

Beyond Symptom Severity: The Influence of OCD Stigma on Quality of Life

*Jacey L. Anderberg¹, Olivia J. Morris², Renee M., Frederick¹, Carolina Cappel^{3,4}, Paola Giusti-Rodriguez⁵, Matthew W. Halvorsen⁶, Gabriel Lázaro-Muñoz^{7,8}, Karen G. Martinez Gonzalez⁹, Manuel Mattheisen^{10,11}, Pablo R. Moya^{12,13}, Humberto Nicolini^{14,15}, Marcos E. Ochoa-Panaifo¹⁶, Michele T. Pato¹⁷, **Members of the Latin American Trans-ancestry Initiative for OCD genomics (LATINO), Andrew D. Wiese¹, James J. Crowley^{6,18}, & Eric A. Storch¹



*Scan to see a full list of author affiliations



**Scan to visit the LATINO website (www.latinostudy.org) and see Principal Investigators of the Latin American Trans-ancestry Initiative for OCD genomics (LATINO)

BACKGROUND

- Individuals with obsessive-compulsive disorder (OCD) largely report diminished quality of life.^{1,4}
- Stigma is one factor that is related to lower quality of life across various psychiatric disorders.^{2,3}
- However, limited research has examined the relation of stigma and quality of life in individuals with OCD.
- The current study sought to fill this gap by examining the relation of OCD stigma and quality of life while controlling for OCD symptom severity.

PRESENT HYPOTHESIS

OCD stigma will predict quality of life, even when controlling for OCD symptom severity.

METHOD

Participants

- $N = 157$ individuals with Latin American ancestry and OCD symptoms
- $M_{age} = 31.94$, $SD = 11.33$, 63% Female

Procedure

- Participants completed an online survey battery.
 - *Yale-Brown Obsessive-Compulsive Scale* ($M = 22.18$, $SD = 8.86$)
 - *Quality of Life Enjoyment and Satisfaction Questionnaire-Short Form* ($M = 46.40$, $SD = 11.78$)
 - *PROMIS Stigma* ($M = 15.67$, $SD = 6.96$)

Analyses

- Simple correlations to assess linear trends between current OCD symptom severity, OCD stigma, and quality of life
- Two-step regression to evaluate the extent to which OCD stigma predicts quality of life above and beyond OCD symptom severity

OCD stigma was a predictor of quality of life beyond the effect of OCD symptom severity.

Table 1: Hierarchical multiple regression predicting quality of life (QLES) scores from OCD symptom severity and OCD stigma

| | Model 1 β (SE) | Model 2 β (SE) |
|------------------------|---------------------------------|---------------------------------|
| Y-BOCS-II | -.825 (.095)* | -.618 (.096)* |
| PROMIS Stigma | | -.601 (.118)* |
| Δ R² | .355* | .104* |

* $p < .001$



jacey.anderberg@bcm.edu



RESULTS

- In step one of the regressions where OCD symptom severity was entered as a predictor for quality of life, the model accounted for 35.5% of the variance, and OCD symptom severity was a significant predictor of quality of life ($\beta = -.825$, $p < .001$).
- Step two explained significantly more variance (R^2 change = .104, $p < .001$) and OCD stigma was a significant individual predictor ($\beta = -.601$, $p < .001$) of quality of life.
- The overall model was found to be significant $F(2, 135) = 57.38$, $p < .001$.

DISCUSSION

- OCD symptom severity, OCD stigma, and quality of life were all significantly related, as consistent with previous research.
- Those who endorsed higher levels of OCD stigma were more likely to report lower quality of life, even when accounting for OCD symptom severity.
- Reducing OCD stigma may represent another effective and rewarding therapeutic target for patients with persistent OCD symptomology and assist in improving overall quality of life.

CONCLUSION

- OCD stigma appears to be a predictive factor of quality of life beyond the effect of OCD symptom severity.
- Clinicians with patients who are experiencing enduring OCD symptomology may consider shifting therapeutic focus toward the patient's perceived stigma regarding their OCD to improve quality of life.

FUTURE DIRECTIONS

- Examining the current relations within clinical samples and other minority populations
- Longitudinal or experimental designs
- Evaluating moderating factors in the OCD stigma and quality of life relation

REFERENCES

1. Eisen, J. L., Mancebo, M. A., Pinto, A., Coles, M. E., Pagano, M. E., Stout, R., & Rasmussen, S. A. (2006). Impact of obsessive-compulsive disorder on quality of life. *Comprehensive Psychiatry*, 47(4), 270-275. <https://doi.org/10.1016/j.comppsy.2005.11.006>
2. Holubova, M., Prasko, J., Ociskova, M., Kantor, K., Vanek, J., Slepecky, M., & Vrbova, K. (2019). Quality of life, self-stigma, and coping strategies in patients with neurotic spectrum disorders: A cross-sectional study. *Psychology Research and Behavior Management*, 12, 81-95. <https://doi.org/10.2147/PRBM.S179838>
3. Picco, L., Pang, S., Lau, Y. W., Jeyagurunathan, A., Satghare, P., Abidin, E., Vaingankar, J. A., Lim, S., Poh, C. L., Chong, S. A., & Subramaniam, M. (2016). Internalized stigma among psychiatric outpatients: Associations with quality of life, functioning, hope, and self-esteem. *Psychiatry Research*, 246, 500-506. <https://doi.org/10.1016/j.psychres.2016.10.041>
4. Subramaniam, M., Abidin, E., Vaingankar, J. A., & Chong, S. A. (2012). Obsessive-compulsive disorder: Prevalence, correlates, help-seeking, and quality of life in a multiracial Asian population. *Social Psychiatry and Psychiatric Epidemiology*, 47(12), 2035-2043. <https://doi.org/10.1007/s00127-012-0507-8>