1	1.42
10-14	12	17.14	9	12.85	21	30
15-19	10	14.28	8	11.42	18	25.71

Age of onset/years	male	%	female	%	total	%
20-24	6	8.57	10	14.28	16	22.85
25-29	2	2.85	5	7.14	7	10
30-34	1	1.42	4	5.71	5	7.14
35-39	—	—	2	2.85	2	2.85
total	32	45.72	38	54.28	70	100

Table 9. Distribution of patients according to the time before first psychiatric consultation.

First psychiatric consultation/years	male	%	female	%	total	%
1	1	1.42	2	2.85	3	4.28
2	2	2.85	3	4.28	5	7.14
3	4	5.71	4	5.71	8	11.42
4	3	4.28	3	4.28	6	8.57
5	6	8.57	5	8.57	11	17.14
6	7	10	9	12.85	16	22.85
7	3	4.28	6	8.57	9	12.85
8	2	2.85	3	4.28	5	7.14
9	3	4.28	2	2.85	5	7.14
10	-	-	1	1.42	1	1.42
11	-	-	-	-	-	-
12	1	1.42	-	-	1	1.42
Total	32	45.72	38	54.28	70	100

Discussion

87% of my sample (70 patients) had both obsessions and compulsions, while 7% had only obsessions and 6% had only compulsions. This rate was determined to be consistent with another Japanese study [17] that published that 95% of both OCD subjects had an obsession & compulsion component.

The most frequent obsessions identified were multiple (74.3%), religion (63%), contamination (58.6%), and aggression (44.3%). These rates were determined to be pertinent in comparison to other studies, such as the Egyptian study, which showed that the highest rate was for religious obsessions (60%) and contamination obsessions (60%). In the phenomenology of OCD in Egypt, the role of religious upbringing has been seen, and there is similarity between Iraqi & Egyptian cultures, as in this study, Muslims (the majority of the population) are required to pray five times a day [18, 19]. The ritualistic cleaning (Wudu or ablution) is performed three times on the following parts of the body [20], namely, washing the hands, washing the face, and washing the feet prior to their use for prayer.

With any discharge from the body, or even during the time of sexual emission, this washing becomes null and void, and women are prohibited from praying or touching the Koran while they are menstruating, except that they wash their bodies according to a ritual bath, after which they can pray and touch the Koran. There are different lengths of prayers and some sentences/surahs of the Holy Koran to be read in a sequence [21, 22]. Most of the compulsive rituals are based on the focus of cleanliness/ritual purity. Often, too many prayers or the words used in prayers can lead to checking, repetition, and scrupulousness. The washing can also become part of a ritual about religious purity that can result in obsessions and compulsions. The religious aspect of Muslim culture is also found in other words, such as the word *weswas* [23]. This word refers to the devil and, simultaneously, is a name for obsessions. Also, in another study the most common obsessions is multiple obsessions & contamination, at 60%, (45 %) respectively [24].

Multiple compulsions (77%) & rituals (67%) were the most common compulsions found; this is consistent with some studies that reported repeated ritual (68%) as the most common compulsions found. Also, in the study of Indian studies, rituals were the second main compulsion (42%). These results may be due to the similarity between these cultures [25].

Obsessional aggression (28.6%) & symmetry (27.2%) were the most common obsessive-compulsive features seen in males. Checking (37.2%) was the most common compulsion. This will be in keeping with a research project in America about aggression that found that aggression is the most common obsession. An Iranian study found that symmetry is the second most prevalent obsession in males [26].

Conclusion

The most common symptoms of OCD were contamination, religious obsession & washing compulsion among females, consistent with the Turkish study and Iranian study. Most of my sample was married (40%), and one was single (30%). The Iranian study showed that 67.4% were married and 29.1% were single. This could be explained by the fact that marriage is early in Iraqi culture compared to the late age in Western countries, and the secretiveness of the disease.

According to the age of onset, the majority are in between 10 and 14 years (30%), and those are 10-24 years (88.6%). Males had an earlier age of onset than females (16.4 years versus 19.1 years), and the mean was 17.9 years. This result is compatible with some studies in which the onset in men was 17.5 years, women was 20.8 years; this means that OCD had an earlier age of onset, & the male had the earlier one.

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