

Prevalence of Obsessive-Compulsive Personality Disorder in Medical Students

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Abstract

Objective: Obsessive-compulsive personality disorder (OCPD) is a cluster C personality disorder, and the most prevalent one. It is mainly characterized by perfectionism and can cause distress and functional impairment in the individual. This study aimed to determine the prevalence of OCPD in medical students, investigate the effect of this disorder on students' academic performance, and discover any possible related factors.

Methods: This cross-sectional observational study consisted of 508 medical students enrolled at the University of Jordan in 2021. It utilized a questionnaire that enquired about their sociodemographic information, academic information, and study habits. It also contained questions about the diagnostic criteria of OCPD from the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and questions from the Personality Inventory for the DSM-5 (PID-5) to assess the presence of the rigid perfectionism personality trait.

Results: Fifty-one percent of the studied sample either fulfilled the DSM-5 criteria or showed moderate or high expression of rigid perfectionism, according to the PID-5. More than two-thirds of the students able to be diagnosed with OCPD reported being overwhelmed with anxiety and stress at times of exams, and 41.5% stated that they skip sleep before exams even though they have finished studying.

Conclusion: The reported prevalence of 51.18% in medical students is ten times the prevalence of OCPD in the general population. There was no association between OCPD and the students' gender or academic performance. Students affected by OCPD seem to experience overwhelming amounts of stress and may need mental health support in the form of regular check-ups and counseling services.

Keywords: OCPD, mental health, perfectionism, obsession, personality disorders

(J Med J 2024; Vol. 58(1): 37–43)

Received

Accepted

June 6, 2022

September 25, 2022

INTRODUCTION

Personality is the structured pattern of characteristics and behaviors comprising an individual's unique adjustment to life [1]. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) defines personality disorders as a long-term pattern of inner experience and behavior that deviates markedly from the individual's cultural expectations [2].

According to the DSM-5 classification, personality disorders consist of three main clusters: Cluster A (the 'odd, eccentric' cluster); Cluster B (the 'dramatic, emotional, erratic' cluster); and,

Cluster C (the 'anxious, fearful' cluster). Cluster C includes obsessive-compulsive personality disorder (OCPD) [2].

The DSM-5 estimates that the overall prevalence of OCPD in the general population ranges between 2.1–7.9% [2]. A study conducted in 2004 found that 14.79% of adult Americans suffer from at least one personality disorder, with OCPD being the most prevalent in the general population at a rate of 7.88% [3].

A diagnosis of OCPD requires that four of the following eight DSM-5 criteria be present: over-attention to rules and details; perfectionism that interferes with task completion due to personal overly strict standards; an excessive devotion to work that negatively affects leisure activities and social life; inflexibility on matters of ethics, morals, and values;

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inability to remove worthless objects; reluctance to delegate tasks; miserly spending style for self and others; and, rigidity or stubbornness. People with OCPD may also complain of impairments in personality functioning, significant distress, and occupational dysfunction [2].

Risk factors for OCPD include having pre-existent anxiety disorders, and gender, with males potentially being twice as likely to be diagnosed with OCPD [2]. Genetic and psychosocial factors play a role in developing personality disorders in general; a family history of OCPD may be a factor of consideration, along with parental dominance and over-control during childhood [4].

When it comes to the effects of OCPD on students, according to studies conducted on medical students, adaptive perfectionism was significantly associated with better academic performance [5, 6]; however, maladaptive perfectionism led to academic burnout, depression, and psychological distress [5–8]. While no studies about OCPD in medical students exist, some studies have described patterns of obsessive-compulsive thoughts being highly prevalent in medical students [9, 10].

Furthermore, individuals with OCPD experience moderate or severe impairment in their professional or social lives [11]. Additionally, OCPD can be accompanied by obsessive-compulsive disorder (OCD), or eating, mood, and anxiety disorders [2, 12, 13]. OCPD is also considered an independent risk factor for developing suicidal behavior, regardless of whether it is accompanied by depressive symptoms [14, 15]. In context, the prevalence of depressive symptoms among medical students in one study was 27.2%, with 11.1% of the students having suicidal ideations [16]. The negative effects of OCPD cause its patients to seek medical help [4].

However, despite its importance, no studies have addressed the prevalence of OCPD among medical students; as such, we hypothesize that it is highly prevalent in medical students. We aim to study the prevalence of OCPD in medical students and check if students with OCPD tend to have different academic and psychosocial characteristics related to their condition.

METHODS

Participants

This observational, descriptive cross-sectional study was conducted at the University of Jordan in Amman, Jordan. It included all students enrolled at the School of Medicine at the university. Using a self-completed online questionnaire, 508 medical students participated, making up around 15% of all registered

medical students in 2021.

MATERIALS AND PROCEDURES

Data collection and instruments

We designed an online, 25-item questionnaire to survey the participants. It consisted of multiple sections enquiring about sociodemographic and academic information such as age, grade point average (GPA), and academic year. Another section focused on study habits, such as studying from extracurricular sources, skipping sleep before exams, and being anxious before exams. The questionnaire also included questions that assessed the eight DSM-5 diagnostic criteria and ten questions from the personality inventory for DSM-5 (PID-5) [17], which evaluate the presence of the rigid perfectionism personality trait facet.

Around 3,400 participants received the questionnaire in digital form via an online social platform used for official announcements from the school's administration, or in-person by scanning a QR code linked to the questionnaire.

Data analysis

The 26th version of the Statistical Package for Social Sciences (SPSS) software for Windows was the primary tool for data analysis. Cross-tabulations, Chi-square tests, and one-sample binomial tests were performed to assess OCPD in medical students. A *p*-value of less than 0.05 was considered significant.

For a participant to be eligible for OCPD diagnosis, they either had to fulfil four of the eight DSM-5 diagnostic criteria or show moderate or high expression of rigid perfectionism, according to the PID-5 questions. The questions that assessed the DSM-5 criteria gave descriptions with which the participants had to either agree or disagree in terms of depicting themselves. The ten PID-5 questions assessing rigid perfectionism gave an average score for each participant. An average score of 0 implied no expression, 1 implied mild expression, 2 implied moderate expression, and 3 implied high expression of rigid perfectionism.

Ethical considerations

The study gained approval from the Ethical Scientific Research Committee and the Institutional Review Board of the School of Medicine at the University of Jordan. All participants voluntarily consented to take part. We did not collect any personal information, and we dealt with the data professionally, taking into consideration the privacy of our participants.

RESULTS

Sample characteristics

The study consisted of 508 participants, all of

whom were medical students at the University of Jordan. There was a slight predominance of female respondents (54.5%). More than two-thirds (70.5%) of the participants were students in clinical training years,

which are the last three in the undergraduate program at the University of Jordan. Table 1 shows the sociodemographic data of the studied sample.

Table 1: Sample Characteristics

		Number (%)
Gender:	Male	231 (45.5%)
	Female	277 (54.5%)
Academic year:	First	28 (5.5%)
	Second	43 (8.5%)
	Third	79 (15.6%)
	Fourth	97 (19.1%)
	Fifth	216 (42.5%)
	Sixth	45 (8.9%)
Grade point average (GPA):	Fair	22 (4.3%)
	Good	98 (19.3%)
	Very good	174 (34.3%)
	Excellent	214 (42.1%)

Prevalence of participants fulfilling the criteria for OCPD

Out of 508 students, 260 participants fulfilled the criteria to be diagnosed with OCPD, contributing to a prevalence of 51.18% (95% *CI* = 46.74–55.61) of OCPD among these medical students, according to the DSM-5 diagnostic criteria or the moderate or high expression of obsessive traits according to PID-5. According to the DSM-5 diagnostic criteria alone, the prevalence of OCPD in medical students would be 40.16% (95% *CI* = 35.86–44.56).

According to the 'rigid perfectionism' personality trait facet of the PID-5 alone, 28.54% (95% *CI* = 24.65–32.69) of the participants had a moderate or high expression of obsessive personality traits.

Associated observations and behaviors

Table 2 describes our main points of interest regarding how OCPD might affect medical students. Of the studied sample, 302 (59.4%) students stated that they experienced high levels of anxiety before exams and needed distractions to ease their anxiety; 59.3% of these students fulfilled the criteria for OCPD. Of those students with OCPD, 68.8% experienced high levels of anxiety before exams. The results showed that 41.5% of the students with OCPD regularly skipped sleep before exams, even though they had finished studying the exam material.

Z-tests and Chi-Square tests determined no significant difference between the two groups in terms of academic grading and performance (Table 3).

Table 2: Variables Associated With OCPD

		Obsessive-Compulsive Personality Disorder (OCPD) Eligibility		<i>p</i> value
		Eligible for OCPD	Not Eligible for OCPD	
		Number (%)	Number (%)	
Gender	Male	115 (49.8%)	116 (50.2%)	.565
	Female	145 (52.3%)	132 (47.7%)	
Are you happy studying medicine?	Yes	212 (53.3%)	186 (46.7%)	.074
	No	48 (43.6%)	62 (56.4%)	
Do you get anxious before exams to a point that you need to distract yourself?	Yes	179 (59.3%)	123 (40.7%)	<.001
	No	81 (39.3%)	125 (60.7%)	
Do you find yourself skipping sleep the day before an exam, although you've finished studying?	Yes	108 (61.4%)	68 (38.6%)	.001
	No	152 (45.8%)	180 (54.2%)	
Do you depend on extracurricular sources in your studying rather than your lectures at school?	Yes	174 (53.9%)	149 (46.1%)	.109
	No	86 (46.5%)	99 (53.5%)	

* The Chi-square statistic is significant at the .05 level

Table 3: Academic Performance and OCPD

		Obsessive-Compulsive Personality Disorder (OCPD) Eligibility	
		Eligible for OCPD	Not Eligible for OCPD
		Number (%)	Number (%)
Grade point average (GPA)	Fair	11 (50.0%)	11 (50.0%)
	Good	50 (51.0%)	48 (49.0%)
	Very good	89 (51.1%)	85 (48.9%)
	Excellent	110 (51.4%)	104 (48.6%)

Interesting findings in our survey

The DSM-5 criteria most commonly shared by students with OCPD were a reluctance to delegate tasks to others (75.8%) and showing rigidity and stubbornness (66.9%). The PID-5 questions that most students with OCPD deemed as being a somewhat or very true description of themselves were 'it is important to me that things are done in a certain way' (88.8%) and 'people tell me that I focus too much on minor details' (77.3%).

DISCUSSION

This study aimed to measure the prevalence of OCPD in medical students and to check if students with OCPD tended to have different academic and psychosocial characteristics compared to those who did not have OCPD. The prevalence of OCPD in our sample is striking. Based on either fulfilling the DSM-5 diagnostic criteria of OCPD or showing moderate or high expression of rigid perfectionism according to the PID-5 questions, we found a 51.18% (95% CI = 46.74–55.61%) prevalence of OCPD among the sampled medical students.

These results show that OCPD was ten times more prevalent in our sampled students than in the general population, in which the prevalence according to the DSM-5 is 5% (2.1–7.9%) [2]. For further comparison, the prevalence of OCPD in the general population of the US in a 2004 study was 7.88% (7.43–8.33%) [3]; another study found it to be 8.7% in psychiatric outpatients already diagnosed with other mental illnesses [18].

In terms of gender-related disparities in OCPD prevalence, contrary to the DSM-5 report that males are twice as likely as females to have OCPD [2], our results demonstrated no significant difference between genders in the prevalence of OCPD ($p=.565$), supporting the findings of a study by Diedrich and Voderholzer [4].

We found no association between OCPD and academic performance in terms of GPA, although other studies have found that perfectionistic behaviors are positively associated with GPA [5, 19, 20]. This discrepancy in results is probably

due to the maladaptive perfectionism pattern in OCPD, instead of the adaptive perfectionism pattern addressed in the other studies [21]. In addition, students with OCPD did not seem to use different sources to study ($p=.109$). Future research could explore the effect of OCPD on study duration and possible associated stress due to the perfectionistic goals of affected students.

According to our data, being eligible for an OCPD diagnosis was significantly associated with overwhelming anxiety at times before exams ($p<.001$), as well as skipping sleep before exams even though the student had finished studying ($p=.001$). Since medical students are already at an increased risk of developing anxiety, distress, burnout, and even suicidal thoughts [16, 22–25], OCPD, which is an independent factor for developing these issues [2, 4, 12, 14, 15], could be considered an additional factor in medical students' mental illnesses.

We recommend implementing regular mental health check-ups to detect and manage psychiatric illnesses in medical students. University counseling services lead to effective detection and management of mental health issues and distress [26, 27]. Furthermore, students in need should be offered psychotherapy and appropriate medical therapy. Cognitive and cognitive-behavioral therapy help alleviate OCPD symptoms and any concurrent, comorbid depression or anxiety [4].

To conclude, we found that OCPD's prevalence in medical students was 51.18%, ten times the prevalence in the general population. In this study, being eligible for a diagnosis of OCPD had no significant association with GPA or gender, and students with OCPD underwent overwhelming amounts of stress before exams. Future studies could focus on the psychiatric illnesses that may follow OCPD and could further explore the effect of OCPD on students' social lives and study patterns.

There are a few limitations to this study. Recall bias may have affected participants' responses. Moreover, the response rate of our sample may affect the generalizability of the findings. Also,

students' reporting of anxiety was subjective because we did not use an objective scale to assess it; we tried to be as specific as possible by asking

about anxiety that needed distraction, and sleep deprivation not caused by a need to study.

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مدى انتشار اضطراب الشخصية الوسواسية بين طلاب الطب

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الملخص

الخلفية والأهداف: اضطراب الشخصية الوسواسية يصنف تحت اضطرابات الشخصية من نوع C. أهم خصائص هذا الاضطراب هي الكمالية التي تؤدي إلى كرب المريض وتعطل في نشاطاته ووظائفه. وتهدف هذه الدراسة لمعرفة مدى انتشار هذا الاضطراب في طلاب الطب، ومعاينة أثره على أدائهم الأكاديمي وإيجاد العوامل المتعلقة به.

منهجية الدراسة: شملت هذه الدراسة المقطعية 508 من طلاب الطب في الجامعة الأردنية في عام 2021. اعتمدت الدراسة على استبيان يستكشف بيانات الطلاب الاجتماعية والأكاديمية، كما احتوى الاستبيان على أسئلة من كتيب تشخيص الاضطرابات النفسية (DSM-5) والاستبيان المخصص له (PID-5) للتحقق من وجود الاضطراب وسمات الشخصية الكمالية.

النتائج: تبين أن واحداً وخمسين بالمئة من العينة المدروسة لديهم ما يكفي من الخصائص لتشخيصهم باضطراب الشخصية الوسواسية وسمات الشخصية الكمالية. كما اتضح أن أكثر من ثلثي الطلاب الذين لديهم الاضطراب يشعرون بالقلق والتوتر الشديدين في فترة الامتحانات، حيث أن 41.5% منهم لا يستطيعون النوم في الليالي التي تسبق الامتحانات مع أنهم أنهم كانوا دراستهم.

الاستنتاجات: نسبة انتشار اضطراب الشخصية الوسواسية التي وجدت في هذه الدراسة (51.18%) تعادل عشرة أضعاف نسبة انتشاره في عامة المجتمع. كما خلصت الدراسة إلى عدم وجود علاقة بين وجود الاضطراب وجنس الطلاب أو أدائهم الأكاديمي. يتعرض الطلاب المتأثرين باضطراب الشخصية الوسواسية إلى كمٍ مفرط من القلق والتوتر مما يستلزم الدعم النفسي من خلال المراجعات الدورية وتقديم الاستشارات النفسية.

الكلمات الدالة: الكمالية؛ الصحة النفسية؛ اضطرابات الشخصية؛ الوسواس.