



## Quality of life of obsessive compulsive disorder patients and normal persons in relation to their gender

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### ABSTRACT

The present research paper is an attempt to find out the quality of life of obsessive compulsive disorder (OCD) patients and normal persons in relation to their gender. For this purpose, the sample was consisted of 80 subjects of age range 25-50 years of age. There were two independent variables. The first independent variable was gender and the second independent variable was type of category; at two level i.e., obsessive compulsive disorder (OCD) patients and normal persons. Each group of subjects was consisted of two gender group; they was male 40Ss and female 40Ss. In this way a 2x2 factorial design was employed with 20Ss in each cell. The quality of life subjects was measured by PGI Quality of life scale constructed by Dr. S.K. Verma, A.C. Moudgal & Mrs. Kuldip Kaur. Obtained data were analysed by Mean, S.D and ANOVA. The results indicated that there appears to be a significant differences of gender on quality of life of obsessive compulsive disorder (OCD) patients and normal persons.

### INTRODUCTION

On the health bases, Quality of life (QOL) is often regarded in terms of how a certain ailment affects a patient on an individual level. This may be a debilitating weakness that is terminal illness; the predictable, natural decline in the health of an elder; an unforeseen mental/physical decline of a loved one; or chronic, end-stage disease processes. Quality of life (QOL) was later applied to compare several anti-hypertensive medications in term of functioning, Well-being, and life satisfaction (**Patrick and Erickson 1993**). Life has two dimensions; quantity and quality. Quantity of life is expressed in terms of "hard" biomedical data, such as mortality rates or life expectancy. Quality of life refers to subjective evaluation of life in general. It encompasses, though, not only the subjective sense of well-being but also objective indicators such as health status and external life situations. **Aaronson et al. (1988)** suggested that the assessment of quality of life should comprise at least the following four domains:-Physical status, Disease and treatment related physical symptoms, Psychological functioning and Social functioning.

Additional domains that are of particular relevance to specific demographic, cultural, or clinical populations (such as body image, sexual function or sleep) may sometimes need to be included in the assessment to increase the information. "Quality of Life is tied to perception of 'meaning'. The quest for meaning is central to the human condition, and we are brought in touch with a sense of meaning when we reflect on that which we have created, loved, believed in or left as a legacy." (**Frankl VE. New York: Pocket Books, 1963**).

The purpose of the Quality of Life (QOL) is to provide a tool for community development, which can be used to monitor key indicators that encompass the social, health, environmental and economic dimensions of the quality of life in the community. The QOL can be used to comment frequently on key issues that affect people and contribute to the public debate about how to improve the quality of life in the community. It is intended to monitor conditions that affect the living and working conditions of people and focus community action on ways to improve health.

Other indicators like economic situation, housing and local environment, employment, education and skill, household structure and family relations, work-life balance, health and health care, subjective wellbeing and perceived quality of society. . . “ Quality of life is the product of the interplay among social, health, economic and environment conditions which affect human and social development” (**Ontario Social Development Council, 1997**). Measures of broader health status (often wrongly referred to as health related quality of life), depression scales and scales of physical functioning (activities of daily living and instrumental daily living) generally referred to negatively as scales of disability) as patient/client-based outcome indicators of health and social care interventions (**McKevitt et al. 2002**). Researchers at the University of Toronto's Quality of Life Research Unit define quality of life as "The degree to which a person enjoys the important possibilities of his or her life" (UofT). Their Quality of Life Model is based on the categories "being", "belonging", and "becoming"; respectively who one is, how one is not connected to one's environment, and whether one achieves one's personal goals, hopes, and aspirations.

### **GENDER AND QUALITY OF LIFE (QOL)**

Gender differences in perception of quality of life in adults of chronic conditions have a negative impact on quality of life. Furthermore, this impact appears to be different in males and females, but it is not yet clear what factors may mediate this relationship. Females with chronic health conditions had poorer quality of life in the physical and psychological domains as compared to males with chronic health conditions. The difference between male and female patients in the psychological domain disappeared when the analysis was adjusted for confounding factors such as age, presence of a chronic health condition, socioeconomic status, and depressive symptoms (**Neusa et al., 2014**). **Jane et al., (2006)** ,the impact of obsessive compulsive disorder on quality of life are markedly affected in females with obsessive compulsive disorder and are associated with OCD severity (particularly obsessional severity) and depression severity. **Koran et al. (1996)**, quality of life in OCD and found that the disorder had a marked negative impact of female on quality on life.

Quality of life of relatives of female patients with obsessive-compulsive disorder was significantly lower in the domains of physical well-being, psychological well-being, and social relationship (**Stengler-Wenzke et al., 2006**). Male patients are more likely than females to be single, present early onset of symptoms and chronic course of the disorder, greater social impairment, more sexual-religious and aggressive symptoms, and greater comorbidity with tic and substance use disorders. Female patients present more contamination/cleaning symptoms and greater comorbidity with eating and impulse-control

disorders. Genetic and family studies are inconclusive, but suggest that gender may play a role in the disease expression (Maria et al., 2011). Some indirect indicators of a higher negative impact of OCD among male sufferers.

### **OBSESSIVE COMPULSIVE DISORDER (OCD) AND QUALITY OF LIFE (QOL)**

Quality of life in obsessive compulsive disorder severity was negatively correlated with emotional health, social functioning and general health QOL. Depressive symptoms mediated the relationship between obsessive-compulsive symptom severity and emotional health, social functioning and general health QOL (Brittany et al., 2013). Quality of life is most consistently associated with depression. They also found that patients have multiple social and work related problems associated with obsessive compulsive disorder (Steffen 2008). Low level of quality of life in OCD patients shows that people living with obsessive compulsive disorder are suffering distress, intrusive, repetitiveness of thoughts and they know that thoughts are inappropriate and senseless and they want to resisted these type of thoughts and they are feel severe anxiety, called it obsessions. When the OCD patients do not act related to obsession they are stressful and satisfied then they are doing the act for our obsession (that is called compulsion) and they are satisfied and relief. OCD patients life style is disturb for these causes so this is the major causes of OCD patients score is lower than normal persons. Among key relatives of OCD patients(N=32), more than one-third reported a moderate to severe burden, including difficulty taking trips, poor social relationship and neglect of hobbies (Wenzke et al., 2007).

Quality of life is an important component that measures the impact of obsessive compulsive disorder on an individual and quality of life goals must be incorporated as an outcome measure of the therapeutic interventions (Subramaniam et al., 2013).

### **METHODOLOGY**

#### **Research problem**

To study the effect of gender on quality of life of obsessive compulsive disorder (OCD) patients and normal persons.

#### **Hypothesis**

The study was guided by the null hypothesis that there will be no significant effect of gender on quality of life of obsessive compulsive disorder (OCD) patients and normal persons.

#### **Sample**

The sample for the study was consisted of 80 subjects of age 25- 50 years, who were randomly taken from hospitals, clinics, rehabilitations centres and local areas of Meerut city. These subjects were consisted of two type of category; obsessive compulsive disorder (OCD) patients and normal persons. Each group of consisted of two group of gender , they were male (40Ss) and female (40Ss). In this way a 2x2 factorial research design was employed in this research. All the subjects were in government and private sector and belonging to medium economic status.

#### **Tools**

Following tool were used the measurement of variables under study.

1. Case record sheet : It was used to get general information about subjects, like name, age, gender, occupation, type of family, and so on.

2. PGI Quality of life scale developed by Dr. S.K. Verma, A.C. Moudgal & Mrs. Kuldip Kaur. The scale includes 26 items based on some parameters. The scale had high reliability and validity.

#### Procedure for data collection and statistics

The data was collected individuals personally at the institute and home, established rapport and explained them ( the caretakers of the obsessive compulsive disorder (OCD) patients) the need of the present study. Each subject was administered the schedule individually and the information was collected from each subjects after the random selection from different places. The obtained data was statistically analyzed by mean, SD, and ANOVA.

#### RESULT AND DISCUSSION

The main purpose of the present study was to study the effect of gender on quality of life of obsessive compulsive disorder (OCD) patients and normal persons. The whole data was obtained by using the PGI Quality of life scale developed by Dr. S.K. Verma, A.C. Moudgal & Mrs. Kuldip Kaur. The obtained data on Quality of life was systematically tabulated and organised and statistically treated in term of mean, SD and ANOVA and interpreted in the light of obtained results as indicated in following table-1 and table -2 :

**Table -1 Showing ANOVA Quality of life Score of Gender on Quality of life of obsessive compulsive disorder (OCD) patients and normal persons.**

Source of Variation	Score of Variation	Df	MS	F	P Value
Gender (A)	15042.615	1	15042.615	237.00**	P<0.01
OCD/ Normal persons (B)	26608.515	1	26608.515	419.23**	P<0.01
Interaction (AxB)	4161.61	1	4161.61	65.57**	P<0.01
With in Group	4823.95	76	63.47		
Total	50636.69	79			

\*\* Significant at 0.01 level of confidence.

**Table -2 Showing Mean and SD value Quality of life Score of Gender of obsessive compulsive disorder (OCD) patients and normal persons.**

S.No.	Variable	Level	Mean Value	SD Value
1.	Gender	Male	96.15	68.39
		Female	68.72	49.09

### Gender and Quality of life ( QOL)

The study of table no-1 indicated that the obtained F- value for gender group was found significant effect of gender on quality of life (QOL) of obsessive compulsive disorder (OCD) patients and normal persons at 0.01 level of significance [F(76,1)= 15042.615; P<.01]. This means that gender was found to be significantly influencing quality of life (QOL) of obsessive compulsive disorder (OCD) patients and normal persons. From the table 2 is also showing the Mean and SD value of Quality of life (QOL) scores indicated that the group of Male subjects (M=96.15) and (SD= 68.39) were showing significantly higher quality of life (QOL) than Female subjects (M= 68.72) and (SD= 49.09). This indicated that gender group were differ significantly in Quality of life (QOL) of obsessive compulsive disorder (OCD) patients and normal persons.

**Table -3 Showing Mean and SD value Quality of life Score of type of category of obsessive compulsive disorder (OCD) patients and normal persons.**

S.No.	Variable	Level	Mean Value	SD Value
2.	Type category of	Obsessive compulsive disorder (OCD)	64.2	46.25
		Normal persons	100.67	71.46

### Obsessive compulsive disorder (OCD) and quality of life (QOL)

From the table-1 showing summary of ANOVA for the score of quality of life (QOL) on the category group indicated the obtained F-value was found to be significantly effective on quality of life (QOL) of obsessive compulsive disorder (OCD) patients and normal persons at 0.01 level of significance [F(76, 1)= 26608.515; p<0.01]. This means that obsessive compulsive disorder (OCD) was to be found significantly influencing quality of life (QOL) of subjects. From the table 3 is also showing the Mean and SD value of Quality of life (QOL) scores indicated that the normal persons (M=100.67) and (SD= 71.46) were showing significantly higher quality of life than obsessive compulsive disorder (OCD) patients (M= 64.2) and (SD= 44.25), Who have shown lowest quality of life mean score and SD value. This indicate that two group differ significantly in quality of life (QOL) of the subjects.

### Gender and Obsessive compulsive disorder (OCD)

From the table-1 showing summary of ANOVA for interaction between gender and type of category group (obsessive compulsive disorder (OCD) and normal persons) indicated that the obtained F- value was found to be significantly effective on quality of life (QOL) of subjects at 0.01 level of significance [F(76, 1)= 4161.61; p<0.01]. That mean, the gender and type of category (obsessive compulsive disorder (OCD) patients and normal persons) interact significantly influence quality of life (QOL) of obsessive compulsive disorder (OCD) patients and normal persons.

## CONCLUSION

On the basis of the above results and discussion it can be concluded that, there is significantly influences quality of life (QOL), which indicate that people living with obsessive compulsive disorder (OCD) less quality of life (QOL) in comparison to those who living with not obsessive compulsive disorder (OCD). So quality of life (QOL) can shift all of the time from events, situations, family and friend and may different things that all must be taken into consideration.

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