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

Dissertation Submitted to

**The IIHMR University, Jaipur**

for the partial fulfillment for the award of the degree of

Master of Business Administration (MBA)

in

Pharmaceutical Management

by

Yashi Shrivastav

Under the Supervision and Guidance of

Dr. Ashok Peepliwal

2021

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## DECLARATION BY STUDENT

I hereby declare that this dissertation titled **Evaluation of Different of Obsessive-Compulsive Disorder (OCD) and its Prevalence's Among Management Students** is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Yashi Shrivastav

Date –
01/07/2021

# CERTIFICATE

This is to certify that Yashi Shrivastav in partial fulfillment of the requirements for the award of the degree of MBA (Pharmaceutical Management) from the IIHMR University, Jaipur has successfully completed her/his internship at guidance of Dr. Ashok Peepliwal during March 22, 2021 to June 19, 2021.

Place:
Jaipur

Preceptor/Head of the Organization
Name of the organization

# CERTIFICATE

This is to certify that dissertation titled **Evaluation of Different of Obsessive-Compulsive Disorder (OCD) and its Prevalence's Among Management Students** is a record of the research

work undertaken by Yashi Shrivastav in partial fulfillment of the requirements for the award of the degree of MBA (Pharmaceutical Management) from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

Dr. Ashok Peepliwal

Faculty Guide
IIHMR University, Jaipur

Date – 01/07/2021

Mr. Saurabh Kumar Banerjee

School Dean
IIHMR University, Jaipur

Date- 01/07/2021

# ACKNOWLEDGEMENT

It is great pleasure for me to acknowledge all those who have contributed towards the conception, origin and nurturing of this project.

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It is a delightful moment for me, to put into words all my gratitude to my esteemed guide and preceptor **Dr. Ashok Peepliwal**, Associate Professor, for his inestimable guidance, valuable suggestions and constant encouragement during the course of this study. It is with affection and reverence that I acknowledge my indebtedness to his and his outstanding dedication, often far beyond the call of duty.

At this moment, last but not least, express my heartiest regards to my family and friends for their energetic, moral and economical support that boosted my spirits. It was the blessing of them that gave me courage to face the challenges and made my path easier. It is because of them I have reached the place where I am today.

**Yashi Shrivastav**

# CONTENTS

# INTRODUCTION

Fanatical Compulsive Disorder (or all the more regularly alluded to as OCD) is a genuine tension related condition where an individual encounters successive nosy and unwanted obsessional idea, generally alluded to as fixations.

Fixations are troubling and bring about an individual doing monotonous practices or customs to forestall an apparent damage and additionally stress that first fixations have concentrated on. Such practices incorporate aversion of individuals, places or articles and steady consolation chasing, at times the customs will be interior mental tallying, checking of body parts, or squinting, and these are impulses.

Impulses do carry some alleviation to the trouble brought about by the fixations, however that help is brief and reoccurs each time an individual's over the top idea/dread is set off. Some of the time over the long haul the impulses can turn out to be even more a propensity where the first fanatical dread and stress has been neglected, in this occasion impulses are regularly finished to empower the person to feel 'perfectly', the watchword bein2g 'feel'.

It merits calling attention to that there is once in a while clear connection and rationale between the fixation and impulse, yet different occasions there will be no rationale at all between the two.

Fanatical Compulsive Disorder introduces itself in numerous pretenses, and positively goes a long ways past the normal discernment that OCD is simply a little hand washing, checking light switches or having flawless houses or a quality of a somewhat fussy. person. Indeed, in the event that an individual is enduring with Obsessive–Compulsive Disorder, it will affect on a few or all parts of their day by day life, once in a while getting seriously upsetting prompting some nature of hindrance or even disablement for quite a long time at a time, each and consistently. It is hence and level of effect on an individual that makes OCD an issue.

The condition can be incapacitating to the point that back in 1990 the World Health Organization positioned Obsessive-Compulsive Disorder in the worldwide top ten driving reasons for handicap as far as loss of pay and personal satisfaction. Truth be told, in those days it proceeded to propose that OCD was the fifth driving reason for trouble for ladies in created nations. All the more as of late the World Health Organization proceeded to express that tension issues (counting Obsessive-Compulsive Disorder) are the 6th biggest reason for inability, and that a bigger number of ladies than men are influenced.

The reason for OCD is highly discussed, however it is probably going to result from a blend of components notwithstanding this the reason for one individual may vary from that for another. OCD can run in families and, now and again, might be related with a fundamental biochemical awkwardness in the cerebrum. Mental factors like defenselessness to stress or openness to a sincerely awful encounter are likewise liable to be in proof. Fortunately, for the larger part,

OCD can be adequately controlled and treated.
Types of OCD

There are absolutely no types of OCD, actually speaking. In any case, there are general categories of manifestations that can be displayed as "types." This depends on the analogy of the content of the enthusiastic meetings and the movement the person makes to adapt. A person with OCD can actually have any kind of hyperactivity or any active behavior, however these classes are often seen:

• Aggressive or sexual fantasies - Some forms of self-expression are characterized by fear of harming others, exploding, or having violent, powerful images that will not disappear. These types of similar thoughts can be sexual, for example, fear of sexual misconduct or encountering recurrence, irritating sexual symptoms. These kinds of corrections are often combined with seeking the comfort of one's integrity, but there may be other concepts associated with the mind.

• It hurts friends and family - For some people, the fear is not that they will hurt someone but some kind of damage will go to their friends and family. For example, someone might expect their child to be injured in an automatic hit. Chasing habits can be anything but a habit to be used to keep evil from falling.

• Bacteria and pollution Fear of germs and the need for urgent hand washing are often commonplace with people who have OCD, and it is not uncommon. Many people have decided to have OCDs that are afraid of germs or various forms of contamination and may stay away from conditions and exercise because of this fear. Washing hands and cleansing are also common.

• Doubt and inadequacy of OCD can lead to the recurring perception that a person has not done something correctly or completely. The model could be someone who asks them to close the entrance when they exit. This type of hypothesis often creates urgent diagnostic habits, such as returning to the checkpoint at various times to make sure it is tied up.

• Sin, religion, and moral integrity Some people are unduly pressured or wrong. They can use the request in a hurry or ask for forgiveness several times.

• Order and night Having the requested items "just like that" is a common form of correction for OCD. People with this assumption invest in an unnecessary amount of energy and asking for things or thinking about balance. They can have clear ideas about numbers, examples, and equations.

• Self-Control - The fear of completely letting go and accomplishing something improperly reveals a lot of individual interactions with OCD. A small group may be concerned about crying some day in the sun, while others may be pressured into harming someone, which includes strong correction or sex. Any kind of enthusiastic behavior can follow, however this kind of

preparation can similarly remove the connection, as one can try not to associate with others.

These types of OCD are just a collection of symptoms that are probably the most common. A person with OCD can have any kind of overdose. Various other models include feelings of fear about explicit connections, belief in witchcraft and happy thinking, or exercise in your body, such as examples of breathing or snoring.
Treatment: A particular method used in CBT (Behavioral Therapy) is called openness and responsiveness (ERP) which involves encouraging the person to intentionally encounter situations that cause high thinking and fear ("openness"), without performing regular active demonstrations related to correction ("counteraction counteraction" "), further to find out how to tolerate the discomfort and panic associated with not playing in legal acts. From the beginning, for example, somebody

Medications - The most commonly used instructions are specific serotonin reuptake inhibitors (SSRIs). Clomipramine, a local drug with a class of tricyclic anti-depressants, appears to replenish just as much as SSRIs but the higher side effects do. SSRIs are a second-line treatment for an over-the-counter emergency (OCD) with minimal use and as a first-line treatment for those with a moderate or severe problem. In children, SSRIs can be considered a second-line treatment for those with moderate to severe impedance, based on the effects of unfriendly psychological effects. SSRIs are effective in the treatment of OCD; people treated with SSRIs are almost twice as likely to respond to treatment as those treated with false treatment. Paralysis was shown in both the current minute (6 to 24 weeks) prior to treatment and the onset of suspension with 28-52-week pins.

# LITERATUIRE REVIEW

- Christine Lochner, MA, and Dan J. Stein, MD, PhD 2003, the extreme diversity of high-risk emergency, has made great strides in exposing phenomenology and psychobiology of the issue of enthusiasm for motivation (OCD) recently. From a number of perspectives, such advances recommend the consideration of OCD as a neuropsychiatric component, supported by specific programs that show common symptoms..

- Hannah Nicoles, 2018, What is OCD which was investigated by Timothy J. Legg, PhD, CRNP, expressed that Obsessive-habitual turmoil (OCD) is a psychological wellness condition portrayed by upsetting, meddling, over the top considerations and dreary, enthusiastic physical or mental demonstrations.

- Eric B. Lee | Cherie Hoepfl | Cali Werner | Elizabeth McIngvale, 2019, Research on Obsessive-Compulsive Disorder. Personalized OCD self-care programs can offer affordable treatment to people who may not be close to OCD medical providers, recommending ongoing treatment and helping people to adhere to treatment benefits
- Jedidiah Siev | Keith Lit | Yan Leykin, 2019, Perceived dynamic styles among people with fanatical impulsive and accumulating messes. People with fanatical habitual issue (OCD) and storing issue (HD) battle with dynamic. One possibly significant part of dynamic that still can't seem to be concentrated according to OCD and HD is dynamic style, an attribute like example of reacting that is moderately steady across an assortment of dynamic circumstances.

- Amy M.Rapp, et.al, (2016) Evidence Based Assessment of fanatical habitual problem, Obsessive Compulsive Disorder is a neuropsychiatric sickness that frequently creates in adolescence and furthermore causes weaknesses in populace this audit expresses the organization pragmatics , psychometric properties and impediments of usually use appraisal measure for grown-ups and youth with OCD moreover this survey likewise clarifies about the adjunctive measures that asses significant related factor that is disabilities, family convenience and experiences

- Maay A S, et.al, (2013) Quality of Life in Obsessive Compulsive issues clarifies that ,OCD has significant contact with high sicknesses trouble to really comprehend the extent of OCD on the populace one ought to likewise consider or analyze their Quality of life , in this examination they have inspect the QOL in OCD just as impact combordities remembering the effect of OCD for QOL in OCD has been displayed to improve with prescriptions and with both individual and psychotherapy

- Antti Kivijarvi, et.al, (2019) Quality of Life among youthful Finnish grown-ups not in work or schooling. This article expresses that the assessment of QOL of youthful Finnish grown-ups not in business and instruction is finished by uncovering its critical qualities of Finnish grown-ups who are jobless or clueless, essentially it clarifies how monetary troubles are connected with the reduce capacity to keep up with actual wellbeing with expanded pressure and uneasiness which at last lead to OCD

- JILL N. FENSKE, University of Michigam clinical school, et.al, (2015) Obsessive Compulsive Disorder Diagnosis and Management, this survey expresses that OCD is a constant disease that can cause stamped pain and inability, patient with OCD requires higher SSRI dose and also the medical services experts don't generally perceive the different indication of OCD ,patient with outrageous degree of OCD should way to deal with therapist

- Phillip J. Seibell and Eric Hollander, (2014) Management of Obsessive Compulsive Disorders expresses that OCD is frequently weakening issue portrayed by the presence of fixations and impulses, this examination expresses that the pillars of treatment incorporates psychological conduct treatments and SSRI treatment and furthermore for the treatment opposition OCD there are a few pharmacological systems like Radio and Neurosurgical Procedures, Deep Brain Stimulation and so forth

- T.S. Jaisoorya, et.al, (2017) Prevalence and relates of Obsessive Compulsive Disorder and Sub limit of OCD among undergrads in Kerala, India, this investigation expresses the commonness of OCD and sub edge OCD among school going youthful grown-up matured 18-25 years with the assistance of poll and information assortment and overview

- MemiK, et.al, (2016) Very Early Onset of Obsessive Compulsive Disorder , this contextual investigation expresses the instance of OCD in 3 years multi month old young lady with gigantic crying hollering fit of rage assaults which was additionally treated with fluoxetine and SSRI also this contextual analysis features the issue that OCD may begin from the get-go in lifetime and beginning stage of OCD may genuinely influence the Quality of life of the patient and her family

- Faiz Mosaid Alroquee, et.al, (2018) OCD in Medical Student Prevalence , Symptoms , Severity and Correlates , States the seriousness of OCD among clinical understudies by utilizing Yale Brown Scale and assortment of information through survey which further suggests that gigantic level of were with gentle indications of OCD and large numbers of them were with extreme manifestation

- Albina R. Torres, et.al (2015) Obsessive Compulsive Symptoms in Medical Students Prevalence seriousness and relates clarifies the commonness and seriousness of OCD among clinical understudies through cross sectional investigations and by the utilization of normalized surveys to get information on socio segment attributes of understudies and their family, instructive climate and so forth

- 10.Stephanie Krager, et.al (2000) Prevalence of Obsessive-Compulsive Disorder in Schizophrenia and meaning of Motor indications this examination researches the contrast between schizophrenic subject with or without OCD through normalized instrument and afterward contrasted with respect with engine manifestations

## OBJECTIVES

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

## 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.

**Data collection method**: The data was collected by using standard questionnaire which was circulated among the students via google forms.

**Sample size:** 67 management students.

**Analysis:** Analysis was done by using Microsoft Excel.

**Data collection tool:** Questionnaire.

**Exclusion and Inclusion criteria:** All the respondents were from Pan India are included.

**Study area:** Pan India

# RESULT AND DISCUSSION

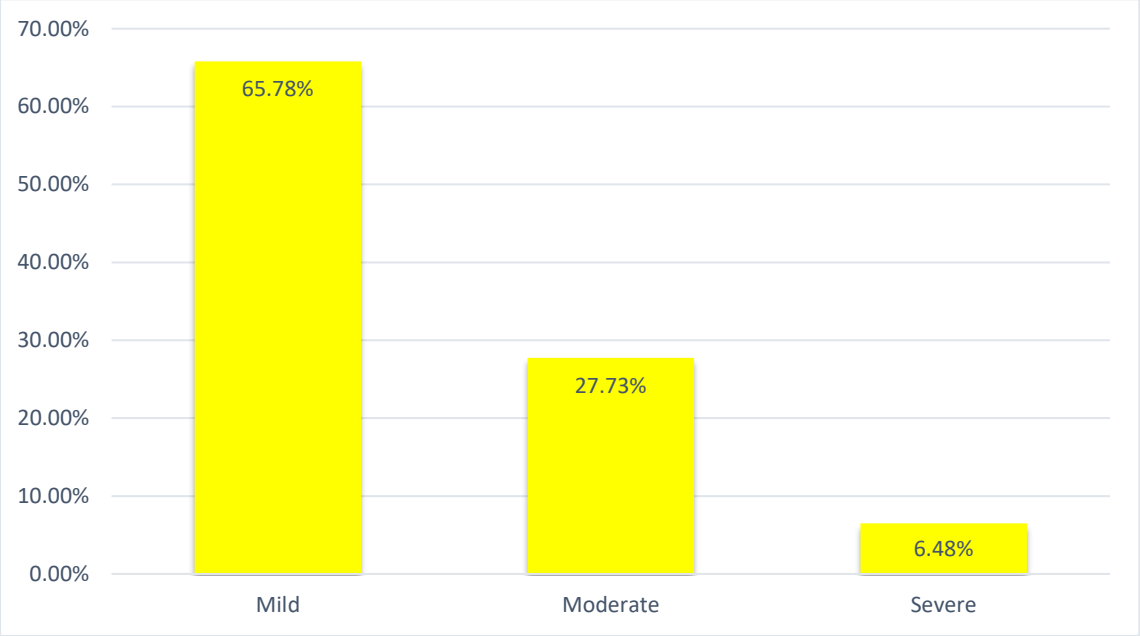
The study included a total of 67 respondents which were evaluated for OCD levels. The respondents included male and female ratio of post-graduate students.
The data was collected using Google forms and evaluated appropriately under the designated sub-heads. Yale brown OCD scale was used as a standardized scale and accordingly the OCD levels were determined in three different levels i.e. Mild, Moderate, Severe.

The OCD levels were then related to different parameters like:

1. Food habits
2. Economic background
3. Drinking habits
4. Zone

## Level of OCD among the population

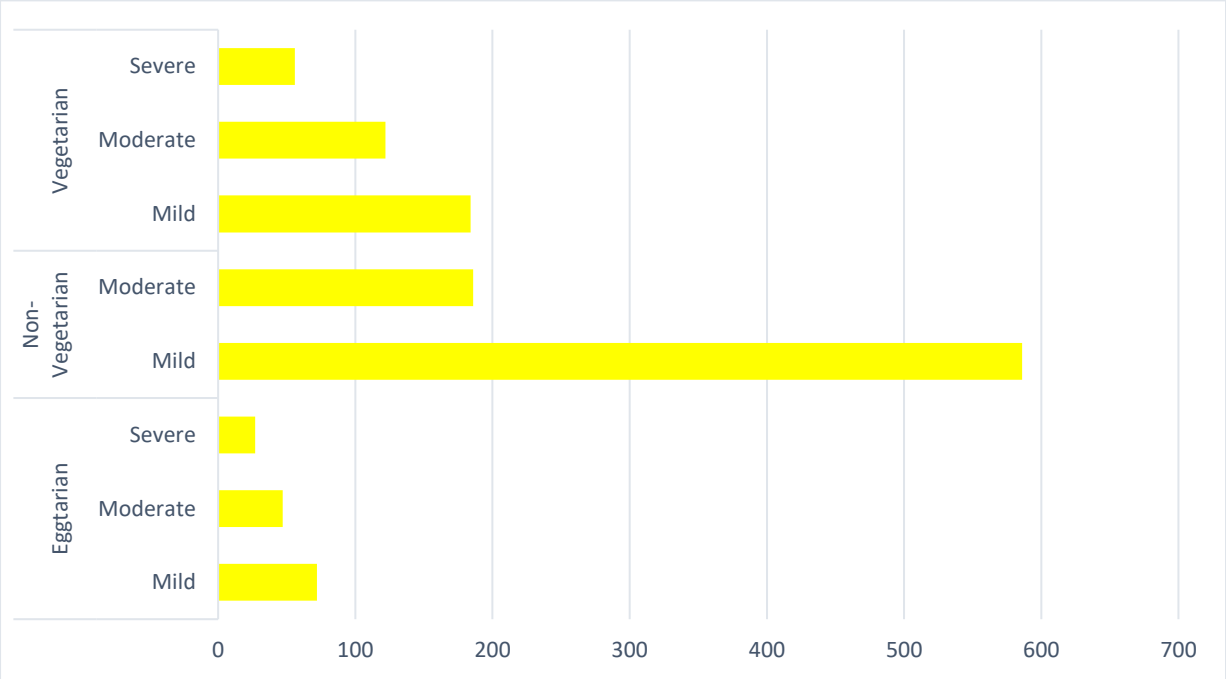
Higher level of Mild OCD was found and moderate level remains moderate and severe were less.




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 can be shown by the above graph.

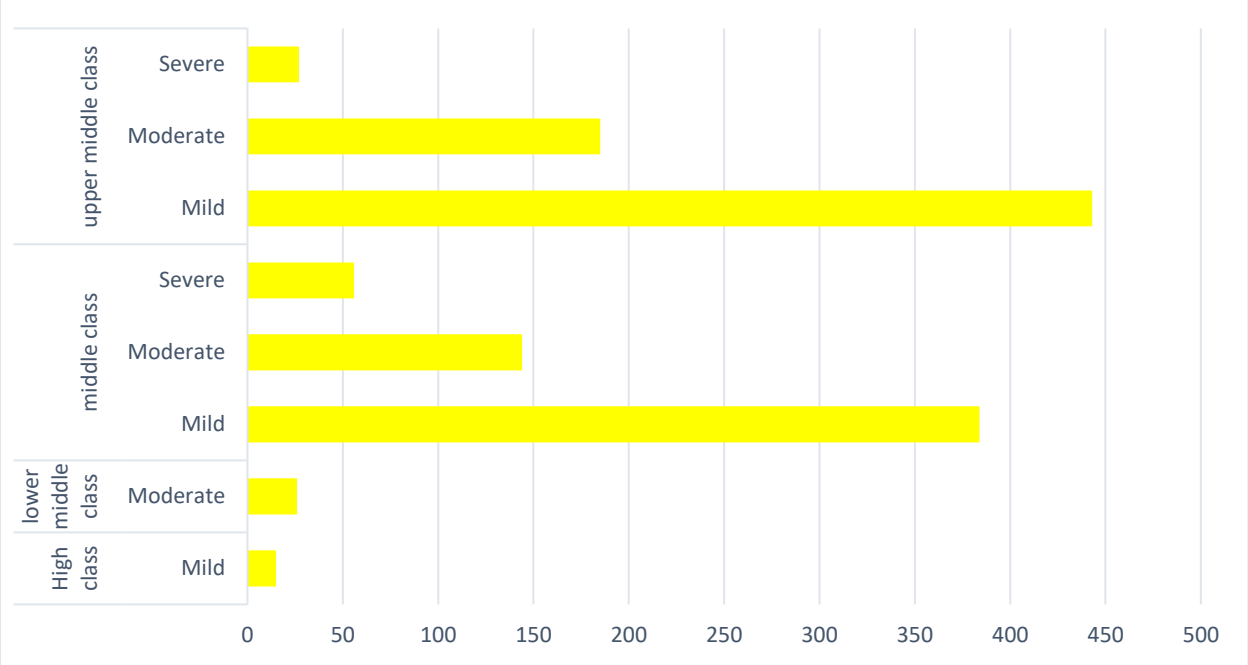
**Relationship between level of OCD and food habits**

When compared between OCD levels with food habits, it was higher in people who are non-vegetarians and it is the starting level of OCD.



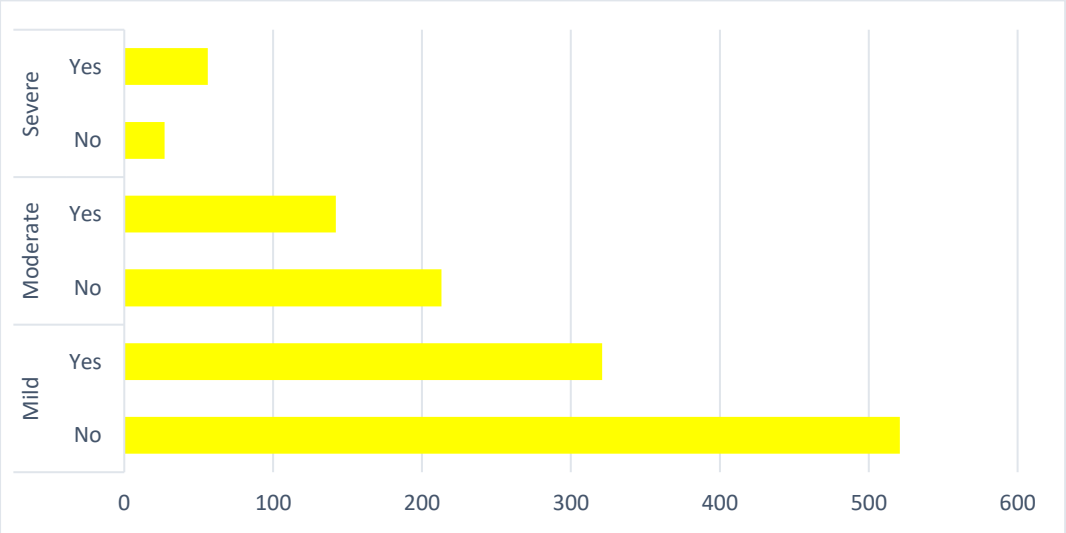

**Relationship between level of OCD and economic background**

When compared between level of OCD and economic background, it was consistently higher in people from upper middle class and middle class



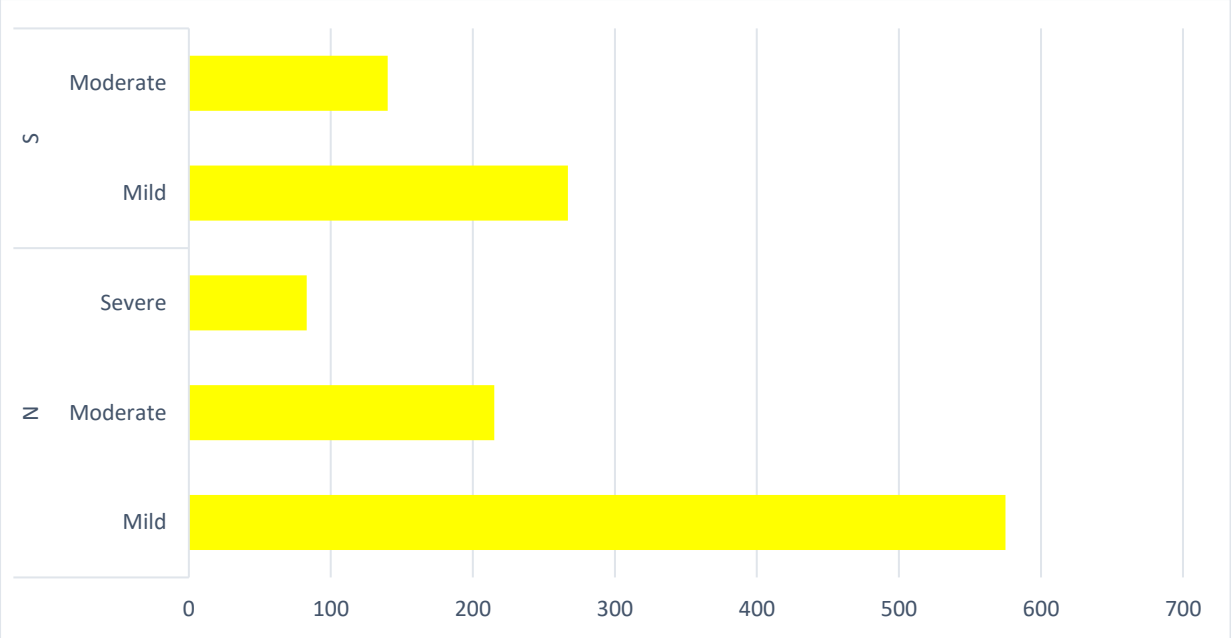

**Relationship between level of OCD and drinking habits**

Students with OCD were not attributed to alcohol consumption habits. There were considerably low levels of OCD among alcoholics.




**Relationship between level of OCD and Zone**

Higher level of Mild OCD was found in North zone than that of Southern part of India, where N was considered for North and S for South.


S
Moderate
Mild
N
Severe
Moderate
Mild
0
100
200
300
400
500
600
700

# CONCLUSION

The data was collected from Management students of various college, through a questionnaire and analyzed based on the standard questionnaire. The standard data was 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, I 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 can be shown by the above graphs.

With the data like this, many conclusions can be drawn at a same time. Hence, further study with individual parameter will help to analyze in a better way. Also, in most of the parameters, the level of OCD is mild. Hence, some basic parameters can be taken to overcome it.

# REFERENCES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- Hannah Nicoles, What is OCD which was explored by Timothy J. Legg, PhD, CRNP, 2018.

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- Albina R. Torres, et.al, Obsessive Compulsive Symptoms in Medical Students Prevalence, 2015.

- Stephanie Krager, et.al, Prevalence of Obsessive-Compulsive Disorder in Schizophrenia, 2000.

# QUESTIONNAIRE

Location 1

1. Where do you think you come from?

_____

2. Economically I am

o The upper class

o Senior staff category

o Intermediate phase

o The lower class of staff

3. Eating habits?

O Veggie sweetheart

o Vegetables

4. Do you drink alcohol?

o Yes

o No.

5. Do you know about OCD?

o Yes

o No.

2nd place

1. How much time do you spend on extremes?

None

o 0-1 hours / day

o 1-3 hours / day

o 3-8 hours / day

o More than 8 hours / day

2. How much of your enthusiasm for meetings affects your personal, social, or physical well-being?

None

o Omnene

o Absolutely but it makes sense

o Great restriction

o Very much

3. How much do you worry about excessive thinking?

None

O Less

o Rated but reasonable

o Very much

o Almost permanent disability

4. How often do you try to argue with your fix?

o Always

o Rare

o Sometimes

o Not so much

o Never

5. How much control do you have over your excessive behavior?

o Total management

o Highly controlled

o Some control

O Less

o No control

6. How much time do you spend on building emergency gatherings?

None

o 0-1 hours / day

o 1-3 hours / day

o 3-8 hours / day

o More than 8 hours / day

7. How much do your emergency procedures affect your own, social, or health?

None

o Omnene

o Absolutely but it makes sense

o Great restriction

o Very much

8. How much does your unreasonable thinking bother you?

None

O Less

o Rated but reasonable

o Very much

o Almost permanent disability

9. How often do you try to refute your ideas?

o Always

o Rare

o Sometimes

o Not so much

o Never

10. How much control do you have?

o Total management

o Highly controlled

o Some control

……