



Review

Adult obsessive–compulsive disorder and quality of life outcomes: A systematic review and meta-analysis



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ABSTRACT

In the current literature, there are no meta-analyses assessing quality of life (QOL) in patients with obsessive–compulsive disorder (OCD). Knowledge of QOL domains mainly impaired in OCD could provide specific areas for intervention. The current meta-analysis assessed differences in global, work and social, family, and emotional QOL outcomes between patients with OCD and healthy controls. Age, gender and OCD severity were examined as moderators.

Case–control studies were included if patients with primary OCD were compared with controls on QOL outcomes. Electronic databases (1966–October 2014) were searched.

Thirteen case–control studies were included ($n = 26,015$). Patients with OCD had significantly lower scores on QOL relative to controls, with moderate effect sizes on global QOL and large effect size on work and social, emotional and family QOL outcomes. Studies using higher percentages of female patients and patients with less severe OCD symptoms reported significantly lower QOL outcomes for patients with OCD than controls.

Studies comparing patients with OCD and patients with other psychiatric disorders were not included. Treatments should address QOL in OCD, particularly emotional QOL. Additional strategies targeting QOL should be implemented for female patients with less severe OCD symptoms.

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1. Introduction

Obsessive–compulsive disorder (OCD) is a neuropsychiatric disorder characterized by distressing intrusive thoughts and compulsive behaviours (American Psychiatric Association, 2013). Up to 1% of the general population is affected by OCD (Crino et al., 2005). Considerable evidence indicated functional impairment and poorer quality of life (QOL) in patients with OCD compared to healthy controls (Eisen et al., 2006), especially in areas such as work, social and family life (Huppert et al., 2009). A recent review suggested that patients with OCD report lower QOL than controls (Subramaniam et al., 2014). However, findings of functional impairment in OCD have shown discrepant results across studies and it is not clear which domains of QOL are mainly affected by OCD. Lack et al. (2009) found QOL scores for OCD patients to be significantly lower than for healthy controls on the majority of domains. Similar findings were reported by Fontenelle et al. (2010). Patients with OCD showed significantly lower levels of QOL in all dimensions measured by the Short-Form Health Survey-36 (SF-36; Ware and Sherbourne, 1992), except bodily pain (Fontenelle et al., 2010). On the contrary, Rosa et al. (2012) found OCD to be associated with a specific functional impairment in the area of social life. Bobes et al. (2001) compared QOL of OCD patients with the Spanish norms. QOL of OCD patients was worse when compared with Spanish norms in all SF-36 areas (Bobes et al., 2001). Given the chronic and disabling course of OCD, a detrimental impact on QOL of both patients and their relatives has been observed (Subramaniam et al., 2013). An impaired social functioning, especially regarding family life, has been previously suggested by Lochner et al. (2003). QOL of relatives of patients with OCD has been found to be significantly impaired in all domains when compared with those of relatives of healthy controls (Cicek et al., 2013). The specific impairment regarding family life might be related to the high stress of caregivers dealing with relatives affected by OCD (Storch et al., 2007). On the other hand, external criticism of caregivers could play a role in OCD working as a perpetuating factor (Pace et al., 2011). Thus, discrepant findings have been reported regarding the domains of QOL mainly affected by OCD. Thus, a quantitative synthesis is needed to identify specific predictors of impairment of global QOL and its specific domains.

Knowing the predictors of functional impairment in OCD can facilitate treatment of the disorder by directing clinicians to those aspects of the problem. Both psychotherapy (Moritz et al., 2005) and pharmacological treatments (Sánchez-Meca et al., 2014) lead to an improvement on symptoms. However, some evidence suggested that even after treatment, patients affected by Anxiety Disorders showed an overall QOL lower than normative samples (Safren et al., 1997). According to Mahler and colleagues poorer QOL might be a predictor of negative response for both psychotherapy and pharmacotherapy (Maher et al., 2010). An impairment in social functioning has also been associated with a higher risk of drop out as well as relapse (Hollander et al., 2010).

Therefore, through meta-analytic techniques the current meta-analysis summarized evidence to assess differences in global QOL outcomes between patients affected by OCD and healthy controls. In addition, impairment on specific QOL dimensions was

investigated, specifically work and social functioning, family functioning, and emotional QOL. Finally, the effect of age, gender and OCD severity was examined on QOL outcomes.

2. Methods

2.1. Eligibility criteria

The current systematic review was registered at the International Prospective Register of Systematic Reviews (PROSPERO: registration number CRD 42014013998), and the protocol was published in a paper (Coluccia et al., 2015).

Following a modified version of the PICOS approach for observational cross-sectional case–control studies, defined in the PRISMA guidelines (Shamseer et al., 2015), criteria for inclusion of the studies involved the following characteristics:

- Characteristics of participants.* Studies were included if they were conducted on patients with a primary diagnosis of OCD. Diagnosis had to be made through a semi-structured interview based on standardized diagnostic criteria, such as the Structured Clinical Interview for DSM-IV (SCID-I). Studies were included if they involved patients with a current primary diagnosis of OCD. Thus, studies on patients with a lifetime diagnosis OCD and studies using participants with subclinical OCD symptoms were excluded. Studies were included only if they used adult samples (age ≥ 18 years) since there are some important clinical differences between adult OCD and some forms of OCD in children and adolescents, such as the Paediatric autoimmune neuropsychiatric disorders associated with Streptococcal infections (PANDAS) (e.g., Geller et al., 2001). Studies on primary compulsive hoarding were excluded, as hoarding is a separate diagnosis in the DSM-5, despite it has been included in the OCD-related disorders chapter. A concurrent treatment, both psychological and pharmacological, was not considered as a reason for exclusion.
- Characteristics of outcomes.* Studies were included if they used outcome measures of QOL with known psychometric properties, either self-report questionnaires or interviews, such as the SF-36 (Ware and Sherbourne, 1992).
- Characteristics of comparators.* Studies were included if they used healthy control groups consisting of screened participants who have not reported any psychiatric disorder during a clinical interview or unscreened participants, such as undergraduates and individuals recruited from the general population (i.e. community participants).
- Characteristics of design.* Studies were included if they used an observational cross-sectional case–control design of research, where groups of patients with a primary OCD diagnosis were compared with healthy control groups on QOL outcomes.

2.2. Information sources and search procedure

The following search strategies were adopted in order to identify studies eligible for inclusion.

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