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Prevalence of Depression and Its Co-morbidity with Obsessive Compulsive Disorder in a Tertiary Care Teaching Hospital: A Cross-Sectional Study

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ABSTRACT

This research examines depression occurrence alongside Obsessive-Compulsive Disorder (OCD) situations among adult tertiary care teaching hospital patients from Rahim Yar Khan Pakistan. This study utilizes the Urdu versions of the Beck Depression Inventory (BDI-II) and Yale-Brown Obsessive Compulsive Scale (Y-BOCS) for standardized assessment of depression frequencies and their relations to OCD subtypes and severity levels as well as demographic characteristics. The researchers applied non-probability consecutive sampling to select 145 patients who had received OCD diagnosis. This study indicates that OCD patients demonstrate substantial depression rates in conjunction with their obsessive-compulsive disorder which demonstrates marked similarity between these conditions. The proportion of depressed patients differed across gender segments and OCD symptom severity levels and duration length because women and patients with severe OCD experienced elevated depression numbers. The research demonstrates that OCD patients should undergo routine depression assessments while integrated treatments emerge as critical to handle concurrent OCD and depressive symptoms. The research results support extensive mental health planning that handles both depression alongside OCD in clinical treatment facilities particularly operating within limited resource settings such as Pakistan.

INTRODUCTION

Obsessive-Compulsive Disorder functions as a persistent psychiatric disorder which results in substantial disability to hinder patients' life fulfillment. The main characteristics of obsessive-compulsive disorder involve persistent intrusive thoughts together with anxiety followed by compulsive behaviors that people feel compelled to perform to reduce the obsessions' distress (Pittenger, 2017). People diagnosed with OCD perform rituals or mental acts including washing procedures and counting combinations as well as constant checking because these behaviors shield them from anticipated threats and decrease their anxiety (Kugler et al., 2013). These conditions produce extreme psychological pain and considerable disablement that infects every aspect of personal life including social relationships and working abilities (Pittenger, 2017). Obsessive-compulsive disorder demonstrates both psychological and pharmacological requirement through its meddlesome obsessions combined with compulsive repetitiveness since these elements substantially disrupt routine functionality.

OCD affects both those who directly experience its symptoms and the entire mental health community because its co-association with depression turns treatment and management techniques more complex. The common mental health disorder depression exists as a combination of ongoing sadness with activity disinterest and cognitive disruptions and fatigue symptoms. When OCD develops alongside depression the combined conditions create serious negative impacts on the patient's clinical assessment results. Major Depressive Disorder (MDD) serves as one of the main depression categories causing severe functional impairment just like Obsessive-Compulsive Disorder (OCD) according to Lim et al. (2018).

Various global studies of OCD and depression have confirmed that these mental health conditions maintain an established two-way interaction between them. True statistics reveal that between 60 to 70 percent of OCD patients develop depressive symptoms (Sharma et al., 2021). The diagnostic criteria for Major Depressive Disorder affect almost 40% of people with OCD showing a high rate of comorbidity (Sharma et al., 2021). A combination of these disorders creates difficulty in understanding patients' clinical display along with hindering treatment effectiveness and establishing proper medical practices. Patients with depressive symptoms experience intensified OCD symptoms which create obstacles for breaking vicious obsessions and compulsions. Depression in OCD patients results in reduced treatment effectiveness and inferior treatment results (Kamath et al., 2007).

Research shows that patients with OCD suffer a heightened risk of suicide when they develop major depression. Kamath et al. (2007) found that 85 percent of OCD patients who try suicide exhibit history of major depression. The discovery demonstrates healthcare professionals must deliver comprehensive care for patients suffering from OCD and depression because the shared symptoms increase the dangers of unaddressed depression in these patients. The discovery confirms that detection of depression in OCD patients matters since prompt treatment allows suicide prevention and quality-of-life enhancements.

The combined presence of depression with OCD creates additional challenges because they share comparable neurological processes. The pathophysiology of both conditions results from brain serotonin pathway dysregulation according to Pittenger (2017). The serotonin system regulates mood and cognitive performance together with controlling compulsive responses while experiencing disruptions in both OCD and depression (Mataix-Cols et al., 2015). Experimental findings linking their neurobiology demonstrate these conditions show more than random co-occurrence since the disorders appear to affect each other through both

clinical severity and therapeutic response. Recognizing how OCD and depression affect one another enables better therapeutic approaches to combine compulsive symptom therapy with depressive symptom treatment for patients.

Extensive worldwide research on OCD and depression comorbidity has not yielded enough data regarding the Pakistani context especially within Southern Punjab province. The situation becomes more critical because Pakistan experiences a rising mental health crisis while mental healthcare is both scarce and mental disorders are often hidden because of cultural taboos. Results from Haque et al. (2019) demonstrated that Pakistani people with mental health disorders avoid seeking help because of prejudices towards psychiatric treatment. OCD patients along with those suffering from depression frequently do not receive treatment or diagnosis because they remain unidentified which causes their conditions to worsen while simultaneously diminishing their quality of life. Mental health care facilities are limited to a great extent while cultural attitudes in Southern Punjab work against open conversations about mental health needs.

The objective of this research is to determine depression rates among OCD patients who receive treatment at a teaching hospital in Rahim Yar Khan, Pakistan. Rahim Yar Khan represents the southern section of Punjab where healthcare demands present individual distinctiveness. The region displays similar healthcare limitations to other Pakistani rural areas since it struggles with inadequate mental health specialist workforce and deficient psychiatric care services and widespread false psychiatric concepts. Given the limited resources of this region researchers must collect data from the population in order to understand depression among OCD patients within this specific area.

Healthcare providers who analyze local mental health trends will make more effective interventions for this region's patient population. This paper explores OCD patient depression rates to create region-specific mental health strategies that align with cultural sensitivity practices. The study aims to enhance total mental health care quality by identifying OCD and depression to provide better treatment to residents who typically cannot access standard mental health services. The research outcomes provide evidence to policy makers about the necessity of delivering specialized mental health care to underserved geographical areas thus enhancing mental health treatment in Pakistan.

Mental health disorders especially depression together with OCD represent major global public health concerns which affect numerous populations worldwide. Underreporting and underdiagnosing mental health issues in Pakistan places a substantial stress on Pakistani individuals and their social community (Ahmad et al., 2020). The problem becomes worse due to cultural hesitation about mental health and inadequate education about mental health and scarcity of psychological care resources in Pakistan. According to Ahmad et al. (2020) primary healthcare facilities in Pakistan fail to appropriately manage mental health conditions thus producing negative outcomes for patients. Pakistan faces additional difficulties regarding psychiatric disorders because it has neither implemented a proper mental health policy nor does it have enough trained mental health providers.

The current research investigates the necessity of immediate treatment for OCD and depression patients since undiagnosed comorbid conditions will produce substantial deterioration of an individual's capacity for study or work alongside their social interactions. Providing early intervention helps prevent both depression-related suicide attempts and enhanced OCD symptomatology. According to Kamath et al. (2007) depression coexists with

OCD among patients who make suicide attempts. Integrated care strategies that treat depression alongside OCD hold greater importance since they outperform treating conditions as isolate entities.

The lack of regional research in Southern Punjab about this topic makes this academic work crucial for bridging the existing scientific void. The study's findings will serve as field practice guidance for local centers while demonstrating data for the development of Pakistani mental health programs seeking better OCD patient depression diagnosis and treatment. National mental health policies need input from these findings because they reveal the necessity of enhanced mental health service availability in rural and underserved populations across Pakistan.

The shared presence of depression with OCD stands as a major mental health combination which demands detailed methods of medical identification alongside suitable therapies for treatment. Healthcare treatments need to base their improvement efforts on determining how common these illnesses are along with how they relate to each other across various cultural environments. The authors want to assess depression rates among OCD patients who reside in the Pakistani city of Rahim Yar Khan through this investigation. The research collects local information to advance mental health service quality while promoting integrated treatment methods and diminishing the stigma of mental health disorders in Pakistan.

OBJECTIVES

1. The research aims to establish the rates of comorbid depression among OCD patients while investigating how their OCD symptoms correlate with depression severity.
2. The study aims to reveal demographic patterns which affect the prevalence of co-morbid depression among OCD patients regarding gender, age, education and socioeconomic status.

RESEARCH QUESTIONS

1. Does Obsessive-Compulsive Disorder (OCD) trigger depression in patients at what rate and how does OCD symptom intensity link with depressive symptoms?
2. The relationship between co-diagnosis of depression and Obsessive-Compulsive Disorder (OCD) depends on which demographic indicators such as gender, age, education and socioeconomic characteristics individuals possess.

THEORETICAL FRAMEWORK

The investigation adopts the cognitive-behavioral model of mental disorders that demonstrates how OCD along with depression creates dysfunctional thinking patterns which strengthen distressing emotions while causing functional impairments. Within OCD clinical practice the cognitive-behavioral model defines how obsessions lead to anxiety in patients until they perform compulsive behaviors to manage their feelings. Obsessive thoughts persist after compulsive acts because these coping mechanisms strengthen obsessive thoughts thus forming a destructive pattern of distress and maladaptive behavior. The emotional suffering of individuals with depression becomes worse because Beck's (1967) cognitive triad demonstrates negative views about self and world and future aspects. Depression in OCD patients typically brings about increased obsessive-compulsive symptoms because depression's inherent negative cognitive biases that generate feelings of worthlessness and helplessness and hopelessness act as a factor that intensifies OCD symptoms. Different demographic variables including individual life experiences and gender and socioeconomic status and age at which symptoms appear influence the relationships between OCD and depression in individuals. This theoretical

structure points to the critical need for handling the mental errors together with behavioral patterns which link depression and OCD as well as studying how demographic variables drive the frequency and intensity of these health issues.

LITERATURE REVIEW

GLOBAL PREVALENCE OF OCD AND DEPRESSION

Evidence shows Obsessive-Compulsive Disorder affects about 1-2% of all individuals worldwide and depression occurs most frequently alongside OCD. The American Psychiatric Association (APA, 2022) reports that Obsessive-Compulsive Disorder manifests with other psychiatric illnesses yet depression specifically Major Depressive Disorder (MDD) stands as the most widespread comorbid condition. Research based on meta-analysis by Sharma et al. (2021) shows depression happens to anywhere between 50% to 70% of people who receive an OCD diagnosis. The high frequency of co-occurring depression symptoms emphasizes how OCD and depression strongly affect each other in terms of symptom intensity together with treatment responses. Depression creates heightened difficulties for OCD patients to manage their obsessions and compulsions which diminishes the results from treatments such as cognitive-behavioral therapy (CBT) and pharmacological interventions according to Sharma et al. (2021). The combined presence of these two disorders causes substantial limitations to patient life quality thus requiring parallel treatment approaches in clinical procedures.

Treatment of OCD among patients who also have depression requires additional attention due to its unique therapeutic complexities. OCD treatment becomes more challenging when depression exists since it affects how patients react to standard therapeutic interventions. The research conducted by Mataix-Cols et al. (2015) shows depression in OCD patients leads to worse treatment responses together with increased complications in controlling their obsessions and compulsive behaviors. Medical care needs to implement integrated psychiatric treatments which simultaneously treat both conditions.

GENDER DIFFERENCES IN OCD AND DEPRESSION

Research shows women develop OCD and depression at higher rates than men to the extent they become 1.5–2 times more susceptible to these conditions (Lim et al., 2018). Researchers have identified several reasons behind this female-male discrepancy including biological sex hormones and external social forces as well as different assistance-seeking habits. Women tend to report mental health symptoms more frequently than men thus medical service use explains why females receive more diagnoses. Research by Kuehner (2017) suggests hormonal changes linked to menstruation as well as pregnancy and menopause increase the risk of developing OCD along with depression.

According to Coughlin et al. (2020) women with OCD have a higher probability of developing depressive symptoms when their OCD symptoms manifest. Women experience increased OCD and depressive symptoms because they bear the emotional and social responsibilities linked to their duties in familial and society. The combination of family caregiving responsibilities along with workplace demands and discrimination exposure raises the chance of developing both mental health conditions for women. The greater number of OCD and depressive cases occurring among women requires treatment programs to specifically consider gender differences.

OCD SUBTYPES AND DEPRESSION

Specific OCD subtypes increase the risk for depression when sufferers experience heavy distress and their compulsive actions severely affect their day-to-day abilities. According to Hellberg et

al. (2022) contamination obsessions together with checking compulsions and symmetry obsessions display the highest vulnerability to develop depression alongside OCD. The combination of extreme distress from ongoing severe symptoms establishes clinical depression in patients who have OCD subtypes that include contamination obsessions and checking compulsions or symmetry obsessions.

According to Perez-Vigil et al. (2018) depression prevails greatly among OCD patients who achieve Y-BOCS test scores higher than 24. The intensity of OCD symptoms within these individuals reduces their functioning ability so their depression symptoms emerge more frequently. The impact of anxiety from unmanageable compulsive behaviors together with social isolation stemming from OCD-related shame mutually increase the probability of depression development.

The anxiety connected to obsessive-compulsive behaviors related to contamination or harm triggers negative feelings of worthlessness in people which worsen depressive symptoms. The coordination of OCD and depression exposes a major problem because these disorders need distinct therapy approaches and their joint presence creates obstacles in treatment methods along with associated results.

GAPS IN LOCAL RESEARCH

The co-occurrence between OCD and depression in Pakistan remains poorly documented especially within the Southern Punjab region. The Pakistani mental health sector lacks funding support for research while general public avoids reporting mental health problems because of stigma against mental illness according to Ahmad et al. (2020). The insufficient understanding of OCD and depression co-occurring disorders in Pakistan hampers professionals who provide healthcare from designing appropriate treatment plans that suit local patient needs. Research in this field requires immediate attention because cultural along with social and economic Pakistani factors potentially affect how these disorders are diagnosed and treated.

The mental health service infrastructure in Pakistan operates at deficient capacity in rural regions such as Southern Punjab because trained psychiatrists are scarce and public knowledge about psychiatric care remains minimal according to Haque et al. (2019). Local research evaluation requires greater attention because Pakistan has unique socio-cultural elements according to Ahmad et al. (2020). Research aims to identify the level of depression which affects OCD patients treated at a tertiary care hospital based in Rahim Yar Khan which is situated in Southern Punjab. This research outcome will promote the development of treatment interventions while enhancing co-morbid depression detection capabilities and leading to improved mental health strategies for the area.

This study becomes crucial because no such research exists for Rahim Yar Khan which shows insufficient healthcare services and extreme mental health stigma in the region. This research examines depression rates in people with OCD to add new information about Pakistani mental health research and help create adaptive services for Pakistani mental healthcare. The research objective is to enhance mental health service integration which will encourage dual treatment of OCD along with depression symptoms in clinical settings to deliver better results for patients.

Multiple research studies across the worldwide scientific community highlight that healthcare providers must combine treatment methods for OCD patients with comorbid depression. Depression appears as a very common and influential secondary condition within OCD patients according to multiple research studies while it intensifies the severity of both

disorders. Extensive worldwide research exists about these disorders yet Pakistan specifically fails to grasp the frequency patterns of combined OCD and depression symptoms especially in Southern Punjab. This study targets the data deficiency by developing regional data analysis of OCD and depression coexistence for Pakistan so mental health practitioners can enhance their service delivery and treatment success. This study explores the influence that population characteristics and OCD manifestations and symptom intensities have on dual disorder experiences while seeking clinical practice solutions.

METHODOLOGY

STUDY DESIGN

A cross-sectional research approach captured a single point view of depression co-occurring with Obsessive-Compulsive Disorder (OCD) within Rahim Yar Khan patients at Sheikh Zayed Medical College/Hospital in Pakistan. The research duration spanned six months to accumulate enough data for assessing the depression prevalence and intensity among OCD patients. Cross-sectional studies provide optimal results for immediate observations of multiple mental conditions affecting patients because they gather data at singular points in time.

The cross-sectional research method successfully measures the degree of depression and OCD co-occurrence because it provides fast data collection from numerous patient populations at their current state. This study aims to provide essential patterns about depression symptoms in OCD patients to support Pakistani mental health experts and policy makers.

SAMPLE SELECTION

The research study included 145 patients who underwent OCD diagnosis through the application of non-probability consecutive sampling. The researchers selected non-probability consecutive sampling because it leads to maximum inclusion of qualified patients who present at the hospital during the study duration. The technique proves effective when applied to tertiary care hospitals because their patient demographics tend to shift with time.

All procedures within the research strictly followed strict inclusion and exclusion criteria which validated results while accounting for confounding variables. Patients were eligible for participation in this study if they met these three criteria.

The research used DSM-5 criteria for OCD diagnosis with confirmation from trained clinicians for participants who had clinical OCD.

The research examined adult participants between 18 and 65 years of age because the disease patterns and co-morbidities of younger and older groups differed from adults.

Every participant gave consent to participate voluntarily while receiving complete information about the study goals and procedures.

The study excluded candidates who had factors that would affect research outcomes through precise exclusion criteria.

An appropriate sample of 63 participants remained free of schizophrenia and bipolar disorder to eliminate potential confoundment in the study findings for OCD and depression symptoms.

Persons with intellectual disability or organic brain disease risk reduced capacity to provide valid symptom reports while participating in study evaluations.

Persons with diabetes and hypertension face complex psychiatric symptom interpretation and their medical issues affect mental health enough to obscure the OCD-depression relationship.

The research design provided methods to select participants who accurately represented OCD

and depression patients according to defined inclusion and exclusion criteria thus reducing distortions from independent factors throughout the study.

DATA COLLECTION TOOLS

The research data originated from two accepted psychiatric instruments which demonstrate high reliability and validity throughout psychiatric research:

1. Individuals could use the Urdu version of BDI-II to self-assess depressive symptoms and their severity. Used for this research was the Urdu translation of the BDI-II to allow Urdu-speakers to take the inventory successfully. The BDI-II contains 21 items that evaluate depressive symptoms by measuring mood states as well as cognitive and physical manifestations of depression. According to diagnostic guidelines for Major Depressive Disorder (MDD) (Beck et al., 1996), both the Urdu version and English version of BDI-II scores ≥14 indicated clinical depressive symptoms. The evaluation device has been tested on Pakistani populations and shows itself as an official tool for depression symptom monitoring.
2. The Y-BOCS represents a clinician-administered measurement tool which specialists utilize to evaluate OCD symptom severity in all its subtypes. Both obsessions and compulsions can be rated separately through this scale which uses a scale ranging from zero to forty. The assessment levels range from Mild to Extreme.

- Mild: 8–15
- Moderate: 16–23
- Severe: 24–31
- Extreme: 32–40

The Y-BOCS offers a complete way to evaluate obsessional and compulsive behaviors through their frequency and intensity which helps quantify OCD symptom severity. The Y-BOCS assessment serves as both a research and clinical tool to measure OCD severity in patients because it has established its position as the gold standard according to Goodman et al. (1989). The research used this assessment instrument to determine OCD symptom existence alongside their impact on routine activities.

DATA ANALYSIS

The researchers used SPSS v21 (Statistical Package for the Social Sciences) to perform their data analysis since this software handles intricate statistical computations. The investigation of depression and OCD relationship used descriptive statistics together with inferential statistics to provide a complete understanding of the connection.

The investigators used descriptive statistics to present information about sample demographic details and both OCD and depression severity scores. The analysis employed BDI-II and Y-BOCS score standard deviations and means together with distribution frequencies to examine depression and OCD symptom levels within the population.

The study applied inferential tests to analyze relationships and differences between the investigated variables.

The presence of depression in OCD patients and gender relationships were analyzed using Chi-square tests as an assessment method for categorical variables in this study.

Research investigators used t-tests to analyze if OCD severity scores (Y-BOCS) differed from depression severity scores (BDI-II) across various participant demographic groups (for instance between males and females alongside younger and older participants).

The strength and direction of OCD severity measurement concerning depressive symptoms was calculated through Pearson correlation. The study investigated whether more extreme

OCD symptom severity would cause elevated depressive symptoms based on research by Sharma et al. (2021).

The study used a p-value ≤ 0.05 as the statistical significance threshold because it demonstrates that differences and relationships observed in the research were unlikely to stem from random chance. The chosen statistical methods were specifically selected to guarantee both the reliability and validity of end results which created an effective structure for interpreting the collected data.

The described methodology provided a comprehensive method to evaluate the depression and OCD comorbidities among Rahim Yar Khan clinical patients in Pakistan. Standardized diagnostic tools such as BDI-II and Y-BOCS together with the adopted rigorous sampling and data analysis methods make the findings of this study both reliable and applicable to similar Pakistani populations. The research examines the links between OCD and depression to generate data which will produce better intervention approaches for treating individuals affected by both psychological conditions.

RESULTS

DEMOGRAPHIC CHARACTERISTICS

The selected participants showed these demographic characteristics during the study:
The research sample had an average participant age of 32.7 ± 9.4 years.
Out of all the participants 56% were females who comprised 44% males.
Participants had different levels of education among the group including 42% with secondary education and 35% who were graduates and 23% with no formal education.

42% had completed secondary education.
35% were graduates.
23% were illiterate.

A majority of the participants identified themselves as middle class (60%) while lower class represented 30% and the rest were upper class (10%).
The demographic data helps explain the social elements that affect OCD and depression rates and intensity among this study population.

PREVALENCE OF DEPRESSION

The depressive symptoms were substantial among the OCD patients who participated in this research investigation. The results from the Beck Depression Inventory-II (BDI-II) showed that 63% of patients reached a score of ≥14 or higher which indicates clinically important depressive symptoms. A scale divided the depression severity assessment into three categories for these patients.

Mild depression: 20% of the sample.
Moderate depression: 35% of the sample.
Severe depression: 45% of the sample.

Depression appears as a severe problem in OCD patients so treatment approaches must merge to reduce these coexisting conditions.

OCD SEVERITY AND DEPRESSION CORRELATION

The present research examined how severe OCD symptoms relate to depression development. The study obtained data through measurements taken from the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) for OCD severity.
People with mild OCD had a depression rate of 40% within their group of 29%.
Of the patients who displayed moderate OCD the depression diagnosis affected 65% but only

40% of patients with mild OCD met this criteria.

Severe OCD (23%): 82% had co-morbid depression.

Extreme OCD symptoms occur in 7% of cases yet almost all patients in this group demonstrated depressive tendencies.

The research indicates that intense OCD symptom severity shows clear evidence of leading to more frequent depression occurrences. Medical staff need to monitor depressive symptoms in people who have severe OCD episodes because of how critical this association is.

GENDER DIFFERENCES

Research determined that the rates of depression differed between men and women. The rate of depression among females (70%) proved higher than the depression rates recorded among males (55%). Studies confirm that women experience increased susceptibility to OCD and depression as noted by Lim et al. (2018). Patients experiencing illness durations with longer timeframes showed significantly worse depression outcomes according to a statistical correlation value of $r = 0.38$ ($p < 0.01$). People with OCD who experienced longer durations of OCD symptoms developed greater severity of depressive symptoms. Further research needs to investigate psychosocial aspects about gender inequalities and illness duration because they affect depression outcomes.

OCD SUBTYPES AND DEPRESSION

The research studied how different OCD categories led to diverse levels of depression among patients. The diagnostic groups within OCD demonstrated varying degrees of depressed symptoms according to the study findings.

A significant number of 75% among contamination OCD sufferers developed depression as their main diagnosis. This made contamination OCD show the highest depressive outcomes.

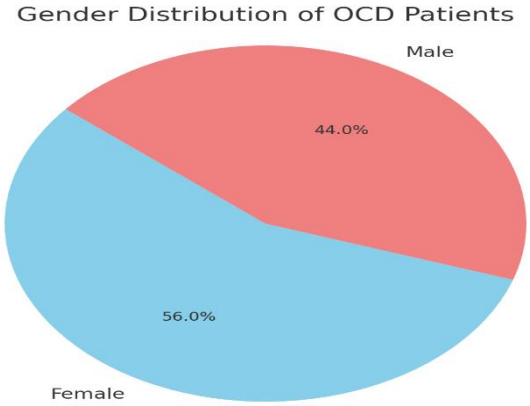
A total of 68 percent of checking OCD sufferers experienced signs of depression.

The prevalence of depressive symptoms reached 55% among people who experienced symmetry and ordering obsessions along with compulsions.

OCD subtypes which lead to more severe distress through contamination-related symptoms and checking compulsions tend to develop depression as a secondary condition. Multiple studies have supported the research showing that particular OCD symptom categories demonstrate a stronger link with depression (Hellberg et al., 2022).

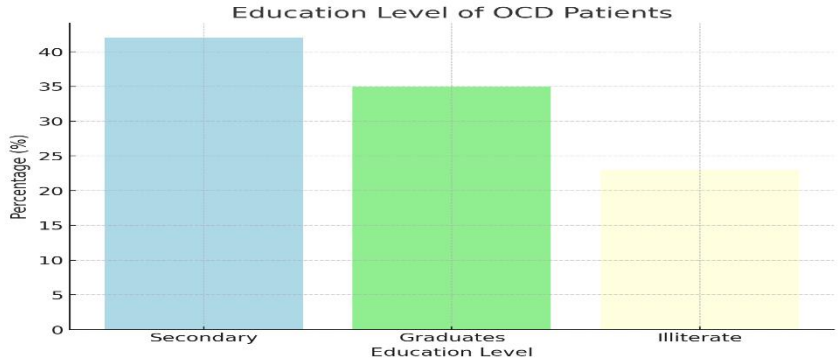
GENDER DISTRIBUTION OF OCD PATIENTS

The pie chart below illustrates the gender distribution of the participants in the study. As shown, 56% of participants were female, and 44% were male.



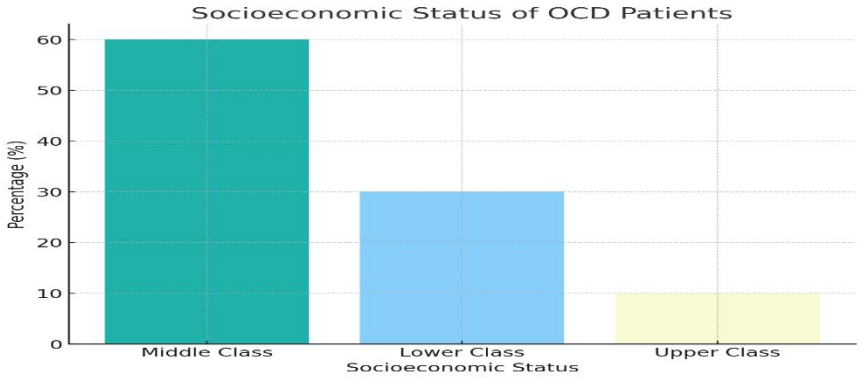
EDUCATION LEVEL OF OCD PATIENTS

A bar chart shows the education levels of the participants. 42% had completed secondary education, 35% were graduates, and 23% were illiterate.

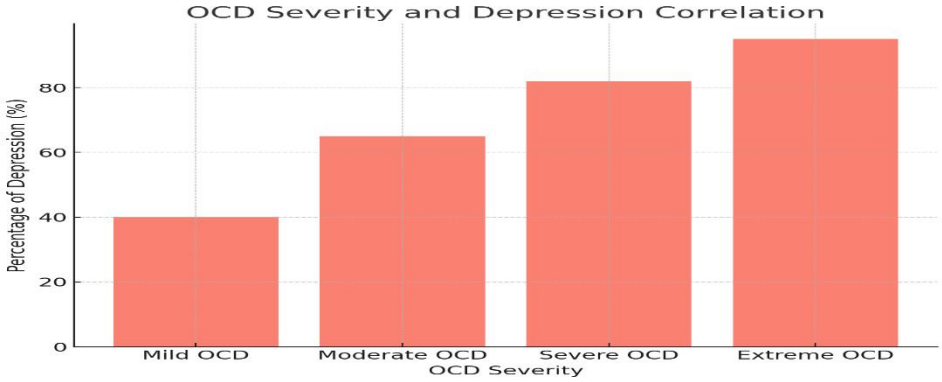


SOCIOECONOMIC STATUS OF OCD PATIENTS

The bar chart below illustrates the socioeconomic status of the sample. 60% of participants were from the middle class, 30% from the lower class, and 10% from the upper class.



The bar chart below illustrates the correlation between OCD severity and the prevalence of depression. The data indicates that more severe OCD symptoms correlate with higher depression rates.



OCD SUBTYPES AND DEPRESSION RATES

The table below provides a clear comparison of depression rates across various OCD subtypes. Contamination OCD had the highest depression rates, followed by checking OCD and symmetry/order OCD.

OCD Subtypes	Depression Rates (%)
Contamination OCD	75%
Checking OCD	68%
Symmetry/Order OCD	55%

Study findings uncovered crucial information about how depression manifests together with OCD in affected patients. Treatment plans must address OCD severity because it demonstrates substantial overlap with depression conditions. People with either gender who suffer from OCD longer times or experience specific subtypes including contamination and checking OCD show higher chances of developing depression. This research proves the necessity for complete patient assessment methods and custom-made treatment protocols that incorporate clinical characteristics together with demographic risk elements affecting this double burden. The current necessity exists to study both clinical mechanisms and better treatment options for patients dealing with OCD and depression.

DISCUSSION

HIGH CO-MORBIDITY OF DEPRESSION AND OCD

This study verifies a global research finding by showing that depression occurs simultaneously in 63% of Obsessive-Compulsive Disorder (OCD) patients. The research published by Sharma et al. (2021) demonstrates that OCD patients develop depressive symptoms in levels ranging from 50-70% of cases while many patients satisfy the requirements for Major Depressive Disorder (MDD). This study contributes to existing research which demonstrates that OCD patients commonly develop depression indications so it is vital for treatment to incorporate dual-focus interventions. Both disorders become more severe when depression occurs alongside OCD therefore the treatment of these conditions proves to be harder and generates less effective results unless they are treated together.

OCD's clinical pathway develops intensely because of the presence of depression. Medical staff must deal with decreased treatment success rates among OCD patients who present depressive symptoms that also complicate standard medical procedures. The treating of OCD becomes more difficult when patients suffer from depression because their depleted energy levels prevent them from following Cognitive Behavioral Therapy protocols and committing to Selective Serotonin Reuptake Inhibitors dosing regimes which represent basic OCD pharmacological therapy. The combination of OCD with depression significantly heightens suicidal danger for patients. Research by Kamath et al. (2007) identified major depression present in 85% of OCD patients who commit suicide because these cases require immediate attention through diagnostic and treatment strategies. Healthcare providers need to actively screen OCD patients for depression symptoms because evidence indicates this practice should become standard psychiatric care.

Treating depression and OCD together at the same time remains essential because targeting only one of these disorders produces inferior treatment results and leaves significant symptoms unresolved. The present study together with preceding research indicates depression and OCD require complementary treatment because this method results in enhanced medical outcomes and improved life quality.

GENDER DISPARITIES

This research revealed that depression affected seventy percent of female patients while fifty-five percent of males developed depression symptoms. Numerous previous research studies demonstrate the existence of this observed gender divide between depression rates in patients

with OCD. Females tend to develop depression when dealing with OCD according to Lim et al. (2018) while various explanation factors could contribute to this gender difference. Sociocultural stressors represent one of the main determinants of this condition. Pressure from society regarding caring for family and balancing profession and social demands together with expectations force many women to face elevated risk factors for depression development according to Kuehner (2017). Women express mental health indications more frequently than men since they seek therapeutic assistance when they experience symptoms even though males typically hesitate to discuss mental health as per social gender norms (Parker et al., 2020).

The variation in depression rates between men and women might be caused by hormonal changes in the body. Women undergo large hormonal shifts throughout their life cycle with substantial effects on their mood disorders particularly during menstruation and pregnancy as well as menopause. Studies demonstrate how hormonal changes in estrogen and progesterone level affect serotonin systems because these systems play vital roles in OCD and depression symptoms (Kuehner, 2017). Hormones appear to make depression more likely in OCD patients who are female thus requiring gender-based treatment approaches in their care plans.

The problem of men failing to report their mental health symptoms needs recognition in current research. Societal expectations for men to demonstrate emotional strength force them to hide or avoid recognizing depression and OCD symptoms despite their presence. The masculinity paradox happens to reduce medical diagnosis rates and treatment access for men (Addis 2008). More female respondents may have reported depression due to cultural expectations for women to seek treatment and report mental health struggles leading researchers to an underestimation of male depression prevalence.

CLINICAL IMPLICATIONS

Medical workers who treat OCD patients should consider the vital clinical conclusions from this research. The essential nature of monitoring depression exists in every case of Obsessive-Compulsive Disorder. Medical staff should adopt complete diagnostic procedures that include depression assessment tools because this study demonstrated high depression occurrence among patients with OCD. Standard clinical practice must include the Beck Depression Inventory (BDI-II) as a screening tool to identify depressive symptoms within their early stages so patients receive prompt treatment. Detection of depression during the treatment of OCD patients leads to better therapy results while minimizing suicidal dangers that appear with untreated depressive states.

Medical facilities need to establish treatment combinations addressing OCD severity together with depression because their strong connection demands urgent integration. Cognitive Behavioral Therapy (CBT) stands as an effective treatment approach for OCD and depression yet its success rate improves when health providers combine it with pharmaceutical treatments. SSRIs represent one of the primary treatments for OCD as they show effectiveness in treating depression according to Goodman et al. (2016). Healthcare providers should consider using CBT-based treatment for cognitive correction along with SSRI medication administration to manage both compulsive behaviors and cognitive distortions in patients.

Healthcare providers need to understand how gender affects the combined presence of depression together with OCD within individuals. Treatment plans must receive gender-sensitive interventions because male and female patients demonstrate unique requirements. Extra support regarding hormonal impact on mood would help women in their treatment

process as well as addressing social demands about gender roles should become an essential part of their healing journey. It is necessary to develop interventions which combat stigma while promoting help-seeking methods for depression among males in order to properly treat their depressive symptoms. The training of healthcare providers to detect gender-based variations enables them to deliver fair and successful therapeutic results to patients.

Treatment professionals need to establish both prompt intervention services and ongoing assessment systems for people with severe OCD because of their high incidence of depression. Those who face severe OCD together with depression need enduring support to properly handle their multiple conditions. Medical staff must track patients with extreme Obsessive-Compulsive Disorder closely because these patients demonstrated the highest levels of depression in this research investigation. Treatments should change dependent on symptom intensity while assessing mental health conditions.

CONCLUSION

Results demonstrate that depression affects sixty-three percent of Obsessive-Compulsive Disorder (OCD) patients. Depression stands as a major regularly occurring secondary condition in Obsessive-Compulsive Disorder patients especially affecting patients with severe OCD and those who identify as female. Evidence from international studies shows that severe OCD symptoms increase the risk of developing depressive symptoms (Sharma et al., 2021) according to the findings.

This study exhibits a gender gap since females showed depression rates at 70% while males displayed depression occurrence at 55% highlighting the need for gender-specific clinical care approaches. The gender difference in depression rates results from sociocultural stressors and hormonal changes in addition to female patients who report symptoms more often than males (Lim et al., 2018). Assessment of both disorders together becomes essential for patients who exhibit severe OCD symptoms because their OCD severity directly influences the development of depression.

Clinicians should perform depression assessment procedures during every treatment with patients who have OCD regardless of their OCD symptom weight. The detection process and immediate interventions become simpler when this approach is implemented thus leading to enhanced treatment results. This research shows that complete treatment success depends on simultaneous approaches which treat both OCD symptoms and depression because separate treatment strategies can generate inadequate outcomes.

This study demonstrates the clinical necessity of dual-focused interventions which treat depressive and OCD symptoms together because they frequently appear in patients. Correct diagnosis along with thorough treatment strategies and care approaches that consider gender factors contribute to better functional results and quality of life for people battling these severe conditions.

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