EVALUATION OF DIFFERENT LEVELS OF OBSESSIVE-COMPULSIVE DISORDER (OCD) AND ITS PREVALENCE AMONG MANAGEMENT STUDENTS

Dissertation Submitted

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By

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Declaration

I hereby declare that the dissertation work entitled "EVALUATION OF DIFFERENT LEVELS OF OBSESSIVE-COMPULSIVE DISORDER (OCD) AND ITS PREVALENCE AMONG MANAGEMENT STUDENTS"is based on the original work carried out by me, under the supervision of **Dr SURYA PRAKASH,** Associate Professor at IIHMR UNIVERSITY. I also affirm that this work is original.

RAKHI

6/06/2023

Acknowledgement

I feel favored and thankful in making a move to offer my thanks to many individuals who have added to the consummation of this venture.

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INTRODUCTION

Obsessive-Compulsive Disorder (or more routinely referred to as OCD) is a serious anxiety-related condition where a person experiences frequent intrusive and unwelcome obsessional thought, commonly referred to as **obsessions**.

Obsessions are very distressing and result in a person carrying out repetitive behaviors or rituals in order to prevent a perceived harm and/or worry that preceding obsessions have focused their attention on. Such behaviors include avoidance of people, places or objects and constant reassurance seeking, sometimes the rituals will be internal mental counting, checking of body parts, or blinking, all of these are **compulsions**.

Compulsions do bring some relief to the distress caused by the obsessions, but that relief is temporary and reoccurs each time a person's obsessive thought/fear is triggered. Sometimes over time the compulsions can become more of a habit where the original obsessive fear and worry has been forgotten, in this instance compulsions are often completed to enable the individual to feel 'just right', the key word being 'feel'.

It's worth pointing out that there is sometimes obvious correlation and logic between the obsession and compulsion, but other times there will be no logic at all between the two.

It is essential to keep in mind that the obsession and the compulsion may not always be accompanied by any kind of rationale or clear correlation.

The common misconception that obsessive-compulsive disorder (OCD) is limited to excessive hand washing, checking light switches, maintaining pristine homes, or being a little bit picky, is untrue. OCD can take many different forms. In point of fact, if a person suffers from obsessive-compulsive disorder (OCD), it will have an impact on some or all aspects of their day-to-day life and may even progress to the point where it is so distressing that it renders them unable to function for several hours at a time throughout the course of Because of this and the extent of its effects, obsessive-compulsive disorder was named one of the top ten global causes of disability by the World Health Organization in 1990. This was based on the impact on quality of life and income loss. In fact, it went on to say that at the time, OCD was the fifth most common problem for women in wealthy countries. The World Health Organization has as of late expressed that nervousness problems, like fanatical habitual issue, are the 6th driving reason for incapacity and influence a greater number of ladies than men.

Although the precise cause of OCD is still unknown, it is likely to be a combination of factors, and each person's cause may differ. With OCD.

TYPES OF OCD

Types of OCD There are no technical subtypes of OCD. However, there are distinct "types" of typical symptom categories that individuals with OCD may exhibit. These "types" are based on similarities between the activities, obsessive thoughts, and tolerance—a coping mechanism that the individual uses to survive—that they engage in. In spite of the fact that somebody with OCD might have totally different sort of over the top contemplations or habitual behaviours,that discrimate them from the other in their everyday existence. The types that are reported the most frequently are as follows:

• Confrontational or sexual ideas The thought of causing annoyance, hurting others, shouting at them, acting violently, and constantly thinking of aggression and violence. These are thoughts like worrying about how to behave or present oneself appropriately during a sexual encounter. In most cases, these obsessions are accompanied by the need for one's goodness to be acknowledged, but there may also be other compulsions.

• Leaving loved ones behind. Some people are very worried that they shouldn't hurt anyone but that the people they care about will get hurt. For instance, parents have always been concerned about the possibility that their children will be hurt in an accident or that they will engage in inappropriate behavior. Even though compulsive behaviors can take many different forms, they always pay close attention to make sure that their loved ones don't get hurt.

• Bacteria and contamination. This is a common characteristic of OCD, which is frequently associated with a fear of germs and a compulsive desire to wash one's hands. Many people who suffer from obsessive-compulsive disorder (OCD) have a fear of germs or other forms of contamination, so they constantly clean their hands or feel. They also take a bath after doing anything like cleaning, cooking, dusting, or coming from the outside.

• Uncertainty and incompleteness. OCD causes thoughts that one hasn't finished something or done it right. An individual who questions and have disarray that possibly they locked the entryway while going out or not is a model. These kinds of obsessive thoughts frequently lead to compulsive checking behaviors, like checking the door latch repeatedly.

• Religion, morality, and sin. Certain individuals have an undesirable fixation on moral disappointment or offense. They can constantly ask for forgiveness or pray obsessively.

• Order and symmetry. The need to have things organized "just so" is one typical obsession associated with OCD. Individuals who have these perspectives will generally invest over the top measures of energy taking care of things or coordinating and requesting stuff. In addition, they might hold particular superstitions regarding symmetry, patterns, and numbers.

• Restraint. The fear of losing control and acting in an unacceptable manner haunts many people with OCD. Regarding vicious or sexual fixations, certain individuals might stress over yelling something out in the open, while others might stress over harming somebody. Fixation of this nature could likewise bring about any fanatical way of behaving.

These sorts of OCD are only groupings of the absolute most normal side effects. Somebody with OCD might have any kind of fanatical idea. Other examples include anxieties about particular relationships, beliefs in magic and magical thinking, and body-related obsessions like blinking or breathing patterns.

Therapy:

The particular mental social treatment (CBT) procedure known as openness and reaction anticipation (ERP) involves helping the patient to deliberately open themselves to the circumstances that cause their over the top contemplations and fears without participating in the habitual ways of behaving that are normally connected with their fixations. Thus, the patient is ceaselessly during the time spent figuring out how to endure the uneasiness and tension that are related with not playing out the ceremonies appropriately. For example, somebody could contact something, without a doubt, somewhat "tainted" (for There is a ton of proof to propose that ERP is the best treatment for OCD. However, this assertion was questioned by a few scientists in 2000, and they also criticized the quality of numerous investigations. An online metacognitive intervention was found to alleviate OCD symptoms in a review published in 2019.

Medication:

The meds that are taken the most often are specific serotonin reuptake inhibitors (SSRIs). Despite having a higher incidence of adverse effects, the tricyclic antidepressant Clomipramine appears to work just as well as SSRIs. In the second line of treatment for adults with obsessive-compulsive disorder (OCD), SSRIs are used, whereas in the first line, adults with mild, moderate, or severe functional impairment are treated.With cautious checking for ominous mental impacts, SSRIs can be utilized as a second-line treatment in youngsters with mild,moderate-to-serious disability. SSRIs are powerful in treating OCD; Compared to people who take a placebo, those who take them have a roughly twofold greater chance of responding to therapy. Effectiveness has been demonstrated in both short-term (6–24 week) therapy trials and 28–52 week cessation trials.

LITERATURE REVIEW

Christine Lochner, Mama, and Dan J. Stein., 2003, Obsessive rash issue is heterogeneous, recently, tremendous progress has been made in sorting out the mind study of over the top routine issue (OCD). Fanatical impulsive problem (OCD) is an emotional wellness condition portrayed by troubling, obtrusive, over the top contemplations and dreary, urgent physical or mental ways of behaving. These developments point to a definition of OCD as a neuropsychiatric disorder that is largely homogeneous and supported by certain mechanisms that show up as common symptoms. • Hannah Nicoles, 2018, An overview of self-help apps for obsessive-compulsive disorder. Innovation based self improvement programs for OCD can possibly supplement progressing treatment, assist individuals with supporting treatment gains, and give low to free cost care to the people who doesnot approach OCD treatment suppliers.

Jedidiah Siev, Keith Lit, and Yan Leykin, 2019, Decision-making processes as perceived by people with hoarding and OCD. People with compulsive hoarding disorder (HD) and obsessive-compulsive disorder (OCD) have trouble making decisions. Dynamic style, a characteristic like example of answering that is for the most part predictable across various dynamic settings, is one possibly critical element of dynamic that has not yet been explored corresponding to OCD and HD.

Amy M.Rapp, et.al, (2016) Beyond ridiculous Excited Issue is a neuropsychiatric condition that consistently shows up in early age and causes difficulties in everybody. This review article explains the psychometric properties and limitations of a commonly used OCD assessment measure, as well as the related adjunctive measures like family accommodations, insights, and impairments.

Maay A S, et.al, (2013) to completely fathom the extent of OCD on the populace, one must likewise consider or look at their Personal satisfaction. The impact of OCD on QOL in OCD has been shown to improve with medications and with both individual and psychotherapy, according to the study Quality of Life in Obsessive Compulsive Disorders. • Antti Kivijarvi, et. al., (2019) Young Finnish adults' quality of life when they are not in school or the workforce. It basically explains how financial difficulties are linked to a diminished capacity to maintain physical health, which in turn increases stress and anxiety and eventually leads to obsessive compulsive disorder (OCD). This article asserts that the key characteristics of Finnish adults who are unemployed or uneducated are revealed in order to examine the quality of life (QOL) of young adults in Finland who are neither employed nor educated..

Phillip J. Seibell and Eric Hollander, (2014) As indicated by the review The board of Over the top Habitual Problems, OCD is a weakening problem that is regularly joined by fixations and impulses. CBT and SSRI medications are the mainstays of treatment, but there are also several pharmacological options for treating OCD that resists these treatments, like radio and neurosurgical procedures and deep brain stimulation, among other things.

MemiK, et.al, (2016) This contextual investigation portrays the beginning of fanatical impulsive problem in a 3-year-old young lady who had regular, brutal fits of rage and was subsequently treated with fluoxetine and a SSRI. Additionally, it raises the concern that OCD can begin very

early in life and that this early onset may have a negative impact on the patient's life as well as the lives of her family.

Faiz MosaidAlroquee, et.al, (2018) Pervasiveness, side effects, seriousness, and relates of OCD in clinical understudies shows the level of OCD in clinical understudies utilizing the Yale Earthy colored Scale and information assembled through a survey, suggesting that a huge piece had gentle side effects and that many had extreme side effects

Albina R. Torres, et.al (2015) side effects of obsessional compulsivity in clinical understudies Cross-sectional exploration and the utilization of normalized surveys to accumulate data on the sociodemographic highlights of understudies and their family, instructive climate, and so on. are utilized to make sense of the pervasiveness and seriousness of OCD among clinical understudies.

Stephanie Krager et al. (2000) The significance of motor symptoms in schizophrenia and the prevalence of obsessive-compulsive disorder (OCD) In this study, a standard instrument is used to compare the motor symptoms of schizophrenia patients with and without OCD.

OBJECTIVES

- To understand & study the level of OCD in management students based on demographic factors.
- To study the risk factors and therapies in the disease.
- To study the prevalence of obsessive-compulsive disorder among the management students across India.

RESEARCH QUESTION

To evaluate the different levels of obsessive-compulsive disorder and its prevalence among management students.

METHODOLOGY

Sample Design: The study was quantitative research approach and the respondents were the students of management from different parts of India.

Data collection method: The information was gathered by utilizing google structure which contains survey which was coursed among the understudies on the web.

Sample size: 104 management students.

Analysis: Analysis was done by using Microsoft Excel and SPSS software.

Data collection tool: Questionnaire.

Exclusion and Inclusion criteria: All the respondents were from IIHMR University, Chitkara university and some other MBA colleges are included.

Study area:PAN India.

RESULT AND DISCUSSION

The study included a total of 104 respondents who were evaluated for OCD levels. The respondents included male, female and otherratio of management students as shown in Table 1.

Gender					
		Frequency	**Percentage**	**Validated Percentage**	**Cumulative Percentage**
	Male	45	37.5	37.5	37.5
	Female	63	60.6	60.6	99.0
	prefer not to respond	2	2.0	2.0	99.0
	Total	110	100.0	100.0	

Table 1 – Gender Distribution

The data was collected using Google forms and evaluated appropriately under the designated sub-heads. Yale brown OCD scale was used as a standardized scaleand accordingly the OCD levels were determined in four different levels i.e. Mild, Moderate, Severe and Extreme.

OCD Scale	OCD Levels
8-15	Mild OCD
16-23	Moderate OCD
24-31	Severe OCD
32-40	Extreme OCD

Table 2 – Yale Brown OCD Scale

The OCD levels were then related to different parameters like:

1. Food habits

Food habits					
		Frequency	**Percentage**	**Validated Percentage**	**Cumulative Percentage**
	Non-Vegetarian	76	74.0	74.0	74.0
	Vegetarian	27	26.0	26.0	100.0
	Total	103	100.0	100.0	

Table 3 – Frequency table of Food Habits

2. Economic background

Economic Background					
		Frequency	Percentage	Validated Percent	Cumulative Percentage
	Upper middle class	36	34.6	34.6	34.6
	Middle class	59	56.7	56.7	91.3
	Lower middle class	8	8.7	8.7	100.0
	Total	103	100.0	100.0	

Table_4

3. Drinking habits

Alcohol Consumption					
		Frequency	Percentage	Validated Percentage	Cumulative Percentage
	No	86	82.7	82.7	82.7
	Yes	18	17.3	17.3	100.0
	Total	104	100.0	100.0	

Table 5

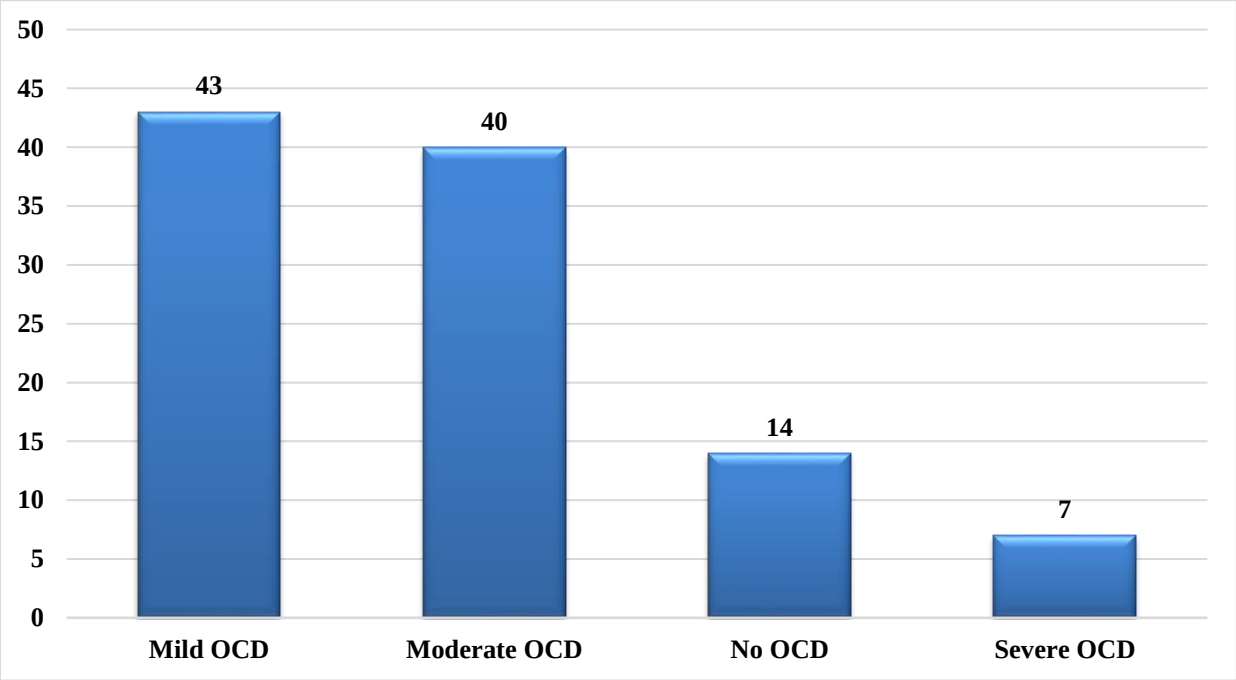
4. Zone

Zone					
		Frequency	Percentage	Validated Percentage	Cumulative Percentage
	South India	85	81.7	81.7	81.7
	North India	6	5.8	5.8	88.5
	East India	2	1.9	1.9	90.4
	West India	10	9.6	9.6	100.0
	Total	104	100.0	100.0	

Table 6

Level of OCD among the population

Higher level of Mild OCD was found than moderate level followed by severe level being the least.

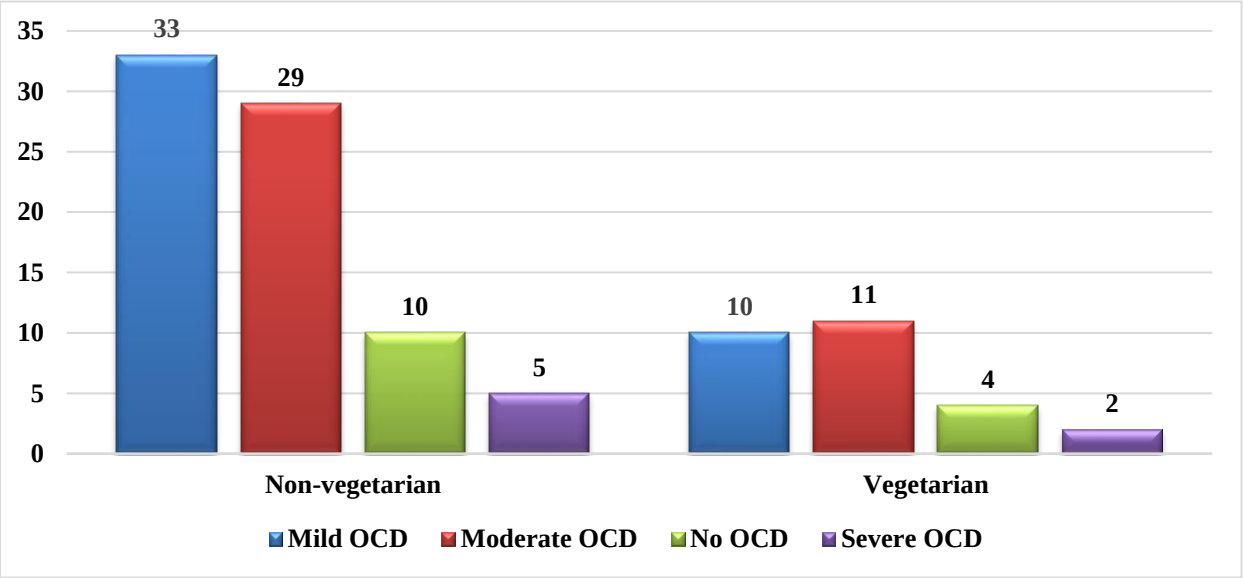


Figure

From the data collected, we can say that majority of the students are in the starting level of OCD (41%) followed by moderate level (30%) and severe level (6.7%) while the remaining population (13.4%) had no OCD.Therefore, it can be concluded from the above graph that majority of the management students have OCD in mild to moderate levels.

Relationship between level of OCD and food habits

As depicted in the graph, when compared between OCD levels and food habits, the prevalence is higher in people who are non-vegetarians than vegetarians and it is the starting level of OCD.



Figure

Relationship between level of OCD and economic background

When compared between level of OCD and economic background, it was highest in people from the middle class and least in the lower middle class.

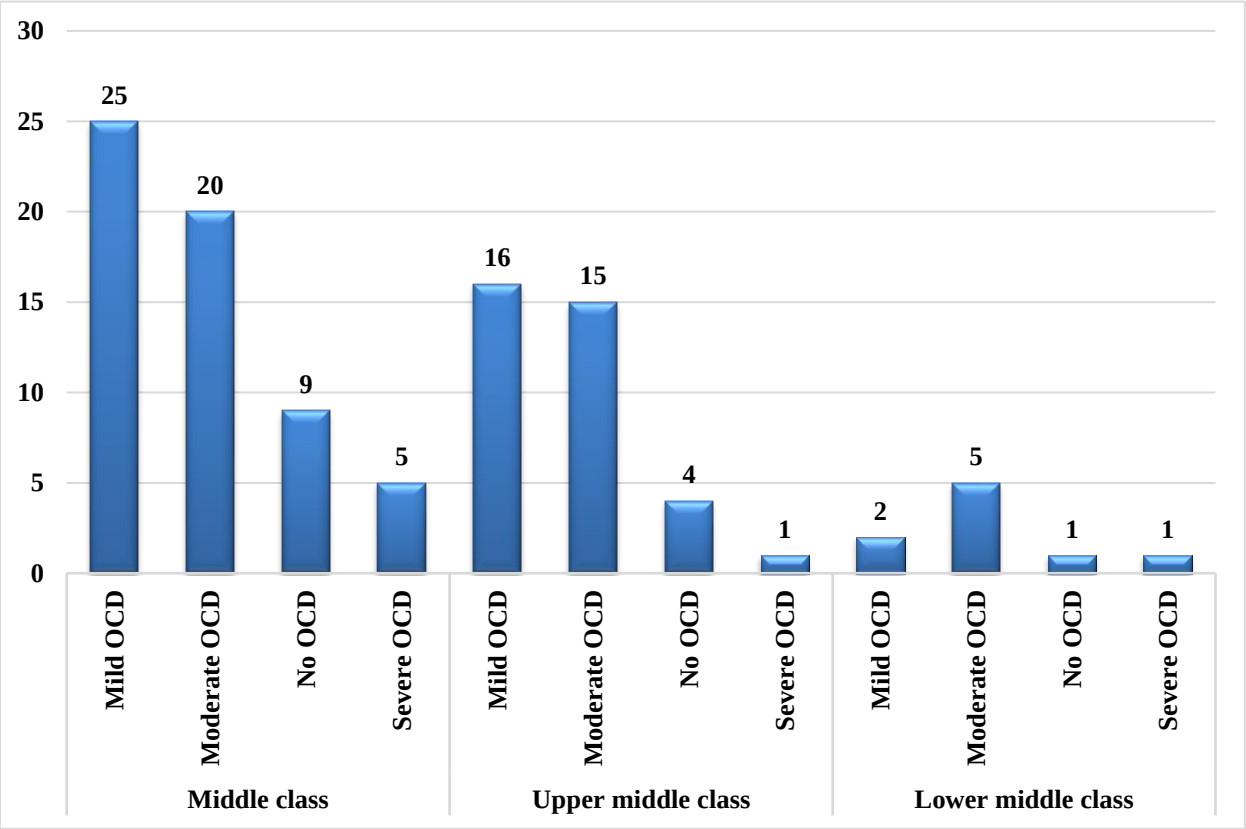


Figure 3

Relationship between level of OCD and drinking habits

Students with OCD were not attributed to alcohol consumption habits. There were considerably low levels of OCD among alcoholics although it is severity is high.

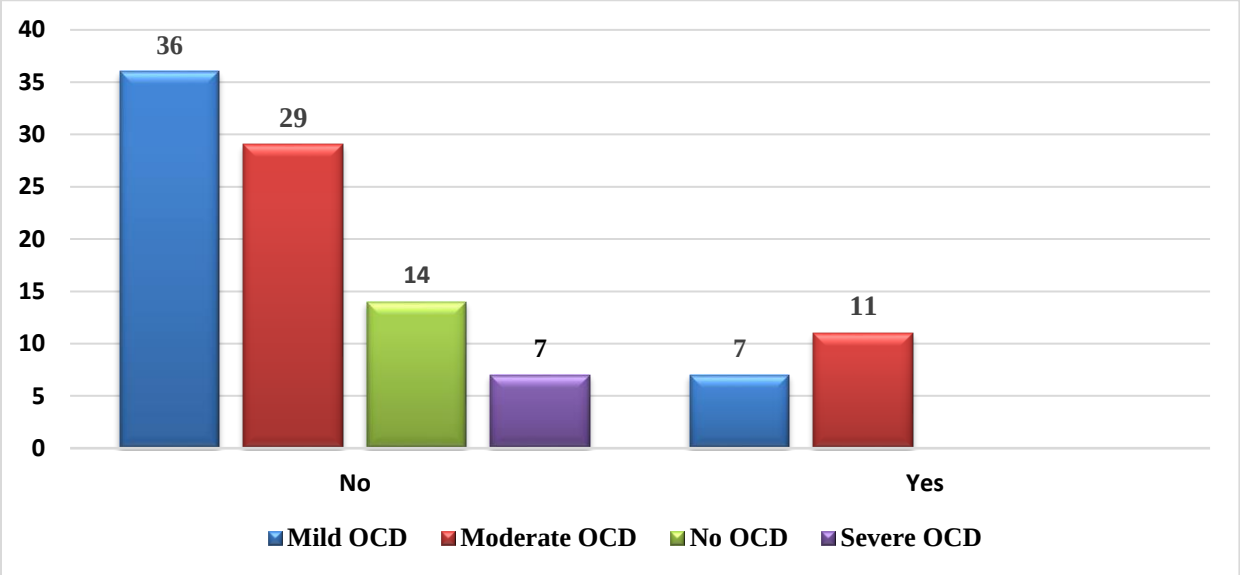


Figure 4 - Relationship between level of OCD and drinking habits

Relationship between level of OCD and Zone

Higher level of Mild and Moderate OCD was found in South zone than the other parts of India as shown in the graph below.

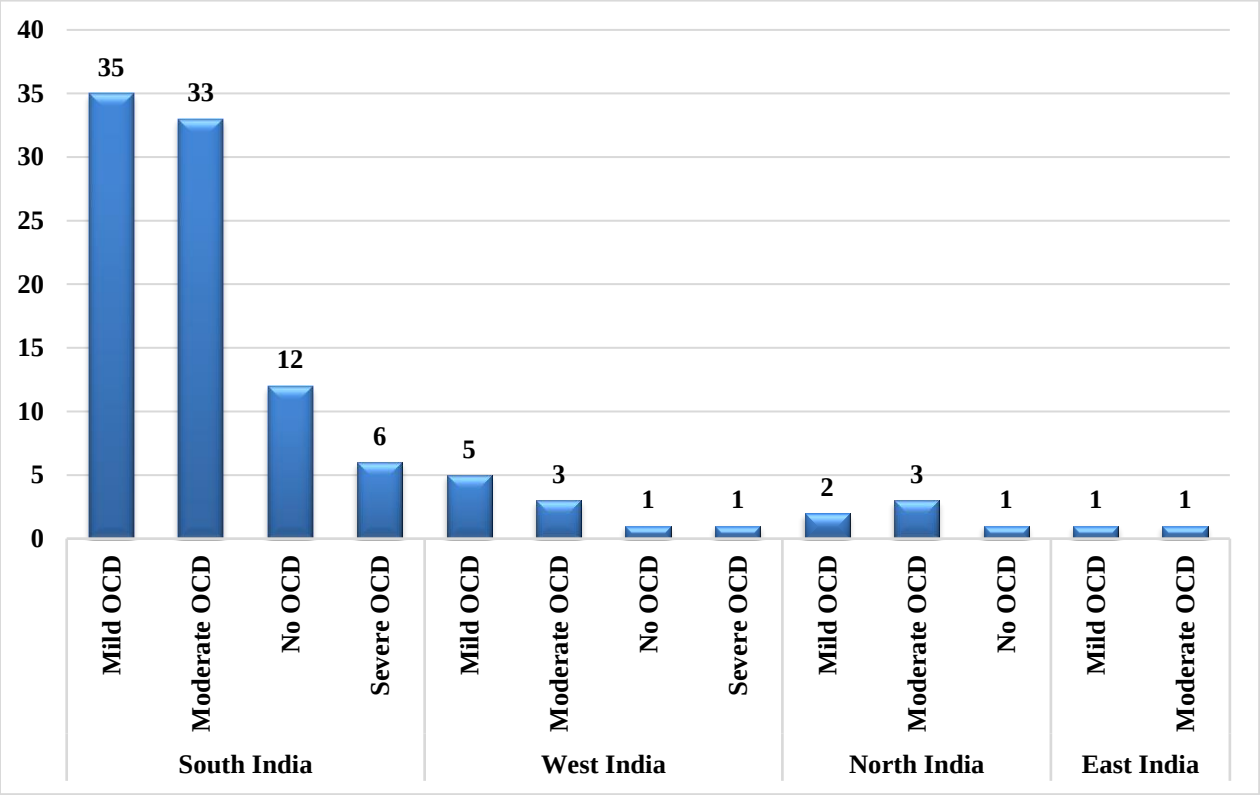


Figure 5 - Relationship between level of OCD and Zone

CONCLUSION

The data was collected from the management students across India, through a questionnaire and analyzed based on the standard questionnaire. The standard data was then compared with other factors like student's background, food habits, drinking habits and their location. When compared with the other factors, the level of OCD was mild with most of the factors.

From the secondary data, we found that the prevalence of OCD in adults is 3.3% and 8.5% in students. From the data we have collected. We can say that majority of the students are in the starting level of OCD which are evidentfrom the above graphs. As the level of OCD is mild in most of the parameters most of the parameters,some basic measures can be taken to overcome it.

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