An Alarming Turn of Obsessive-Compulsive Disorder (OCD) Among the Youth of Turkey

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ABSTRACT

The study aimed to screen Obsessive-Compulsive Disorder (OCD); a progressively burdensome, highly prevalent, untreated, poorly detectable psychic condition in the general population of Turkey, of around 401 participants, mainly focusing on two parameters (Age groups and Gender). Screening Questions were asked through online questionnaires regarding different attributes of the disorder. In this review, we consider a screening measure, a Questionnaire that is not designed to diagnose OCD but to help people determine and inform mental health professionals for further discussion about diagnosis and treatment plan. The occurrence of OCD in youth especially females of age ranging from 20 years to 30 years is noticeable due to high inflation and the recent pandemic. Questionnaires for screening in fields where affected individuals congregate seem persuasive, although evidence that screening is socially & clinically beneficial in terms of reducing morbidity is still lacking. People seem to be unaware of the sign & symptoms, its progression, and hence the severity of the disease, as it stays undetected due to lack of proper instruments, so evaluation of screening tools and their use in reducing disease burden are important areas for further research.

Keywords: Obsessive-Compulsive Disorder (OCD), Turkey, Psychic

INTRODUCTION

Obsessive-Compulsive Disorder (OCD) is a stereotypical, common but misdiagnosed and poorly recognized neuropsychiatric disorder characterized by repetitive behaviours, recurrent distressing and undesirable thoughts, or mental ceremonials to alleviate anxiety [1]. It consists of two terms Obsession and Compulsion. Obsessions are repeated thoughts, mental images, or cravings that cause anxiety e.g. Fear of germs and contamination, while on the other hand Compulsion are reiterating manners a doings that individual suffering e.g.

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Excessive washing and cleaning hands, ordering an arranging things in a particular way, numeration of things, to inspect if the door has been locked [2]. OCD is more common in young people because it is under-recognized and untreated, the reason behind this is children at this age find the symptoms embarrassing and they don't disclose them until they are asked [3]. Half of the people develop symptoms before 20 years, symptoms develop after the age of 35 is unusual [4]. Symptoms are related to tics, jerks e.g. motor ticks which include sudden, brief repetitive movements like shoulder shrug and most often, eye blinking, vocal tics which usually include grunting sounds, sniffing, and clearing of the throat [2]. Lifetime tic disorder has been seen in 10% to 40% of individuals suffering from OCD [5]. A most reliable four-factor structure was found by a meta-analytic revision of symptom structures, the teams encircled a "taboo thoughts issue", a "symmetry factor", a "cleaning factor" and a "hoarding factor". The Taboo thoughts factor was related to distressing and intrusive thoughts of religious, sexual, or violent. The symmetry issue correlates with obsessions involving symmetry, arrangement, and numeration additionally as ordering and repetition compulsions. The cleaning factor was obsessions and compulsions relating to dirt, contamination, and cleansing. The hoarding factor was an obsession and compulsion related only to hoarding [6]. Neurophysiological findings of OCD show cognitive impairment in attention, visuospatial skills, and nonverbal memory [7]. Structural Neuroimaging and functional studies of the brain implicate the basal ganglia, Posterior Cingulate Cortex (PCC), Insula, Prefrontal Cortex (PFC) and while Neurochemical and Genetic studies implicate monoamine neurotransmitters and glutamate, especially dopamine and serotonin [8]. Referring to an underrepresentation, the lifetime prevalence of OCD is around 2.3% because people are unaware of symptoms and they report it when it becomes severe [9]. In pediatric OCD, around 40% qualify for remission and around 40% still have OCD in adulthood [10]. It is most often accompanied by secrecy and shame leading to an increased risk of suicide. OCD when not treated becomes chronic and runs a lifelong course with intensity fluctuating but rarely disappearing [11]. Symptoms are not permanent or persistent, they come and go, and they are usually triggered by their obsessions, stress, alcohol, or drugs like tranquilizers. It is usually misled with other mental disorders like anxiety and schizophrenia. In 2006, Obsessive-Compulsive Related Disorders (OCRDs) work group inference of meeting, the Research Planning Agenda of Diagnostic and Statistical Manual (5th Edition) *(DSM-V)* shows that OCD must be omitted from Anxiety Disorders which aligned with the present International Classification of Mental Disorder *(ICD-10)* as a distinguished category, although according to *ICD-10* both lies under the same roof of "neurotic, stress-related, and somatoform disorders," [12]. Being poorly recognized, only a minority of patients receive the proper timely treatment [10]. Risk factors of OCD include Genetics (higher risk if the first cousin has a child with congenital OCD), Brain functioning and structure (dissimilarities in FC and subcortical parts of the brain and congenital serotonin deficiency), and Environment, PANDAS has been suspected to cause OCD in children [2]. The serotonin transporter gene, *h-SERT*, the mutation has been found as the cause of OCD in unrelated families [13]. The serotonin receptor 2B gene (*HTR2B; MIM 601122*) is a pharmacologically appreciable candidate gene in the early onset of OCD [14]. Comorbidities associated with OCD include problems mentioned in Figure 1 [15]. Causes include alleviated fractional inhomogeneity in (AMI) anterior midline tracts, alleviated volumes of dorsolateral PFC connected to administrative function, and increased white matter volume [16,17]. Alleviated amount of Dopamine binding in the striatum [18]. Olanzapine (Zyprexa) like Atypical antipsychotics has been turned out to cause a de-novo type of OCD [19]. OCD has been ranked as of the twenty leading causes of disability

by the performs in response to an obsession World Health Organization WHO. Clinical studies indicate that appreciable psychosocial morbidity is related to OCD as compared to alternative diseases [11]. All aspects of Quality of Life (QOL) and physiological functions are markedly affected in the person with OCD and are associated with depression severity and OCD severity [20]. Diagnosis includes Y-BOCS as a rating scale to estimate the severity of the disease [21]. First-line therapies that are recommended for OCD are ERP, CBT, and SSRI [22]. CBT involves accumulated exposure to the issues whereas forbidding the incidence of repetitive behaviours [23]. Fluvoxamine FLV proved to be a safe and effective treatment as it improved the symptoms of depressed as well as non-depressed patients [24]. Naturally occurring inositol has been suggested to be used as a treatment for OCD [25]. OCD symptoms might improve from µ-opioids, such as hydrocodone and tramadol [26]. NICE guidelines in 2006, put forward antipsychotic treatment for OCD that did not ameliorate with SSRI [27]. In severe and refractory cases ECT has been found to have effectiveness [28].
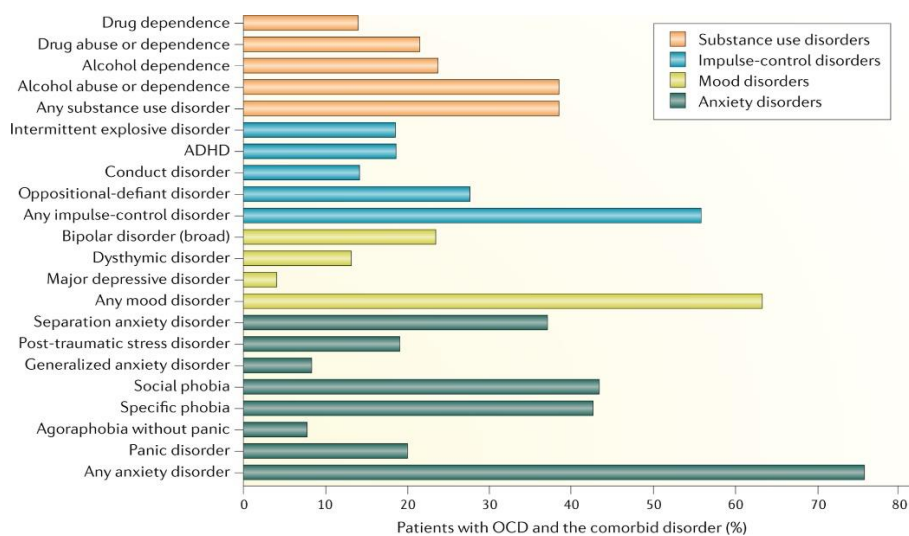

Figure 1 Percentile presentation of comorbid disorders of OCD

Current Study

This study aims to screen for Obsessive-Compulsive Disorder (OCD) among the youth of Turkey. We hypothesize that the youth of Turkey is suffering from OCD, especially after the high inflation and price hikes in almost every sector such as education, food, and health. We hypothesize that the main group of people that are suffering right now because of the above-mentioned reason is youth, especially the students studying at various universities in Turkey. Although, young or adult students are unlikely to be affected by inflation the responsibility of starting their career in Turkey as well as difficulty in making future planning is hitting in a very severe way to these people due to inflation as well as the damage caused by COVID-19 in recent years. All of these stressful situations have triggered mental disorders among people, especially OCD. We have focused on and compared our study with the past prevalence studies of OCD among US adults (2001-2003). Due to all these hypotheses, we expect the results of our study will

be much more alarming, especially among the youth. To achieve our purpose, we evaluated the mental perception of distress and focused on the clinical analysis of psychotherapists via the results of a questionnaire.

METHOD

Aim

A cross-sectional study was conducted for the entire research population. The study site was Middle East Technical University, Ankara, Turkey. The study populace was the general population in Turkey irrespective of their history, ethnicity, and sociocultural belief. An organized, self-administered Questionnaire containing close-ended questions was used as the screening tool for the Identification of the disorder. Using the cross-sectional study design data was collected using an online questionnaire. The Questionnaire used is provided at the end of the Methodology. The method includes a screening of the general population or around 401 participants. Concerning genders e.g. male and female and concerning different age groups e.g. 20 years to 30 years, 31 years to 40 years, 41 years to 50 years, and greater than 50 years. Data was collected using an online questionnaire designed using google forms and the link was shared via distinctive social media platforms. The screening questions were asked of the individuals to help them recognize and inform health professionals of further guidelines regarding the diagnosis as well as the treatment. Moreover, the frequency and intensity of OCD are also assessed by using this screening measure. Data collected was calculated by using IBM SPSS Statistics 25). Data analysis consists of frequency analysis, reliability analysis, and cross-tabulation for Chi-Square (x^2) by age and gender, and Fisher's Exact test by Age (where cell counted less than 5 in a person's chi-square) to test for statistical significance. The study took around 4 months duration from April 2022 to July 2022. The questionnaire included a written consent form that stated all the necessary information regarding the purpose of the study and ensured that the data provided by the patient will be kept private and not be misused in any illegal activity.

RESULT

Based on data collected through questionnaire responses the descriptive statistics are presented in Table 1. It was seen that Females of the age group 20 years to 30 years are more susceptible (Figure 2 and 3). The past prevalence studies of OCD among U.S Adults (2001-2003) did confirm the statistics. According to the responses taken through the questionnaire, it has been seen that people did seem persuasive but the evidence of the screening process, being helpful clinically and socially lacking in reducing the morbidity and burden of disease (Table 2 and 3).
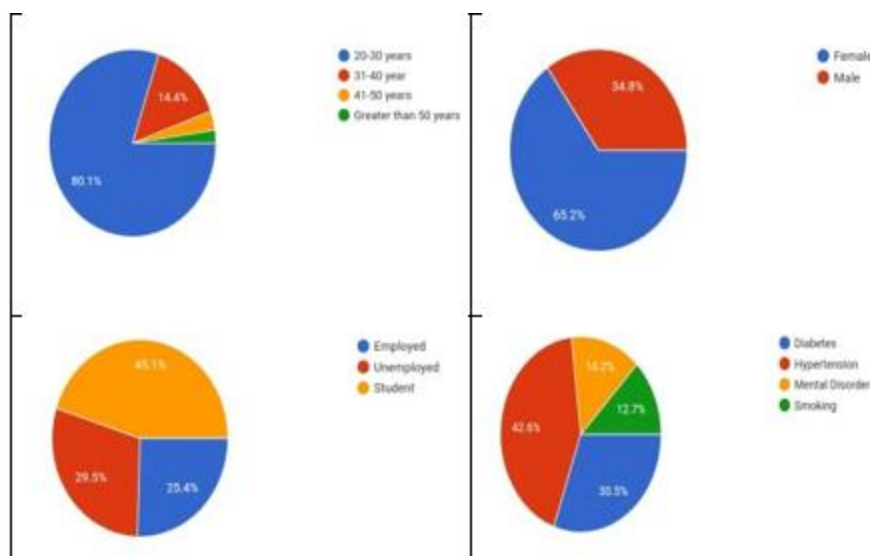
Figure 2 Descriptive statistics of demographic data

Past Year Prevalence of Obsessive-Compulsive Disorder Among U.S Adults (2001–2003)

Data from National Comorbidity Survey Replication (NCS–R)

Figure 3 The prevalence of the obsessive-compulsive disorder among American adults last year (2001-2003)[29]

Table 1 Represents the Results of the Cross-tabulation and Chi-Square Test concerning the age

Question no.	Options	Age Range	Frequency	Percentage(%)	p-value
Question 1	Yes	20 years to 30 years	220	79.10%	0.536

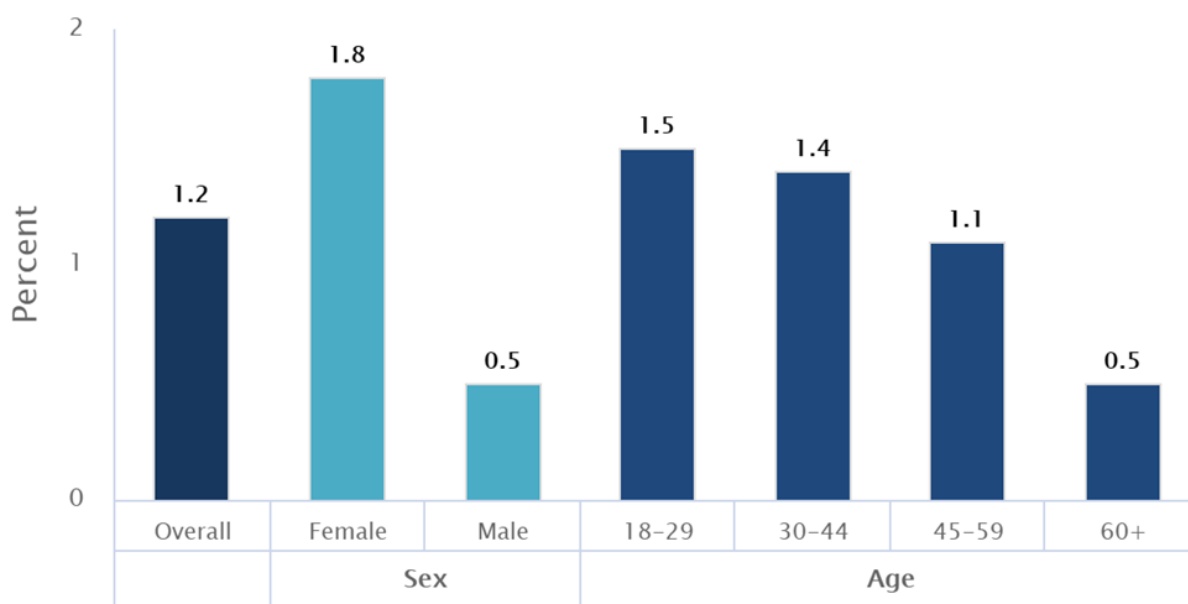| | | 31 years to 40 years | 39 | 14.00% | |
		41 years to 50 years	10	3.60%	
		>50 years	9	3.20%	
	No	20 years to 30 years	98	79.70%	
		31 years to 40 years	19	15.40%	
		41 years to 50 years	5	4.10%	
		>50 years	1	0.80%	
Question 2	Yes	20 years to 30 years	178	76.40%	0.286
		31 years to 40 years	37	15.90%	
		41 years to 50 years	10	4.30%	
		>50 years	8	3.40%	
	No	20 years to 30 years	140	83.30%	
		31 years to 40 years	21	12.50%	
		41 years to 50 years	5	3.00%	
		>50 years	2	1.20%	
Question 3	Yes	20 years to 30 years	202	76.80%	0.374
		31 years to 40 years	42	16.00%	
		41 years to 50 years	11	4.20%	
		>50 years	8	3.00%	
	No	20 years to 30 years	116	84.10%	
		31 years to 40 years	16	11.60%	
		41 years to 50 years	4	2.90%	
		>50 years	2	1.40%	
Question 4	Yes	20 years to 30 years	174	74.00%	0.017
		31 years to 40 years	41	17.40%	
		41 years to 50 years	12	5.10%	
		>50 years	8	3.40%	
	No	20 years to 30 years	144	86.70%	
		31 years to 40 years	17	10.20%	
		41 years to 50 years	3	1.80%	
		>50 years	2	1.20%	
Question 5	Yes	20 years to 30 years	187	79.60%	0.687
		31 years to 40 years	36	15.30%	
		41 years to 50 years	7	3.00%	
		>50years	5	2.10%	
	No	20 years to 30 years	131	78.90%	
		31 years to 40 years	22	13.30%	
		41 years to 50 years	8	4.80%	
		>50 years	5	3.00%	
Question 6	Yes	20 years to 30 years	227	80.80%	0.058
		31years to 40 years	33	11.60%	

		41 years to 50 years	13	4.60%	
		>50 years	8	2.80%	
	No	20 years to 30 years	91	75.80%	
		31 years to 40 years	25	20.80%	
		41 years to 50 years	2	1.70%	
		>50 years	2	1.70%	
Question 7	Yes	20 years to 30 years	171	77.00%	0.231
		31 years to 40 years	36	16.20%	
		41 years to 50 years	7	3.20%	
		>50 years	8	3.60%	
	No	20 years to 30 years	147	82.10%	
		31 years to 40 years	22	12.30%	
		41 years to 50 years	8	4.50%	
		>50 years	2	1.10%	
Question 8	Yes	20 years to 30 years	170	77.60%	0.033
		31 years to 40 years	35	16.00%	
		41 years to 50 years	5	2.30%	
		>50 years	9	4.10%	
	No	20 years to 30 years	148	81.30%	
		31 years to 40 years	23	12.60%	
		41 years to 50 years	10	5.50%	
		>50 years	1	0.50%	
Question 9	Yes	20 years to 30 years	178	75.70%	0.153
		31 years to 40 years	38	46.20%	
		41 years to 50 years	11	4.70%	
		>50 years	8	3.40%	
	No	20 years to 30 years	140	84.30%	
		31 years to 40 years	20	12.00%	
		41 years to 50 years	4	2.40%	
		>50 years	2	1.20%	
Question 10	Yes	20 years to 30 years	205	77.90%	0.345
		31 years to 40 years	40	15.20%	
		41 years to 50 years	9	3.40%	
		>50 years	9	9 3.4%	
	No	20 years to 30 years	113	81.90%	
		31 years to 40 years	18	13.00%	
		41 years to 50 years	6	4.30%	
		>50 years	1	0.70%	
Question 11	Yes	20 years to 30 years	208	79.10%	0.402
		31 years to 40 years	37	14.10%	
		41 years to 50 years	9	3.40%	

Question no.	Options	Age	Count	Percent	p-value
		>50 years	9	3.40%	
	No	20 years to 30 years	110	79.70%	
		31 years to 40 years	21	15.20%	
		41 years to 50 years	6	4.30%	
		>50 years	1	0.70%	
Question 12	Yes	20 years to 30 years	157	74.10%	0.017
		31 years to 40 years	36	17.00%	
		41 years to 50 years	10	4.70%	
		>50 years	9	4.20%	
	No	20 years to 30 years	161	85.20%	
		31 years to 40 years	22	11.60%	
		41 years to 50 years	5	2.60%	
		>50 years	1	0.50%	
Question 13	Yes	20 years to 30 years	173	77.60%	0.307
		31 years to 40 years	35	15.70%	
		41 years to 50 years	11	4.90%	
		>50 years	4	1.80%	
	No	20 years to 30 years	145	81.50%	
		31 years to 40 years	23	12.90%	
		41 years to 50 years	4	22.20%	
		>50 years	6	3.40%	
Question 14	Yes	20 years to 30 years	207	81.20%	0.143
		31 years to 40 years	31	12.20%	
		41 years to 50 years	12	4.70%	
		>50 years	5	2.00%	
	No	20 years to 30 years	111	76.00%	
		31 years to 40 years	27	18.50%	
		41 years to 50 years	3	2.10%	
		>50 years	5	3.40%	
Question 15	Yes	20-30years	192	78.40%	0.899
		31 years to 40 years	37	15.10%	
		41 years to 50 years	9	3.70%	
		>50 years	7	2.90%	
	No	20 years to 30 years	126	80.80%	
		31 years to 40 years	21	13.50%	
		41 years to 50 years	6	3.80%	
		>50 years	3	1.90%	

Table 2 Represents the results of the cross-tabulation and Chi-Square test for the gender

Question no.	Options	Female		Male		p-value
Question 1	Yes	191	68.70%	87	31.30%	0.01

	No	68	55.50%	55	44.70%	
Question 2	Yes	170	73.00%	63	27%	0.01
	No	89	53%	79	47%	
Question 3	Yes	175	66.50%	88	33.50%	0.259
	No	84	60.90%	54	39.10%	
Question 4	Yes	161	68.50%	74	31.50%	0.051
	No	98	59.00%	68	41.00%	
Question 5	Yes	161	68.50%	74	31.50%	0.051
	No	98	59.00%	68	41.00%	
Question 6	Yes	179	63.70%	102	36.30%	0.57
	No	80	66.70%	40	33.30%	
Question 7	Yes	151	68.00%	71	32.00%	0.11
	No	108	60.30%	71	39.70%	
Question 8	Yes	145	66.20%	74	33.80%	0.456
	No	114	62.60%	68	37.40%	
Question 9	Yes	153	65.10%	82	34.90%	0.796
	No	106	63.90%	60	36.10%	
Question 10	Yes	175	66.50%	88	33.50%	0.259
	No	84	60.90%	54	39.10%	
Question 11	Yes	167	63.50%	96	36.50%	0.528
	No	92	66.70%	46	33.30%	
Question 12	Yes	133	62.70%	79	37.30%	0.411
	No	126	66.70%	63	33.30%	
Question 13	Yes	138	61.90%	85	38.10%	0.205
	No	121	68.00%	57	32.00%	
Question 14	Yes	163	63.90%	92	36.10%	0.712
	No	96	65.80%	50	34.80%	
Question 15	Yes	155	63.30%	90	36.70%	0.487
	No	104	66.70%	52	33.30%	

Table 3 Represents the Results of Fisher's Exact Test for age

Question no.	Options	Age Range	Frequency	Percentage(%)	p-value
Question 1	Yes	20 years to 30 years	220	79.10%	0.571
		31 years to 40 years	39	14.00%	
		41 years to 50 years	10	3.60%	
		>50 years	9	3.20%	
	No	20 years to 30 years	98	79.70%	
		31 years to 40 years	19	15.40%	
		41 years to 50 years	5	4.10%	
		>50 years	1	0.80%	
Question 2	Yes	20 years to 30 years	178	76.40%	0.313

		31 years to 40 years	37	15.90%	
		41 years to 50 years	10	4.30%	
		>50 years	8	3.40%	
	No	20 years to 30 years	140	83.30%	
		31 years to 40 years	21	12.50%	
		41 years to 50 years	5	3.00%	
		>50 years	2	1.20%	
Question 3	Yes	20 years to 30 years	202	76.80%	0.428
		31 years to 40 years	42	16.00%	
		41 years to 50 years	11	4.20%	
		>50 years	8	3.00%	
	No	20 years to 30 years	116	84.10%	
		31 years to 40 years	16	11.60%	
		41 years to 50 years	4	2.90%	
		>50 years	2	1.40%	
Question 4	Yes	20 years to 30 years	174	74.00%	0.017
		31 years to 40 years	41	17.40%	
		41 years to 50 years	12	5.10%	
		>50 years	8	3.40%	
	No	20 years to 30 years	144	86.70%	
		31 years to 40 years	17	10.20%	
		41 years to 50 years	3	1.80%	
		>50 years	2	1.20%	
Question 5	Yes	20 years to 30 years	187	79.60%	0.676
		31 years to 40 years	36	15.30%	
		41 years to 50 years	7	3.00%	
		>50 years	5	2.10%	
	No	20 years to 30 years	131	78.90%	
		31 years to 40 years	22	13.30%	
		41 years to 50 years	8	4.80%	
		>50 years	5	3.00%	
Question 6	Yes	20 years to 30 years	227	80.80%	0.064
		31 years to 40 years	33	11.60%	
		41 years to 50 years	13	4.60%	
		>50 years	8	2.80%	
	No	20 years to 30 years	91	75.80%	
		31 years to 40 years	25	20.80%	
		41 years to 50 years	2	1.70%	
		>50 years	2	1.70%	
Question 7	Yes	20 years to 30 years	171	77.00%	0.237
		31 years to 40 years	36	16.20%	

		41 years to 50 years	7	3.20%	
		>50 years	8	3.60%	
	No	20 years to 30 years	147	82.10%	
		31 years to 40 years	22	12.30%	
		41 years to 50 years	8	4.50%	
		>50 years	2	1.10%	
Question 8	Yes	20 years to 30 years	170	77.60%	0.031
		31 years to 40 years	35	16.00%	
		41 years to 50 years	5	2.30%	
		>50 years	9	4.10%	
	No	20 years to 30 years	148	81.30%	
		31 years to 40 years	23	12.60%	
		41 years to 50 years	10	5.50%	
		>50 years	1	0.50%	
Question 9	Yes	20 years to 30 years	178	75.70%	0.163
		31 years to 40 years	38	46.20%	
		41 years to 50 years	11	4.70%	
		>50 years	8	3.40%	
	No	20 years to 30 years	140	84.30%	
		31 years to 40 years	20	12.00%	
		41 years to 50 years	4	2.40%	
		>50 years	2	1.20%	
Question 10	Yes	20 years to 30 years	205	77.90%	0.362
		31 years to 40 years	40	15.20%	
		41 years to 50 years	9	3.40%	
		>50 years	9	9 3.4%	
	No	20 years to 30 years	113	81.90%	
		31 years to 40 years	18	13.00%	
		41 years to 50 years	6	4.30%	
		>50 years	1	0.70%	
Question 11	Yes	20 years to 30 years	208	79.10%	0.414
		31 years to 40 years	37	14.10%	
		41 years to 50 years	9	3.40%	
		>50 years	9	3.40%	
	No	20 years to 30 years	110	79.70%	
		31 years to 40 years	21	15.20%	
		41 years to 50 years	6	4.30%	
		>50 years	1	0.70%	
Question 12	Yes	20 years to 30 years	157	74.10%	0.015
		31 years to 40 years	36	17.00%	
		41 years to 50 years	10	4.70%	

		>50 years	9	4.20%	
	No	20 years to 30 years	161	85.20%	
		31 years to 40 years	22	11.60%	
		41 years to 50 years	5	2.60%	
		>50 years	1	0.50%	
Question 13	Yes	20 years to 30 years	173	77.60%	0.313
		31 years to 40 years	35	15.70%	
		41 years to 50 years	11	4.90%	
		>50 years	4	1.80%	
	No	20 years to 30 years	145	81.50%	
		31 years to 40 years	23	12.90%	
		41 years to 50 years	4	22.20%	
		>50 years	6	3.40%	
Question 14	Yes	20 years to 30 years	207	81.20%	0.141
		31 years to 40 years	31	12.20%	
		41 years to 50 years	12	4.70%	
		>50 years	5	2.00%	
	No	20 years to 30 years	111	76.00%	
		31 years to 40 years	27	18.50%	
		41 years to 50 years	3	2.10%	
		>50 years	5	3.40%	
Question 15	Yes	20 years to 30 years	192	78.40%	0.923
		31 years to 40 years	37	15.10%	
		41 years to 50 years	9	3.70%	
		>50 years	7	2.90%	
	No	20 years to 30 years	126	80.80%	
		31 years to 40 years	21	13.50%	
		41 years to 50 years	6	3.80%	
		>50 years	3	1.90%	

DISCUSSION

Study statistics and results are alarming and require professional attention as there is such a high count of patients suffering from OCD. The main cause behind this seems to be untreated OCD, which tells that due to some factors people don't get proper treatment. Most of the patients include young teenagers as the stats as well as past studies show a noticeable ratio of occurrence of OCD in adults. Reasons include unawareness of the sign and symptoms, progression, and severity of the disease. Reasons behind unawareness are lack of acknowledgment and social stigma. Another main reason for untreated OCD is the lack of screening tools, measures, and instruments which makes OCD a misdiagnosed and poorly recognized disorder so evaluation of screening tools and their use in reducing disease burden are important areas for further research. Another reason for having such an alarming result of OCD among youth is the recent inflation that has hit the Turkish economy in the worst way. The lack of financial or social support among most of the students studying at Turkish universities has suffered people with various mental disorders and

OCD is one of the prominent disorders among them. As observed in the above tables, the major group of people suffering from this ailment is 20 years to 30 years of age. Focusing on gender, it is clear that OCD is more common among females as compared to males. The possible reason is the more disturbance in the social life of a woman as compared to men. In past years, various research studies have been carried out to prove that males are less likely to suffer from OCD as compared to women. Our demographic studies have reported female predominance in prevalence which has been reported in past studies across the world [29-31]. Subjects with OCD in our study had a history of hypertension 42.6% followed by diabetes 30.5%, mental disorder 14.2%, and Tobacco smoking 12.7%. Around 51.2% of people agree that their routine activities take a long time to complete, this could lead to academic failure and occupational impairment as well. 56% of people agree that they need reassurance about their doings which could lead to a lack of self-confidence and self-esteem.

Overall study findings add to the growing evidence that OCD is common and is usually ignored which leads to a progression of the illness and Is associated with suicidal attempts. The statistics and results suggest that those people who are not fulfilling the criteria of OCD do need primary care and professional support to reduce the risk of morbidity.

LIMITATIONS

The screening of OCD was based only on the self-administered questionnaire and self-reported responses of the participants. No interview regarding the diagnosis was conducted to confirm the diagnosis. Unawareness of signs and symptoms, lack of knowledge, and lack of screening tools and measures are the reason why this common illness remains unrecognized. Therefore the estimate of prevalence might not be precise due to a lack of proper screening tools, measures, and instruments.

CONCLUSION

The statistics and the result of the study demonstrate that Obsessive-Compulsive disorder is taking an alarming turn as a mental disorder in the youth of Turkey and the demerit is, the lack of screening or diagnostic tools makes its determination and identification difficult which leads to a progression of the disease. Untreated OCD is more common in young females and has noticeable morbidity including suicidal thoughts. This finding is of high significance but in Turkey, it is not given that much importance as other mental illnesses such as anxiety and depression. So in nutshell, primary care health professionals and mental health professionals need to start looking at OCD as a life-threatening illness and should arrange awareness seminars and more importantly introduce proper screening tools and treatments to alleviate the spread of this life-threatening disease.

DECLARATIONS

Ethical Statement

This study has been carried out as an observational study using various questions. The request to publish the data has been sent to the ethical committee. All the participants of this study were informed before and had taken written consent to participate in this study.

Conflict of Interest

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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