

Obsessive-compulsive disorder among children and adolescents in Bangladesh

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Summary

Obsessive-compulsive disorder (OCD) is a chronic and debilitating neurotic illness; however, phenomenological aspects of childhood OCD are not extensively studied in Bangladesh. The article aimed to review symptom pattern of OCD among the children and adolescents of Bangladesh. This narrative review was conducted with available literature after meticulous search in PubMed, PubMed Central, Google, Google Scholar, BanglaJOL with the searching keywords. Prevalence of OCD among children and adolescents was found from 1.3%-2.5% with male predominance. Dirt and contamination was found as the commonest obsessions and cleaning/washing was found as the commonest compulsion among the child and adolescents of Bangladesh.

Introduction

Obsessive-compulsive disorder (OCD) is a chronic and debilitating neurotic illness which affects about 1–3% of the population globally. However, the phenomenological aspects of childhood OCD are not well studied in Bangladesh.¹ It was aimed to review the symptom pattern and severity of OCD among the children and adolescent population of Bangladesh.

Materials and methods

This narrative review was conducted with available literature after meticulous search in PubMed, PubMed Central, Google, Google Scholar, BanglaJOL with the searching keywords viz OCD in children and adolescents of Bangladesh, OCD in Bangladesh, phenomenology of OCD in Bangladesh, childhood mental disorders. A total of 6 articles were finally taken for review which studied OCD among children and adolescents.

Results and discussion

Prevalence of OCD:

Among the child and adolescents, OCD was found to be poorly studied. Prevalence of OCD among children and adolescents was found from 1.3%-2.5%. Rabbani et al. found the rate as 1.3% among the community sample with up to 17 years in 2009.² Whereas Mullick and Goodman found the rate as 2% in 2005 among 5-10 years old children from three different strata such as rural, urban and slum.³ Furthermore, Akter et al. in 2016 found the rate as 2.5% among the clinical samples of a tertiary care hospital.⁴ Though different studies revealed different prevalence rate, the range is supported by global prevalence rate.

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Gender of the patients

Gender distribution among pediatric OCD in Bangladesh revealed male predominance. Among the 60 (72%) children of Chowdhury et al. study 43 were boys and among the 106 children of Mullick et al. study 69 (65%) were male. Mullick et al. study revealed, about forty-one percent of cases had a family history of psychiatric disorder among the 1st degree relatives. Among that, highest proportion had anxiety disorders (about 63%), followed by psychotic illness (about 21%) and mood disorder (about 12%).⁵ Chowdhury et al. study revealed, 45% of children had family history of psychiatric disorder among 1st degree relatives. Among that OCD was found as highest (63%) followed by mood disorder (15%) and anxiety disorders (15%).⁶

Table 1: Distribution of OCD symptoms among child and adolescents in Bangladesh (%)

	Chowdhury et al., n=60	Mullick et al., n=106	Algin et al., n=166 (total 400, 41.5% were children)
Obsessions			
Dirt and contamination	66.7	69.8	68.3
Miscellaneous	56.7	70.8	18.9
Religious	30	69.8	33.5
Aggressive	25	51.9	16.5
Somatic	15	43.4	0.6
Sexual	13.3	23.6	22
Hoarding	6.7	18.9	0.6
Superstitious	3.3	36.8	
Symmetry			15.2
Compulsions			
Cleaning/Washing	65	70.8	65.8
Checking	50	57.5	44.7
Miscellaneous	40	57.7	3.9
Orderliness	38.3	35.8	29.6
Repeating rituals	38.3	46.2	26.3
Rituals involving other persons	33.3	39.6	
Superstitious behaviour	21.7	26.4	
Hoarding	8.3	17.1	5.3
Counting	6.7	15.1	9.9

Research Instruments

The phenomenological studies of childhood OCD mostly used Development and Well-Being Assessment (DAWBA)³ for initial screening and followed by the use of Children's Yale Brown Yale-Brown Obsessive-Compulsive Scale (CY-BOCS).⁷ These instruments have been used in multiple studies. Moreover, CY-BOCS Bangla has been validated recently in Bangladesh.⁸

Phenomenology

Dirt and contamination was found as the commonest obsessions and cleaning/washing was found as the commonest compulsion (Table 1). Chowdhury et al. studied 60 children with OCD and found dirt and contamination highest (67%) as obsession followed by the miscellaneous (57%), religious (30%), aggression (25%) and few others.⁶ However, another study of 106 children revealed the highest percentage of patients had miscellaneous obsessions (71%), followed by dirt and contamination obsession (70%), religious obsession (70%), aggressive obsession (52%), somatic obsessions (43%), and superstitious obsessions (37%).⁵ Another study revealed dirt and contamination obsession (68%), religious obsession (34%), aggressive obsession (17%), sexual obsessions (22%), and symmetry (15%) among 166 children.⁹ Among the compulsions, cleaning was found persistently as the highest compulsive acts among the pediatric population Bangladesh. A study of 60 children with OCD conducted by Chowdhury et al. found that the highest percentage of patients (65%) had washing/cleaning compulsion followed by checking compulsion (50%), miscellaneous (40%), orderliness (38%).⁶ Another study of child OCD among 106 revealed the highest percentage of patients had cleaning compulsion (70%), followed by checking compulsion and miscellaneous (58%).⁵ A study of 166 child OCD patient revealed the washing/ cleaning (66%), checking (45%) and orderliness (30%).⁹

Severity of symptoms

A study among 106 children revealed the severity as severe in 49%, extreme in 28%, moderate in 10%, mild in 9%, subclinical in 4% respondents.⁵ Another study found that about 53% of the patients had severe OCD, followed by about 37% extreme OCD, about 7% moderate OCD, and only 3% had mild OCD. The proportion of extreme OCD was found to be high among the adolescents (49%) whereas severe OCD was higher among the children (71%).⁶

Comorbidity

Mullick et al found, Axis I co-morbidity among about 45% of children with OCD. The highest percentage was found as hyperkinetic disorder (17%) followed by oppositional defiant disorder (14%).⁵ Chowdhury et al. found, Axis I co-morbidity among about 52% of children with OCD where the highest comorbidity was major depressive disorder and specific phobia (10%). Other comorbidity pattern revealed the following disorders, generalized anxiety disorder, tic disorder, conduct disorder, autism spectrum disorder, separation anxiety disorder, social phobia, panic disorder and trichotillomania.⁶

Conclusion

Current review revealed dirt and contamination as the commonest obsession and cleaning as the commonest compulsion in Bangladesh among children and adolescents.

Conflict of interest: None.

Funding: Self-funded

References

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, fifth edition*. American Psychiatric Association, Washington, D.C. 2013.
2. Rabbani MG, Alam MF, Ahmed HU, Sarkar M, Islam MS, Anwar N, et al. Prevalence of mental disorders, mental retardation, epilepsy and substance abuse in children. *Bang J Psychiatry* 2009;23:11-53.
3. Mullick MSI, Goodman R. The prevalence of psychiatric disorders among 5-10 year olds in rural, urban and slum areas in Bangladesh: An exploratory study. *Soc Psychiatry Psychiatr Epidemiol* 2005;40:663–71.
4. Akter J, Mullick MSI, Khan MZR, Maruf MM. Psychiatric disorders in children and adolescents attending pediatric outpatient departments of tertiary hospitals. *Oman Med J* 2016;40:258-62.
5. Mullick MSI, Chowdhury MHR, Arafat SMY. Phenomenology of obsessive-compulsive disorder in children and adolescents: A cross-sectional observation in Bangladesh. *Jentashapir J Helath Res* 2017;8:e63414.
6. Chowdhury MHR, Mullick MSI, Arafat SMY. Clinical profile and comorbidity of obsessive-compulsive disorder among children and adolescents: A cross-sectional observation in Bangladesh. *Psychiatry J* 2016;2016:9029630.
7. Scahill L, Riddle MA, McSwiggin-Hardin M, Ort SI, King RA, Goodman WK, Cicchetti D, Leckman JF. Children's Yale-Brown Obsessive Compulsive Scale: reliability and validity. *J Am Acad Child Adolesc Psychiatry* 1997;36:844-52.
8. Haque MM. Chowdhury, *Adaptation and Validation of the Bangla Version of Children's Yale- Brown Obsessive Compulsive Scale*. Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka, Bangladesh, 2018.
9. Algin S, Arafat SMY, Kushal SA, Ahmed SN, Sajib MWH. Variation in obsessive-compulsive symptoms between children and adults. *BSMMU J* 2018;11:130-3.