

## **The Relationship Between Obsessive-Compulsive Disorder (OCD) and Anxiety Disorders**

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### **ABSTRACT**

*The consequences of anxiety disorders on OCD severity, therapy, and quality of life is examined in this study. OCD is one of the most frequent mental diseases, with a prevalence rate of 1-3%. Anxiety is the most common co-morbidity in many OCD patients. The study reviews data on how comorbid anxiety disorders like 'Generalized Anxiety Disorder' (GAD) affect OCD symptoms, functioning, and treatment outcomes. An evaluation of secondary data from published journals and medical reports focuses on the incidence and nature of comorbidity and its impact on patient health. As per the analysis, it was identified that there exists a significant impact of the comorbid anxiety disorders on OCD as well as the QoL of affected subjects and GAD, which showed an even stronger correlation. It concludes that the treatment of both OCD and anxiety disorders must be coordinated and involve an amalgamation of pharmacological and non-pharmacological treatments, such as ERP with CBT and medication. It also acknowledges the need for screening for other diseases, tailoring therapy for every patient, and interprofessional relations among carers. The recommendations are to advance practice recommendations and foster better outcomes for OCD and anxiety disorder subjects.*

**Keywords:** Obsessive-Compulsive Disorder (OCD), Anxiety Disorders, Comorbidity, Treatment Outcomes, Quality of Life (QoL)

### **1. Introduction**

#### **1.1 Background**

A common mental condition known as 'Obsessive-Compulsive Disorder' (OCD) is marked by repetitive rituals and obsessions. According to surveys, a small percentage of the world's population experiences 'Obsessive-Compulsive Disorder' (OCD), which causes a great deal of distress and impairment (Brock, Rizvi & Hany, 2024). French (2024) reports a lifetime

prevalence of 2.3% and an annual prevalence of 1.2% in the US. In 2019, 301 million people, or 4% of the world's population, were impacted by anxiety disorders, making them the most common mental health diseases worldwide (World Health Organisation, 2023). Anxiety disorders impact 19.1% of individuals in the US, with a higher prevalence among women compared to males (National Institute of Mental Health, 2024).

Constant worrying and other anxiety problems often occur together. A large percentage of people who suffer from 'Obsessive-Compulsive Disorder' (OCD) also suffer from another anxiety disorder; the comorbidity rates for specific phobia are 22%, social anxiety disorder is 18%, and 'generalised anxiety disorder' (15%). Increased anxiety and avoidance tendencies are common among people with both 'OCD' and 'GAD' (Sharma et al., 2021). According to Kinder et al. (2023), 'obsessive-compulsive disorder' (OCD) and 'generalised anxiety disorder' (GAD) have significant hereditary components.

## **1.2 Research Rationale**

Studies show that OCD lowers quality of life (QoL) across all dimensions compared to the general population (Subramaniam et al., 2013). Disorders related to anxiety are the most common comorbidity of OCD, occurring in 75.8% of cases, with social anxiety having the greatest impact on QoL. It is necessary to understand the link between OCD and anxiety disorders to develop comprehensive and effective treatments (Sharma et al., 2021).

## **1.3 Research Objective**

- To assess the effect of comorbid anxiety disorders on the overall severity and response to treatment of 'Obsessive-Compulsive Disorder' (OCD).
- To examine the clinical comorbidity of OCD and different forms of anxiety disorders to determine the pattern of interconnection, so as to help in the assessment and treatment of the disorders.

## **1.4 Research Question**

- What is the impact of comorbid anxiety disorders on OCD symptoms and on the efficacy of the standard treatment protocol?
- What are the prevalent patterns of comorbidity between OCD and different anxiety disorders, and how should these inform clinical assessment and therapeutic strategies?

## **1.5 Research Problem**

It is established that ‘Obsessive-Compulsive Disorder’ (OCD) leads to reduced QoL; research shows that the participants in the study had lower QoL levels than the general population in all domains. Comorbid anxiety disorders worsen this impairment; compared to those with OCD alone, people with OCD and anxiety disorders have lower QoL and functioning. Given the high comorbidity rates—up to 69% in some studies—and the profound impact on QoL, investigating the interplay between OCD and anxiety disorders is crucial for developing effective, integrated treatment strategies.

### **1.6 Research Significance**

Studying OCD and related anxiety disorders is vital since they negatively impair quality of life. Studies reveal that OCD sufferers have lower QoL overall than the general population. Dionisie et al. (2023) revealed that OCD patients had higher QoL domains than MDD patients but lower than schizophrenia patients. Anxiety worsens this disability. Hohls et al. (2021) found that depression caused OCD and related mental illnesses to have the worst QoL and functioning. OCD patients have worse QoL and depressed and anxious symptoms (Jahangard et al., 2018). Recognising the relationship between OCD and anxiety disorders, which impair QoL 45-69% of the time, is crucial for integrated treatment. OCD and anxiety should be addressed to promote patient well-being.

### **1.7 Chapter Summary**

Chapter 1 elaborates an overview of OCD and anxiety disorders in general, with particular focus on the fact that OCD is one of the common anxiety disorders. It underlines the importance of combined therapy because comorbid anxiety makes the quality of life of OCD patients worse. The purpose of the study is to identify the impact of these conditions on OCD symptoms, treatment efficacy, and functioning. It highlights the importance of the combined treatment approach in enhancing the results and quality of life of patients by treating both OCD and anxiety disorders.

## **2. Literature Review**

### **2.1 Introduction**

‘Obsessive-Compulsive Disorder’ (OCD) often coexists with other anxiety disorders, which affect the patient’s quality of life to a large extent. Consequently, it is vital to comprehend the rate and trends of these comorbidities, as well as their impact on treatment.

### **2.2 General Overview**

#### **2.2.1 Prevalence and Patterns of Comorbidity**

Analysing the effect of comorbidity between OCD and other anxiety disorders, it is possible to identify the nature of their relationship and the consequences.

### 1. High Prevalence of Comorbid Anxiety Disorders in OCD Patients

There is a high prevalence of anxiety disorders among those who have OCD, as shown by various research studies. More than 15,000 participants were included in the systematic review and meta-analysis by Sharma et al. (2021), and the overall rate of comorbidities was found to be 69%. The commonest conditions related to the use of the drugs were mood disorders, major depression, and anxiety disorders, particularly generalised anxiety disorders. It also supports the need for intensive assessment of patients with OCD and other forms of anxiety disorders that may be present.

**Figure 2.1: Symptoms of OCD**



(Source: Edge Treatment Center, 2024)

### 2. Specific Anxiety Disorders Commonly Associated with OCD

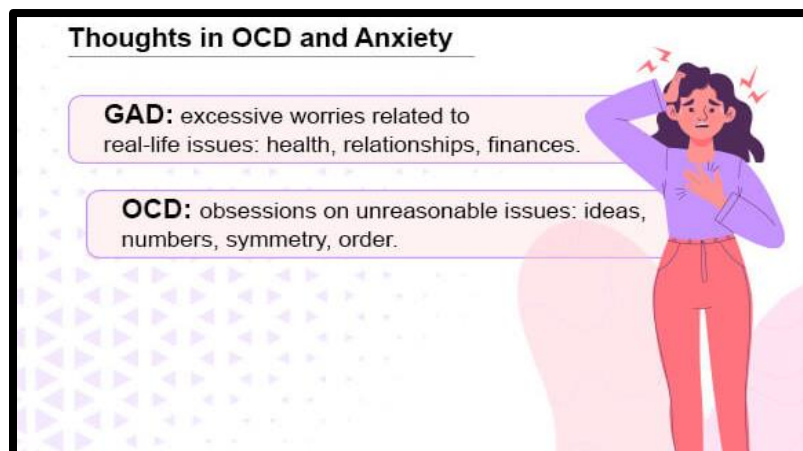
Some anxiety disorders are closely related to OCD than others. In their study, Sharma, Rosário, et al. (2021) established that GAD coexisted with OCD in 33.56% of the patients. Patients with both OCD and GAD had a higher level of avoidance behaviour and a higher level of anxiety as compared with patients with OCD only. This study underlines the necessity of diagnosing certain peculiar anxiety disorders in the approach to patients with OCD.

### 3. Variability in Comorbidity Rates Across Different Populations

Cross-sectional studies reveal that comorbidity rates between OCD and anxiety disorders differ across community and clinic samples. In a recent survey conducted by Altınbaş (2021) that focused on patients with bipolar disorder, the overall lifetime prevalence of comorbid anxiety disorder was 40.5%, with panic disorder, GAD (Generalised Anxiety Disorder), SAD (Social Anxiety Disorder), and OCD (Obsessive-Compulsive Disorder) being the most prevalent. These variations point to the fact that each population should be treated differently, assessed and addressed in a different manner.

The presence of OCD and anxiety disorders is strongly connected and differs according to the studied sample. Prognosis improvement requires both individual-focused diagnostic strategies and methods to evaluate OCD with other anxiety disorders concurrently.

**Figure 2.2: OCD and Anxiety Disorder**



(Source: MED vidi, 2022)

### **2.2.2 Impact on Clinical Severity**

The presentation of OCD becomes more complicated through mental health anxiety and this mental illness has functional consequences for affected patients.

#### **1. Symptom Severity and Phenotypic Expression**

Other anxiety disorders should be recognized as elements which affect both the severity and performance of OCD symptoms. Patients with both OCD and GAD showed increased anxiety severity and stronger avoidance tendencies based on findings by Reddy et al (2020). These individuals presented with higher prevalence of co-occurring anxiety disorders which showed clear evidence of disorder interactions.

## 2. Functional Impairment and Quality of Life

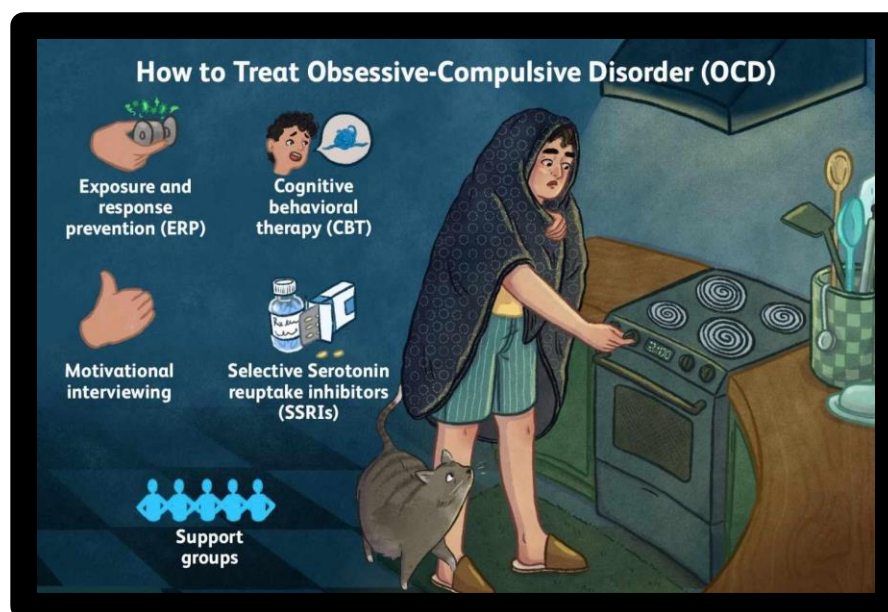
Comorbid anxiety disorders create substantial functional problems for individuals who have OCD. According to Filippis et al. (2024), it is evident that such illnesses are likely to result in hospitalisation and lead to more episodes of depression. For example, a comparison between BD with and without OCD showed that the former had a higher number of depressive episodes. This supports understanding of the effect of comorbid anxiety disorders on the general functioning and well-being of patients.

## 3. Treatment Response and Prognosis

There are various moderating factors regarding the impact of anxiety disorders on the treatment of OCD. Based on the paper by Khalkhali et al. (2023), it will be seen that patients with comorbid GAD had no adverse effects on the results of the patients with OCD. The outcome of this study also shows that it would be unwise to distinguish between OCD and GAD as two different diseases, especially in treatment.

It is essential to establish ‘obsessive-compulsive disorder’ and anxiety disorders as high-priority conditions to ensure that they are diagnosed and managed satisfactorily to improve the quality of life for patients with such conditions.

Figure 2.3: Ways to Treat OCD



(Source: Christiansen, 2024)

### **2.2.3 Implications for Treatment Strategies**

Therefore, it is necessary to design the treatment plans to address this population, as stated earlier, the prevalence of OCD and anxiety disorders is high.

#### **1. ‘Cognitive Behavioral Therapy’ (CBT) and ‘Exposure Response Prevention’ (ERP)**

CBT is still considered to be a first-line treatment if used with ERP for both anxiety disorders and OCD. Pinciotti et al. (2024) also note that it is important to identify the presence of OCD and anxiety disorder for the subsequent course of action. They stressed the need to identify and quantify the relation between OCD and anxiety to be positive for one to get the right treatment plan.

#### **2. Pharmacotherapy Integration**

It has been known that adding pharmacotherapy to a psychotherapeutic approach can be beneficial for the patient. Nezgovorova et al. (2022) describe a study that aims to compare the effectiveness of adding SSRIs to CBT/ERP treatment. Their results point to the efficacy of this treatment in both OCD and anxiety disorders, which underlines the need for individualized approaches.

#### **3. Addressing Comorbid Depression**

Depression is common in OCD and anxiety disorder patients, making treatment a challenge. Breteler et al. (2021) established that other individual-based therapies aimed at anxiety can also help reduce depressive symptoms. They also assert, “Comorbid depressive symptoms are also reliably reduced by anxiety-focused interventions.” This implies that the various treatment intervention plans should not only address substance use disorders, but also all related disorders as well.

‘Cognitive behavioral therapy’ with ritual prevention and exposure, proper medication treatment, as well as strategies for treating comorbid depression, should be used in the treatment of individuals diagnosed with both OCD and other anxiety disorders. Treating the individual in accordance with their particular situation increases the chances of better results and a better quality of life.

**2.2 Literature Gap**

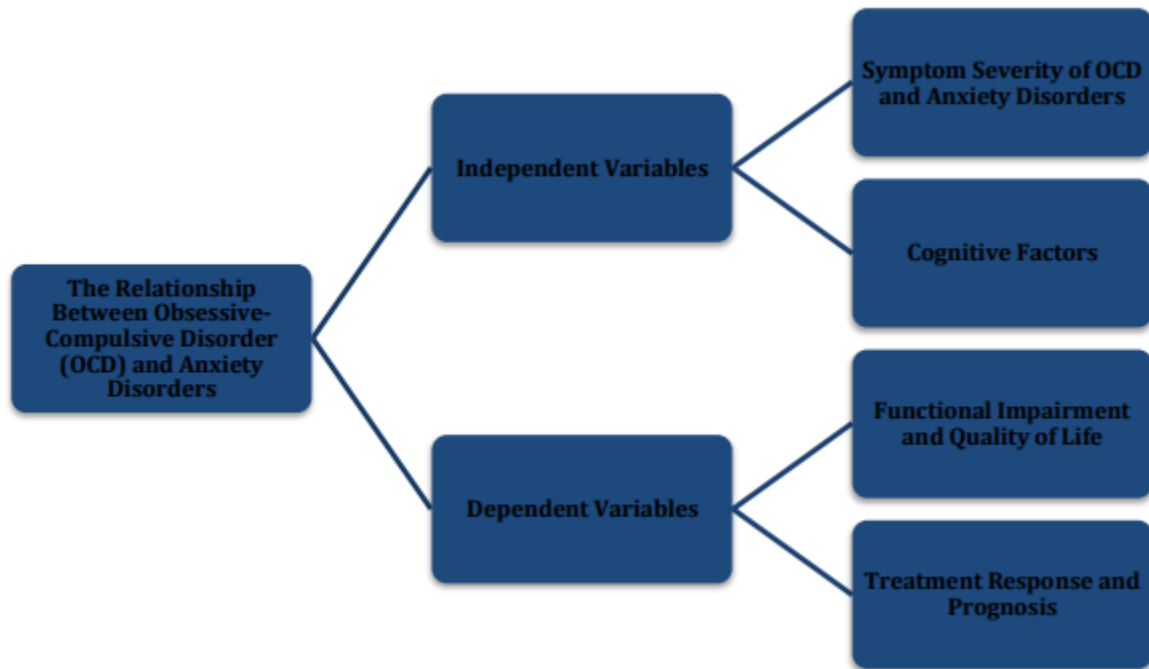
**Figure 2.4: Research Gap**

<b>Research Gap</b>	<b>Study Reference</b>
<b>There is a lack of longitudinal studies on the impact of comorbid anxiety disorders on OCD progression.</b>	Sharma et al. (2021)
<b>Underexplored impact of specific anxiety disorders (e.g., GAD) on OCD severity and treatment outcomes.</b>	Sharma, Rosário, et al. (2021)
<b>There is a need for more targeted research on comorbidity rates across diverse populations and settings.</b>	Altinbaş (2021)
<b>Limited research on the complex relationship between comorbid anxiety disorders and depressive symptoms in OCD patients.</b>	Filippis et al. (2024)
<b>There is a lack of studies exploring integrated treatment approaches for OCD and comorbid GAD.</b>	Khalkhali et al. (2023)
<b>Insufficient research on the long-term efficacy of combining CBT, ERP, and pharmacotherapy for comorbid OCD and anxiety.</b>	Pinciotti et al. (2024), Nezgovorova et al. (2022)
<b>There is a need for more studies addressing the role of comorbid depression in OCD and anxiety treatment protocols.</b>	Breteler et al. (2021)

This research will fill in the above gaps by investigating the effects of anxiety disorders on the long-term course of OCD, comparing the relationship between each anxiety disorder and OCD severity, and evaluating combined anxiety disorder and OCD treatments. Furthermore, it will explore the influence of comorbid depression on treatment effectiveness and the subsequent outcomes of the patients.

## 2.3 Theoretical Framework

Figure 2.5: Theoretical Framework



## 3. Methodology

### 3.1 Introduction

This chapter will establish the research design that was adopted in the exploration of the relationship between OCD and other anxiety disorders. This is why this research uses interpretivist research approach and relies on secondary data in the form of journal articles and medical records.

### 3.2 Research Paradigm (Philosophy, Approach & Strategy)

**Interpretivism** is used in this study because the objective in this research is to assess the perceived experience with respect to OCD and anxiety disorders. Interpretivism, on the contrary, presupposes that reality is social constructs that can be interpreted by meanings and languages. This is in line with the qualitative type of research that comprises the research study on people's beliefs, attitudes and reasons (Snyder, 2019).

The research adopts only the **descriptive** research approach to establish the relationship between OCD and other anxiety disorders by collecting secondary data in the form of medical reports, articles and journals (Pandey & Pandey, 2021).

As this study is secondary research, the methodology involves the examination of qualitative data collected from medical reports, journals, and other academic sources. Secondary data analysis enables the research questions to be answered through the analysis of data that has been collected previously (Mishra & Alok, 2022).

### **3.3 Data Collection**

Sources of information to be used in this secondary qualitative research will include; medical reports, peer-reviewed articles, and scholarly journals that are recent. It will facilitate a scrutiny of the previous information and will help in the examination of the relationship between OCD and other anxiety disorders.

### **3.4 Qualitative Data Analysis**

Data analysis refers to the process of scrutinising data collected in qualitative research, in the form of text information or audio or video data. This includes encoding, this is widely used in coding part of the data where categorization and analysis is required (Busetto et al., 2020). For instance, thematic approach involves identifying themes in the data and providing an inclusive and cohesive interpretation of the study question (Bannister, Tyrrell & Meiqari, 2020).

### **3.5 Ethical Consideration**

The study employing secondary data must determine the ethical criteria followed during primary research, such as informed consent and ethical clearance (Arifin, 2018). However, the acquired data should be used solely for study and in accordance with ethical standards in different nations. These ethical practices focus on participant protection and research compliance.

### **3.6 Summary**

This chapter has explained the research philosophy that was used in the study, which was interpretivism; the research approach that was used, which was secondary research using secondary sources of data; and finally, the issues of ethics involved in the use of secondary sources of data. The reasons for such decisions are to finalise a less invasive examination of the connection between the comorbid anxiety disorders and OCD.

## **4. Findings and Analysis**

### **4.1 Introduction**

It gives a brief and critical analysis of related literature on comorbid OCD and other anxiety disorders. Furthermore, it explores the impact of these comorbidities on the severity of OCD and the response to traditional treatments. Further, comorbidity trends are discussed and analysed, along with how they can be implemented when presenting with various symptoms.

### **4.2 Analysis of the Data**

OCD is a common anxiety disorder which determines the severity of the disorder and conventional therapy approaches. Practitioners need to understand these dynamics to provide appropriate assessments and treatment plans.

#### **4.2.1 Influence of Comorbid Anxiety Disorders on OCD Severity and Treatment Outcomes**

It is shown that other anxiety disorders, especially GAD, perpetuate OCD symptoms by increasing the amount of avoidance behaviour and the severity of anxiety, thus the level of impairment. Another factor is that when the client presents with comorbid depression, the treatment has been found to be worse than that of clients who do not present with depression (Breteler et al., 2021). This is something that has been seen to reduce treatment response and remission rates, which is a known problem when dealing with several disorders. This emphasises the need for the combined treatment of OCD and any contemporaneous diagnoses (Meshberg-Cohen et al., 2021).

#### **4.2.2 Prevalent Patterns of Comorbidity Between OCD and Different Anxiety Disorders**

Specific to OCD, it is well established that the condition is highly comorbid with other anxiety disorders, with different patterns. Lifetime comorbidity has been established to be 22% for specific phobia, 18% for SAD and 30% for GAD. These statistics add to the complexity of the comorbidity and the need to conduct a comprehensive evaluation that includes various possible coexisting conditions (Goldstein-Piekarski et al., 2016).

It is also important to note that the presence of OCD with depression is associated with clinical prominence and treatment response. Research has also indicated that comorbid depression in OCD worsens the symptoms and impairs the effectiveness of regular treatments, and thus calls for single and combined therapies (Castle et al., 2022).

### **4.2.3 Implications for Clinical Assessment and Therapeutic Strategies**

The relationship between OCD and coexisting anxiety disorders is complex and cannot be easily generalised. It is mandatory to assess the possibility of having anxiety disorders and depression in the course of developing a patient's treatment plan. CBT combined with ERP has evidence supporting its efficacy, although modifications may be needed when dealing with comorbidities (Twohig et al., 2018). However, it is essential to carry out SSRIs according to the presence of several illnesses (Chen et al., 2019). Teamwork-based approaches that involve several healthcare workers are widely embraced as they provide holistic care. Identifying comorbidity is important in that it allows clinicians to design treatment strategies that are tailored towards the patients in question.

## **4.3 Discussions**

There has been research done on the relationship between 'Obsessive-Compulsive Disorder' (OCD) and anxiety disorders, which has resulted in the formulation of numerous theoretical models. Knowledge of these models is useful when it comes to improving clinical ratings and designing therapeutic approaches.

### **4.3.1 Cognitive-Behavioral Models**

According to the cognitive-behavioural account, people who have OCD have adverse attitudes towards responsibility and the necessity to prevent non-desirable thoughts (Spencer et al., 2022). These beliefs may cause anxiety disorders as a result. For instance, overestimation of threats and increased responsibility may lead to increased anxiety, which in turn will cause OCD and other comorbid anxiety disorders.

### **4.3.2 Neurocognitive Models**

Neurocognitive theories of OCD emphasise cognitive inflexibility and response inhibition as mediators of co-occurring anxiety disorders (Kalanthoff & Wheaton, 2022). These deficits may help explain the development and persistence of both, which indicates the importance of neurocognitive mechanisms in the co-occurrence of these disorders.

### **4.3.3 Dimensional and Hierarchical Models**

In the HiTOP model, psychopathology symptoms are grouped into spectra based on the across-symptom co-occurrence patterns (Kotov et al., 2020). In this context, OCD and anxiety disorders can be classified as internalising disorders characterised by high negative affectivity. This model supports the view that these disorders are associated and may be due to common factors, with various combinations of symptoms possible.

#### **4.3.4 Implications for Clinical Assessment and Treatment**

Cognitive-behavioural, neurocognitive, and dimensional models help in comprehending the link between OCD and the other anxiety disorders. Cognitive analysis in the case of such distortions as TAF may help in restructuring the erroneous patterns of thinking; determination of the possible neurocognitive deficits aids in teaching cognitive skills. For this reason, dimensional models such as the HiTOP will assist in developing a broad inventory that can be utilised to create better individualised treatment plans. These models assist in the enhancement of the diagnosis of the disorders and also assist clinicians in developing treatment plans for patients diagnosed with both OCD and other anxiety disorders (Kalanthoff, & Wheaton, 2022).

#### **4.4 Summary**

Specifically, in this chapter, the connections between OCD and anxiety disorders were described with regard to the severity and treatment outcomes as well as the individualised management of the disorder.

### **5. Conclusion and Recommendation**

#### **5.1 Conclusion**

This study contributes to the understanding of the high prevalence of OCD and anxiety disorders as well as the relationship between them. These two conditions not only aggravate the disease but also complicate the treatment of OCD. This is more apparent in anxiety comorbidity since the patients are likelier to experience more functional impairment, and will, as such, need to be treated both for OCD and the anxiety disorder. This is crucial in understanding comorbidity profiles and how they affect the development of patients' care plans.

#### **5.2 Recommendation**

- **Holistic Approach:** Treatment should encompass both OCD and the other associated anxiety disorders in order to address them. CBT has been recommended in managing both conditions, particularly when used alongside ERP.
- **Comorbidities:** It is important to look for all the possibilities of the diagnosis regarding anxiety disorders and depression, so treatment can be determined.
- **Pharmacological implications:** As a class of drugs, SSRIs are used to manage both OCD and anxiety-related disorders. This means that improving their consumption alongside treatment of other diseases may improve the outcomes (Reddy et al., 2017).

**Multi-disciplinary care:** All health care givers such as psychologists, psychiatrists and counsellors are involved in the formulation of an individual's treatment plan.

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