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Research Article

Prevalence of Obsessive-Compulsive Disorder Symptoms in a Sample of Medical Students in Iraq

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Abstract

Background: Obsessive-compulsive disorders (OCD) is a common mental health condition where a person has obsessive thoughts and compulsive behaviors. The worldwide prevalence of OCD is approximately 2% of the general population.
Objective: To assess prevalence of obsessive-compulsive disorder symptoms in a sample of medical students in Iraq.
Methods: A cross-sectional study design with a convenience sampling method, was conducted on 414 Iraqi medical students during the period from 1st November, 2022 to 28th February, 2023. Data were collected using a structured questionnaire submitted online. The questionnaire consisted of two parts: The first included socio-demographic characteristics (age, gender, college year, residence, marital status) and risk factors, whereas the second part consisted of 20 items from the Revised Arabic Scale of Obsession-Compulsion.
Results: It was found that (38.9%) of participants had OCD symptoms. The overall weighted mean and standard deviation, was 2.13 ± 0.599, so any mean equal to or exceeding this value was highly indicative of OCD (and is considered the cut-off point). Significant associations were found between positive family history of OCD, age, college year, and OCD symptom score.
Conclusion: OCD symptoms were found in over one third of the Iraqi medical students included in the study. A positive family history of OCD, younger age, and early college years seem to be associated with higher OCD symptom scores.

Keywords: Medical Students; Obsessive-compulsive symptoms; Revised Arabic Scale of Obsession-Compulsion.

Introduction

Obsessive-compulsive disorder (OCD) is a common mental health condition where a person has obsessive thoughts and compulsive behaviors. Some people develop symptoms early, often near puberty, but it usually starts during early adulthood. OCD prevalence varies with age, geographic regions, gender, and others. The OCD lifetime prevalence is estimated to be approximately 2% of the population (1-3).
At its most severe form, OCD can impact someone's ability to work, care for themselves and perform at school. People with severe OCD have obsessions with cleanliness and germs leading them to take showers, wash hands, not leaving home for fear of contamination or cleaning their homes for hours a day. They may have obsessions about bad thoughts and persuade themselves that they have committed crimes or made big mistakes at work, and then have compulsions about apologizing or asking forgiveness (4).

In the fifth edition of the Diagnostic and statistical manual of mental disorders (DSM), "OCD has become the first item in a separate category under the name: Obsessive-Compulsive and Related Disorders" (5). It includes OCD, hoarding disorder, body dysmorphic disorder, and body-focused repetitive behaviors such as trichotillomania, excoriation, onychophagia, substance/medication – induced obsessive-compulsive and related disorders (5,6).
During the literature review of some Iraqi studies that were conducted to find the OCD prevalence, it was found that Taher et al, reported 707 out of 1644 undergraduate medical students during the COVID-19 pandemic to have OCD symptoms (43%) using the Obsessive-Compulsive Inventory-Revised scale (OCI-R), and Abas et al, found that 26 out of 102 psychology students had severe OCD using the Yale-Brown OCD Scale (YBOCS) (7,8) The

prevalence of probable OCD in medical colleges was 6% in another study carried by Hama et al, using the Obsessive-Compulsive Inventory-Revised scale (OCI-R) (9).

Data on the prevalence and correlates of anxiety, mood, behavioral, and substance disorders are presented from a 2007-8 national survey of the Iraqi population, the Iraq Mental Health Survey (IMHS), in which Alhasnawi et al, showed that the prevalence of probable OCD 3.6%.[10]

The current study is one of the few studies conducted in Middle East and the first study in Iraq, undertaking the assessment of OCD symptoms using the Revised Arabic Scale of Obsession-Compulsion (ASOC-R) as indicative of the presence of OCD symptoms in the population. The scale used simple statements, without using negatively worded questions, used five questions as distracters, to avoid the double negatives, and used multiple response alternatives. It has good internal consistency, high concurrent validity, and very high factorial validity, and the accessibility of two equivalent Arabic and English forms (11).

Aim of this study **to** assess prevalence of Obsessive-Compulsive symptoms among medical students in Iraq, using Revised Arabic Scale of Obsession-Compulsion.

Subjects and Method

Study Design: A cross-sectional study design using a convenience sampling method was used to measure the prevalence of the obsessive-compulsive symptoms among medical students at Baghdad, Al-Kindy, Al-Mustansiriyah and Al-Nahrain Medical Colleges, from first to sixth year, during the period from 1st November, 2022 to 28th February, 2023.

Population and Study Sample: The total number of the target population was 13580 medical students, the calculated sample size was 374 with a confidence level of 95%, margin of error of 5%, and population proportion of 50%. The actual number of the participants was 414 medical students, from the four medical colleges.

Inclusion criteria: Medical students from Baghdad, Al-Kindy, Al-Mustansiriyah and Al-Nahrain medical colleges from first to sixth year, who were willing to participate in the study.

Exclusion criteria: Medical students from other Iraqi medical colleges.

Tools and Data Collection: The data was collected using a structured questionnaire which consisted of two parts: Part 1 included socio-demographic characteristics (age, gender, college year, residence, marital status), having a relative with OCD, had been diagnosed as OCD, and having associated psychological symptoms. Part 2 consisted of the 20 items of revised ASOC. A short text on the objectives of the study was provided to the students at the head of the questionnaire and they had the right to decide if they want to participate in the study and answer the questionnaire, or not. The questionnaire was distributed in Telegram groups by students' representatives in each college from the first year to the sixth-year groups. The data was collected online on internet through Google form.

Scoring: the revised ASOC consists of 25 items but five of them were distracters and had been excluded from the total score (Items number: 1, 5, 12, 17, and 20), the remaining 20 items are positive indicators of OCD symptoms (11).

The scores are calculated by adding the item scores on the 20 items. Each item of the revised ASOC was answered on a 4-point Likert-type scale: 1 (No), 2 (Some), 3 (Much), and 4 (Always), using the weighted mean for the Likert scale as shown in **Table1**. The total score could range from (20 - 80), the higher scores (more than 2.5) indicating higher OCD symptoms. The ASOC-R was used as a trait scale. The cutoff score was 45.825 which was used to highly indicate OCD symptoms.

Table1: Using a four-point Likert scale (extent of OCD)

Weight	Range of mean values	Range Adjectival	Interpretation of attitude
4	3.25 - 4	Always	High rate of OCD
3	2.50 - 3.24	Much	Moderate rate of OCD
2	1.75 - 2.49	Sometimes	Low rate of OCD
1	1 - 1.74	No	No symptom of OCD

Calculating prevalence: The prevalence of a health outcome is the proportion of individuals with the health outcome in a population.

Ethical approvals: An official permission to conduct the study was obtained from the ethical committee of College of Medicine, University of Baghdad (issue No. 185A). As for ethical issues (human subject protection), the participants' names, religions or ID numbers were not required, so the questionnaire keeps the participants' anonymity.

Data analysis: This was performed using IBM SPSS (Statistical Package for the Social Sciences) version 27 Multilingual. Descriptive statistics used were mean and standard deviation for numerical data, while categorical data were represented by frequency tables. Association between categorical variables was performed using the Chi-square test and the difference between means was performed using the Student t-test for independent samples considering P value ≤ 0.05 as significant.

Results:

The 414 students included in the study were distributed on the grades as follows (43 from 6th year, 73 from 5th year, 101 from 4th year, 54 from 3rd year, 111 from 2nd year, and 32 from 1st year). About two-thirds (65.9%) were females, (3.6%) were engaged, (45.7%) were from Baghdad medical college, (76.1%) reside in Baghdad, 72 (17.4%) were previously diagnosed as having OCD, (64.5%) of these 72 participants received medical care and treatment, table2.

Table 2: Descriptive statistics for the study group

Variables	Categories	No.	%
Gender	Male	141	34.1
	Female	273	65.9
Age in years	18 - 20	189	45.7
	21 -22	159	38.4
	23 -24	66	15.9
Marital status	Single	399	96.4
	Engaged	15	3.6
University/ College of Medicine	Baghdad	189	45.7
	Kindy	16	3.9
	Nahrain	133	32.1
	Mustansiriyah	76	18.4
College grade	1st	32	7.7
	2nd	111	26.8
	3rd	54	13.0
	4th	101	24.4
	5th	73	17.6
	6th	43	10.4
Had been diagnosed with OCD	Yes	72	17.4
	No	342	82.6
Associated psychological Symptoms	Depression	74	17.9
	Anxiety	86	20.8
Residence	Baghdad	315	76.1
	Others governates	99	23.9
Have a relative with OCD	Yes	31	7.5
	No	270	65.2
	Not sure	113	27.3
Have a friend with OCD	Yes	76	18.4
	No	149	36.0
	Not sure	189	45.7

For obsession symptoms, the highest mean scores distribution ± standard deviation were seen on the questions 6, 8, 10, and 18. For compulsive symptoms the highest were seen on questions 7 and 23. Low rates of hoarding OCD symptoms were found that were related to revised ASOC scale, question 11. The overall average of weighted mean and standard deviation, was 2.13 ± 0.599 for all items of OCD, so any mean ≥ 2.13± 0.599 highly indicates OCD, table3.

Table 3: Mean scores ± standard deviation of all students' answers (n= 414)

Question	Mean	± SD
1. I am happy with my lifestyle	excluded	
2. Before going to sleep, I check several times to make sure that the doors are closed	1.81	0.911
3. I keep thinking about particular sentences or words	2.45	0.997
4. I like strict discipline	2.48	0.953
5. I feel optimistic about the future	excluded	
6. Trivial things preoccupy me and dominate my thoughts	2.62	1.027
7. I wash and clean obsessively	1.70	0.906
8. My problem is reviewing things repeatedly	2.23	1.061
9. I count unimportant things	1.87	1.024
10. Repetitive thoughts press into my min	2.61	1.018
11. I like collecting and saving many things	2.09	1.045
12. Life seems beautiful to me	excluded	
13. I think of ugly things that I can't talk about	2.14	1.040
14. Trivial ideas dominate me and keep annoying me for days	2.33	1.046
15. have to repeat the same actions such as touching, counting or washing	1.71	0.981
16. It is difficult for me to make decisions	2.38	0.949
17. I am satisfied with myself	excluded	
18. I care about small details	2.80	0.981
19. I am an obsessive person	1.97	0.975
20. I feel comfor**Table**and reassured	excluded	
21. I collect things I don't need	1.72	0.938
22. I feel compelled to do certain things	2.16	1.024
23. I have to do things many times to make sure they are accurate	2.15	1.020
24. I wash my hands more often, or for longer than necessary	1.69	0.960
25. I repeatedly check doors, windows and drawers	1.68	0.924
Weighted mean ± SD	2.13	0.599

Significant statistical associations were found between positive family history of OCD, younger age group, 2nd college year, and OCD symptom score, table4.

Table 4: The mean scores of OCD symptoms in relation to studied variable

(Socio-demographic characteristics)	Categories	Total mean scores of OCD symptoms		
		Mean	SD	*P* value
College year	1st	2.21	0.480	0.055
	2nd	2.27	0.625	
	3th	2.10	0.516	
	4th	2.01	0.629	
	5th	2.09	0.572	
	6th	2.09	0.638	
Age in year	18-20	2.22	0.579	0.022*
	21-22	2.05	0.598	
	23-24	2.06	0.631	
Gender	male	2.06	0.601	0.093
	female	2.17	0.596	
Marital status	Single	2.13	0.599	0.759
	Engaged	2.01	0.585	
Family history of OCD	Yes	2.37	0.649	0.006*
	No	2.05	0.604	
	Not sure	1.89	0.593	
Associated psychological symptoms	Depression	2.21	0.535	0.021*
	Anxiety	2.02	0.523	
Friend with OCD	Yes	2.24	0.643	0.004*
	No	1.99	0.580	
	Not sure	1.95	0.521	

Statistically significant at P ≤ 0.05

The mean and standard deviation of the total score for the whole sample was 42.59 ± 11.982. The mean and standard deviation, of the group without OCD symptoms was 40.87 ± 11.424, while the mean and standard deviation, of group with OCD symptoms was 50.78 ± 11.221. The average of the two above means was 45.83 (≈ 46) which was considered by the research team to be highly indicative of OCD in the study population. Accordingly, it was found that 161 (38.9%) were having OCD symptoms. Those who were (18-20) years old had the highest mean score of OCD symptoms. Females had a higher mean score of OCD symptoms than males. Medical students from Baghdad medical college had the highest percentage of OCD symptoms prevalence (42.2%). Medical students from 1st and 2nd College year were more liable to have OCD symptoms with (46.9%) and (45.0%), respectively, table 5.

Table 5: Frequency of the studied variable with OCD symptoms according to the cutoff point used

Variables	Categories	Mean score of OCD symptoms		Total (100%)	*P* value
		<46 (%)	≥46 (%)		
Gender	Male	94 (66.7)	47 (33.3)	141	0.096
	Female	159 (58.2)	114 (41.5)	273	
Age	18-20 years old	105 (55.6)	84 (44.4)	189	0.031*
	21-22 years old	105 (66.0)	54 (34.0)	159	
	23-24 years old	43 (65.2)	23 (34.8)	66	
Marital status	Single	242 (60.7)	157 (39.3)	399	0.607
	Engaged	11 (73.3)	4 (26.7)	15	
University	Baghdad	109 (57.7)	80 (42.2)	189	0.063
	Kindy	12 (75.0)	4 (25.0)	16	
	Nahrain	78 (58.6)	55 (41.4%)	133	
	Mustansiriyah	56 (73.7)	20 (26.3)	76	
College year	1st	17 (53.1)	15 (46.9)	32	0.05*
	2nd	61 (55.0)	50 (45.0)	111	
	3th	34 (63.0)	20 (37.0)	54	
	4th	72 (71.3)	29 (28.7)	101	
	5th	41 (56.2)	32 (43.8)	73	
	6th	28 (65.1)	15 (34.9)	43	
Family history of OCD	Yes	12 (38.7)	19 (61.3)	31	0.002*
	No	180 (66.7)	90 (33.3)	270	
	Not sure	61 (54.0)	52 (46.0)	113	
Associated psychological symptoms	Depression	31 (41.9)	43 (58.1)	74	0.003*
	Anxiety	38 (44.2)	48 (55.8)	86	
Friend with OCD	Yes	41 (53.9)	35 (46.1)	76	0.004*
	No	107 (71.8)	42 (28.2)	149	
	Not sure	105 (55.6)	84 (44.4)	189	
Total		253 (61.1)	161 (38.9)	414	

**Statistically significant at P ≤ 0.05*

Discussion

The value of the weighted mean ± standard deviation found by the current study indicates a low rate for all dimensions of OCD symptoms in the study group. It was higher than that reported by the Saudi Arabia study (1.55 ± 0.360) (12). The point prevalence rate of OCD symptoms in the current study was lower than that reported by two Iraqi studies Taher and Abas (7,8) and two Saudi Arabia studies (Amer et al[13] and Khalaf et al[14]) who reported prevalence rates of (35.3%) and (36.2%) respectively and one study reported stress as the most prevalent complaint (23.7%)(7). Hama, found that the prevalence of probable OCD in medical colleges was 6% (9), and Alhasnawi et al showed that the prevalence of probable OCD was 3.6% in the general population (10). We believe that this may have resulted from sectarian violence, internal displacement, and an increase of poor economic status which occurred over during the past years (15-18). It may also be attributed to the COVID-19 pandemic, as it was reported that people both with and without OCD prior to the COVID-19 pandemic showed a regression of the OCD symptoms during the pandemic (7,19,20).

The predominance of female medical students with OCD symptoms is concomitant with the results of other studies (5,7,21,22,23); although no significant association was found between gender and total mean scores of OCD symptoms. This result may be due to the predominance of females in the study group.

A significant association was found between positive family history and students' scores of OCD symptoms which is in alliance with other studies (7,21,22,23). In the current study, students with OCD symptoms were significantly younger than students without OCD symptoms, which is in alignment with the findings of an Iraqi study (5); whereas others studies found no association between age and the total mean scores for OCD symptoms (22,23,24). A significant association was found between the total mean scores of OCD symptoms and college year. The authors hypothesize that this was because students in earlier college years struggle with social adaptation and the challenging and stressful initial years of study. This result is in alliance with the findings of an Iraqi study by Taher et al (7), and a Saudi Arabia study by Amer et al (13).

The current study showed that a higher mean of OCD symptoms were related to obsession, similar to the results reported by Alblowy, Taher et al, and Jaisoorya et al (7,12,24), who reported a higher mean of OCD with obsessions, in contrast to Torres et al, who stated that a higher mean of OCD students was ordering (25).

Several studies emphasize that there is a high incidence of mental illnesses among medical students (26-30). The current study found that there was a high prevalence of OCD associated psychological disorders like depression and anxiety in the study group, which is in alliance with many previous studies by Taher et al, Alhasnawi et al, and Alblowy (7,10,12).

Of those participants who were previously diagnosed as OCD patients, nearly two-thirds received medical care and treatment, which is higher than that reported by Al-Hemiary et al (31), who found that 58.5% of OCD patients had sought help from “faith healers”. Hankir et al (28), reported that 30% of first- and second-year medical

students with depression identified stigma as an explicit barrier to using mental health services.

Because the norms of any given scale change according to the culture, there is a need to develop local norms based on a normal control group from the same country, age group, and education, and then compare the mean scores of the control group and the other group to assess the cutoff point of ASOC-R of OCD among Iraqi population, so we recommend a case control study in the future to assess the exact cutoff point for the revised ASOC, in Iraqi population.

During the research, no clinical diagnosis was made for those who were recognized as obsessive-compulsive symptoms, and they were not followed up after the research, so it is necessary to have a psychological counseling unit within these colleges, as well as the necessity of having a psychiatrist to treat and follow up such cases.

Limitations

Sampling bias: Data collected online rather than through in-person interviews may limit generalisability.

Lack of representation: Gender ratio (male:female) may be unbalanced due to the online format.

Stigma: Even with anonymous testing, individuals may avoid participation due to fear of stigma.

Conclusion

OCD symptoms were found in over one third of the Iraqi medical students included in the study. A positive family history of OCD, younger age, and early college years seem to be associated with higher OCD symptom scores.

Authors' declaration

We confirm that all the Figures and Tables in the manuscript belong to the current study. Besides, the Figures and images, which do not belong to the current study, have been given permission for re-publication attached to the manuscript. Authors sign on ethical consideration’s Approval-Ethical Clearance: The project was approved by an official permission to conduct the study was obtained from the ethical committee of College of Medicine, University of Baghdad (issue No. 185A 2022).

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Data availability: Upon reasonable request, the corresponding author will make the data sets generated and/or analyzed during the current work available.

AI declaration: No artificial intelligence tools were used in the design, analysis, or writing of this manuscript

Authors' contributions

Study conception & design: (MTH &MAH). Literature search: (ZAJ & KDH). Data acquisition: (MTH, ZAJ &HAH). Data analysis & interpretation: (MAH).

Manuscript preparation: (MAH). Manuscript editing & review: (MAH & HAH).

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إنتشار أعراض إضطراب الوسواس القهري في عينة من طلبة الطب في العراق

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الخلاصة
الخلفية: اضطراب الوسواس القهري هو حالة صحية عقلية شائعة حيث يكون لدى الشخص أفكار وسواسية وسلوكيات قهرية. يبلغ معدل انتشار الوسواس القهري في جميع أنحاء العالم حوالي 2٪ من عامة السكان.
هدف الدراسة: معرفة مدى انتشار اعراض اضطراب الوسواس القهري بين طلاب كليات الطب في بغداد، باستخدام المقياس العربي المنقح للوسواس القهري.
الطريقة: تم إجراء تصميم دراسة مقطعية باستخدام طريقة أخذ العينات الملائمة على 414 طالب طب عراقي خلال الفترة من 1 تشرين الثاني 2022 إلى 28 شباط 2023. تم جمع البيانات من خلال استبيان منظم تم تقديمه عبر الإنترنت. يتكون الاستبيان من جزئين: الأول يحتوي على السمات الديموغرافية الاجتماعية وعوامل الخطر المرتبطة بها، ويتكون الجزء الثاني من 20 فقرة من المقياس العربي المنقح لاعراض لوسواس القهري.
النتائج: وجدت الدراسة الحالية أنه تم تشخيص 161 (38.9٪) طالب على أنهم يعانون من أعراض الوسواس القهري وأن 253 (61.1٪) من طلاب الطب لم تظهر عليهم أعراض الوسواس القهري. كان المتوسط العام والانحراف المعياري 2.13±0.599، لذا فإن أي متوسط يساوي أو أكبر من هذه القيمة يشير بشكل كبير إلى الوسواس القهري. تم العثور على ارتباط كبير بين التاريخ العائلي الإيجابي للوسواس القهري والعمر والمرحلة الجامعية ودرجة أعراض الوسواس القهري.
الاستنتاج: وُجدت أعراض الوسواس القهري لدى أكثر من ثلث طلاب الطب العراقيين المشاركين في الدراسة. ويبدو أن وجود تاريخ عائلي إيجابي للوسواس القهري، وصغر السن، والسنوات الأولى للإلتحاق بالجامعة، عوامل مرتبطة بارتفاع درجات أعراض الوسواس القهري.
الكلمات المفتاحية: طلاب الطب، اعراض اضطراب الوسواس القهري، المقياس العربي المنقح للوسواس القهري.