

Prevalence of Obsessive-Compulsive Disorder Symptoms in a Sample of Medical Students in Iraq

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Abstract

Background: Obsessive-compulsive disorder (OCD) is a common mental health condition where a person has obsessive thoughts and compulsive behaviours. The worldwide prevalence of OCD is approximately 2% of the general population.

Objective: To assess the prevalence of obsessive-compulsive disorder symptoms in a sample of medical students in Iraq.

Methods: A cross-sectional study using a convenience sampling method was conducted on 414 Iraqi medical students during the period from 1st November, 2022 to 28th February, 2023. Data were collected using a structured online questionnaire. The questionnaire consisted of two parts: The first included socio-demographic characteristics (age, gender, college year, residence, marital status) and risk factors, whereas the second part consisted of 20 items from the Revised Arabic Scale of Obsession-Compulsion.

Results: It was found that (38.9%) of participants had OCD symptoms. The overall weighted mean and standard deviation were 2.13 ± 0.599 , so any mean equal to or exceeding this value was highly indicative of OCD (and is considered the cut-off point). Significant associations were found between positive family history of OCD, age, college year, and OCD symptom score.

Conclusion: OCD symptoms were found in over one-third of the Iraqi medical students included in the study. A positive family history of OCD, younger age, and early college years seem to be associated with higher OCD symptom scores.

Keywords: Medical Students; Obsessive-compulsive symptoms; Revised Arabic Scale of Obsession-Compulsion.

Received: 18 June 2023, Revised: 15 April 2026, Accepted: 1st May 2026, Published Online: May 2026,
Published 01 July 2026

Citation: Jaber ZA, Talib MH, Habib MA, Habib KD, Habib HA. Prevalence of Obsessive-Compulsive Disorder Symptoms in a Sample of Medical Students in Iraq. J Fac Med Baghdad . . <https://doi.org/10.32007/jfacmedbaghdad2165>



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Introduction

Obsessive-compulsive disorder (OCD) is a common mental health condition in which a person has obsessive thoughts and compulsive behaviours. Some people develop symptoms early, often near puberty, but they usually start during early adulthood. OCD prevalence varies with age, geographic region, gender, and other factors. The OCD lifetime prevalence is estimated to be approximately 2% of the population (1-3).

At its most severe, OCD can impact a person's ability to work, care for themselves, and perform at school. People with severe OCD have obsessions with cleanliness and germs, leading them to take showers, wash their hands, not leave home for fear of contamination or clean their homes for hours a day. They may have obsessions about bad thoughts and persuade themselves that they have committed crimes or made big mistakes at work, and then have compulsions about apologizing or asking forgiveness (4).

In the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), "OCD has become the first item in a separate category under the name: Obsessive-Compulsive and Related Disorders" (5). These include OCD, hoarding disorder, body dysmorphic disorder, and body-focused repetitive behaviours such as trichotillomania, excoriation, onychophagia, substance/medication – induced obsessive-compulsive and related disorders (5,6).

During the literature review of some Iraqi studies that were conducted to find the prevalence of OCD, Taher et al. reported that 707 out of 1644 undergraduate medical students during the COVID-19 pandemic had OCD symptoms (43%) using the Obsessive-Compulsive Inventory-Revised scale (OCI-R), and Abas et al. found that 26 out of 102 psychology students had severe OCD using the Yale-Brown OCD Scale (YBOCS) (7,8) The prevalence of probable OCD in medical colleges was 6% in another study conducted by Hama et al. using the Obsessive-Compulsive Inventory-Revised scale (OCI-R) (9).

Data on the prevalence and correlates of anxiety, mood, behavioral, and substance disorders were obtained from a 2007-8 national survey of the Iraqi population, the Iraq Mental Health Survey (IMHS), in which Alhasnawi et al. showed that the prevalence of probable OCD was 3.6%. [10]

The current study is one of the few studies conducted in the Middle East and the first study in Iraq to assess OCD symptoms using the Revised Arabic Scale of Obsession-Compulsion (ASOC-R) as indicative of the presence of OCD symptoms in the population. The scale used simple statements, without using negatively worded questions, used five questions as distracters to avoid double negatives, and used multiple response alternatives. It has good internal consistency, high concurrent validity, and very high factorial validity, and the accessibility of two equivalent Arabic and English forms (11).

This study aimed to assess the prevalence of obsessive-compulsive symptoms among medical

students in Iraq using the Revised Arabic Scale of Obsession-Compulsion.

Subjects and Method

Study Design: A cross-sectional study design using a convenience sampling method was used to measure the prevalence of obsessive-compulsive symptoms among medical students from first to sixth year at Baghdad, Al-Kindy, Al-Mustansiriyah, and Al-Nahrain Medical Colleges, during the period from 1st November, 2022 to 28th February, 2023.

Population and Study Sample: The total number of the target population was 13580 medical students; the calculated sample size was 374 with a confidence level of 95%, margin of error of 5%, and population proportion of 50%. The actual number of participants was 414 medical students from four medical colleges.

Inclusion criteria: Medical students from Baghdad, Al-Kindy, Al-Mustansiriyah and Al-Nahrain medical colleges from first to sixth year, who were willing to participate in the study.

Exclusion criteria: Medical students from other Iraqi medical colleges.

Tools and Data Collection: Data were collected using a structured questionnaire consisting of two parts: Part 1 included sociodemographic characteristics (age, gender, college year, residence, marital status), having a relative with OCD, having been diagnosed with OCD, and having associated psychological symptoms. Part 2 consisted of 20 items of the revised ASOC. A short text on the objectives of the study was provided to the students at the head of the questionnaire, and they had the right to decide if they wanted to participate in the study and answer the questionnaire, or not. The questionnaire was distributed in Telegram groups by student representatives in each college from the first to the sixth year. The data were collected online on the internet through Google Form.

Scoring: The revised ASOC consists of 25 items, but five of them were distracters and had been excluded from the total score (Item numbers: 1, 5, 12, 17, and 20), the remaining 20 items are positive indicators of OCD symptoms (11).

The scores are calculated by adding the item scores for the 20 items. Each item of the revised ASOC was answered on a 4-point Likert-type scale: 1 (No), 2 (Some), 3 (Much), and 4 (Always), using the weighted mean for the Likert scale as shown in Table 1. The total score could range from 20 to 80, with higher scores (more than 2.5) indicating higher OCD symptoms. The ASOC-R was used as a trait scale in this study. The cutoff score was 45.825, which was used to indicate highly OCD symptoms.

Table 1: Using a four-point Likert scale (extent of OCD)

Weight	Range of mean values	Range of Adjectival	Interpretation of attitude
4	3.25 - 4	Always	High rate of OCD
3	2.50 - 3.24	Much	Moderate rate of OCD
2	1.75 - 2.49	Sometimes	Low rate of OCD
1	1 - 1.74	No	No symptom of OCD

Calculating prevalence: The prevalence of a health outcome is the proportion of individuals with the health outcome in a population.

Ethical approvals: An official permission to conduct the study was obtained from the ethical committee of the College of Medicine, University of Baghdad (issue No. 185A). As for ethical issues (human subject protection), participants' names, religions, or ID numbers were not required, so the questionnaire maintained the participants' anonymity.

Data analysis: This was performed using IBM SPSS (Statistical Package for the Social Sciences) version 27 multilingual. The descriptive statistics used were the mean and standard deviation for numerical data, while categorical data were represented by frequency tables. Association between categorical variables was performed using the Chi-square test, and the difference between means was performed using the Student t-test for independent samples, considering P -value ≤ 0.05 as significant.

Results

The 414 students included in the study were distributed across the grades as follows (43 from 6th year, 73 from 5th year, 101 from 4th year, 54 from 3rd year, 111 from 2nd year, and 32 from 1st year). About two-thirds (65.9%) were females, (3.6%) were engaged, (45.7%) were from Baghdad Medical College, (76.1%) resided in Baghdad, 72 (17.4%) were previously diagnosed as having OCD, and (64.5%) of these 72 participants received medical care and treatment Table 2.

Table 2: Descriptive statistics for the study group

Variables	Categories	No.	%
Gender	Male	141	34.1
	Female	273	65.9
Age in years	18 - 20	189	45.7
	21 -22	159	38.4
	23 -24	66	15.9
Marital status	Single	399	96.4
	Engaged	15	3.6
University/ College of Medicine	Baghdad	189	45.7
	Kindy	16	3.9
	Nahrain	133	32.1
	Mustansiriyah	76	18.4
College grade	1 st	32	7.7
	2 nd	111	26.8
	3 rd	54	13.0
	4 th	101	24.4
	5 th	73	17.6
	6 th	43	10.4
Had been diagnosed with OCD	Yes	72	17.4
	No	342	82.6
Associated psychological Symptoms	Depression	74	17.9
	Anxiety	86	20.8
Residence	Baghdad	315	76.1
	Others governates	99	23.9
Have a relative with OCD.	Yes	31	7.5
	No	270	65.2
	Not sure	113	27.3
Have a friend with OCD.	Yes	76	18.4
	No	149	36.0
	Not sure	189	45.7

For obsession symptoms, the highest mean score distribution \pm standard deviation was observed for questions 6, 8, 10, and 18. For compulsive symptoms, the highest were seen on questions 7 and 23. Low rates of hoarding OCD symptoms were found to be

Table 3: Mean scores \pm standard deviation of all students' answers (n= 414)

Question	Mean	\pm SD
1. I am happy with my lifestyle	excluded	
2. Before going to sleep, I check several times to make sure that the doors are closed	1.81	0.911
3. I keep thinking about particular sentences or words	2.45	0.997
4. I like strict discipline	2.48	0.953
5. I feel optimistic about the future	excluded	
6. Trivial things preoccupy me and dominate my thoughts	2.62	1.027
7. I wash and clean obsessively	1.70	0.906
8. My problem is reviewing things repeatedly	2.23	1.061
9. I count unimportant things	1.87	1.024
10. Repetitive thoughts press into my mind	2.61	1.018
11. I like collecting and saving many things	2.09	1.045
12. Life seems beautiful to me	excluded	
13. I think of ugly things that I can't talk about	2.14	1.040
14. Trivial ideas dominate me and keep annoying me for days	2.33	1.046
15. I have to repeat the same actions such as touching, counting or washing	1.71	0.981
16. It is difficult for me to make decisions	2.38	0.949
17. I am satisfied with myself	excluded	
18. I care about small details	2.80	0.981
19. I am an obsessive person	1.97	0.975
20. I feel comfortable and reassured	excluded	
21. I collect things I don't need	1.72	0.938
22. I feel compelled to do certain things	2.16	1.024
23. I have to do things many times to make sure they are accurate	2.15	1.020
24. I wash my hands more often, or for longer than necessary	1.69	0.960
25. I repeatedly check doors, windows and drawers	1.68	0.924
Weighted mean \pm SD	2.13	0.599

Significant statistical associations were found between positive family history of OCD, younger age group, 2nd college year, and OCD symptom score (Table 4).

related to the revised ASOC scale, question 11. The overall average of weighted mean and standard deviation was 2.13 ± 0.599 for all items of OCD, so any mean $\geq 2.13 \pm 0.599$ highly indicates OCD (Table 3).

Table 4: The mean scores of OCD symptoms in relation to studied variables

(Socio-demographic characteristics)	Categories	Total mean scores of OCD symptoms		P value
		Mean	SD	
College year	1 st	2.21	0.480	0.055
	2 nd	2.27	0.625	
	3 th	2.10	0.516	
	4 th	2.01	0.629	
	5 th	2.09	0.572	
	6 th	2.09	0.638	
Age in years	18-20	2.22	0.579	0.022*
	21-22	2.05	0.598	
	23-24	2.06	0.631	
Gender	male	2.06	0.601	0.093
	female	2.17	0.596	
Marital status	Single	2.13	0.599	0.759
	Engaged	2.01	0.585	
Family history of OCD	Yes	2.37	0.649	0.006*
	No	2.05	0.604	
	Not sure	1.89	0.593	
Associated psychological symptoms	Depression	2.21	0.535	0.021*
	Anxiety	2.02	0.523	
Friend with OCD	Yes	2.24	0.643	0.004*
	No	1.99	0.580	
	Not sure	1.95	0.521	

*Statistically significant at $P \leq 0.05$

The mean and standard deviation of the total score for the entire sample were 42.59 ± 11.982 . The mean and standard deviation of the group without OCD symptoms were 40.87 ± 11.424 , while the mean and standard deviation of the group with OCD symptoms were 50.78 ± 11.221 . The average of the two above means was $45.83 (\approx 46)$, which was considered by the research team to be highly indicative of OCD in the study population. Accordingly, it was found that 161 (38.9%) had OCD symptoms. Those who were 18-20 years old had the highest mean score of OCD symptoms. Females had a higher mean score of OCD symptoms than males. Medical students from Baghdad Medical College had the highest percentage of OCD symptom prevalence (42.2%). Medical students from the 1st and 2nd College years were more likely to have OCD symptoms (46.9% and 45.0%, respectively), as shown in Table 5.

Table 5: Frequency of the studied variable with OCD symptoms according to the cutoff point used

Variables	Categories	Mean score of OCD symptoms		Total (100%)	P value
		<46 (%)	≥46 (%)		
Gender	Male	94 (66.7)	47 (33.3)	141	0.096
	Female	159 (58.2)	114 (41.5)	273	
Age	18-20 years old	105 (55.6)	84 (44.4)	189	0.031*
	21-22 years old	105 (66.0)	54 (34.0)	159	
	23-24 years old	43 (65.2)	23 (34.8)	66	
Marital status	Single	242 (60.7)	157 (39.3)	399	0.607
	Engaged	11 (73.3)	4 (26.7)	15	
University	Baghdad	109 (57.7)	80 (42.2)	189	0.063
	Kindy	12 (75.0)	4 (25.0)	16	
	Nahrain	78 (58.6)	55 (41.4%)	133	
	Mustansiriyah	56 (73.7)	20 (26.3)	76	
College year	1 st	17 (53.1)	15 (46.9)	32	0.05*
	2 nd	61 (55.0)	50 (45.0)	111	
	3 th	34 (63.0)	20 (37.0)	54	
	4 th	72 (71.3)	29 (28.7)	101	
	5 th	41 (56.2)	32 (43.8)	73	
	6 th	28 (65.1)	15 (34.9)	43	
Family history of OCD	Yes	12 (38.7)	19 (61.3)	31	0.002*
	No	180 (66.7)	90 (33.3)	270	
	Not sure	61 (54.0)	52 (46.0)	113	
Associated psychological symptoms	Depression	31 (41.9)	43 (58.1)	74	0.003*
	Anxiety	38 (44.2)	48 (55.8)	86	
Friend with OCD	Yes	41 (53.9)	35 (46.1)	76	0.004*
	No	107 (71.8)	42 (28.2)	149	
	Not sure	105 (55.6)	84 (44.4)	189	
Total		253 (61.1)	161 (38.9)	414	

*Statistically significant at $P \leq 0.05$

Discussion

The value of the weighted mean \pm standard deviation found by the current study indicates a low rate for all dimensions of OCD symptoms in the study group. This was higher than that reported in a study from Saudi Arabia (1.55 ± 0.360) (12). The point prevalence rate of OCD symptoms in the current study was lower than that reported by two Iraqi studies (Taher and Abas [7,8]) and two Saudi Arabian studies (Amer et al[13] and Khalaf et al[14]), who reported prevalence rates of (35.3%) and (36.2%), respectively. One study reported stress as the most prevalent complaint (23.7%) (7). Hama found that the prevalence of probable OCD in medical colleges was 6% (9), and Alhasnawi et al. showed that the prevalence of probable OCD was 3.6% in the general population (10). We believe that this may have resulted from sectarian violence, internal displacement, and an increase in poor economic status which occurred over the past years (15-18). It may also be attributed to the COVID-19

pandemic, as it was reported that people both with and without OCD before the COVID-19 pandemic showed a regression of the OCD symptoms during the pandemic (7,19,20).

The predominance of female medical students with OCD symptoms is concomitant with the results of other studies (5,7,21,22,23); although no significant association was found between gender and total mean scores of OCD symptoms. This result may be due to the predominance of females in the study group.

A significant association was found between positive family history and students' scores of OCD symptoms, which is in agreement with other studies (7,21,22,23). In the current study, students with OCD symptoms were significantly younger than those without OCD symptoms, which is in alignment with the findings of an Iraqi study (5); whereas other studies found no association between age and the total mean scores for OCD symptoms (22,23,24). A significant association was found between the total

mean scores of OCD symptoms and college year. The authors hypothesize that this was because students in earlier college years struggle with social adaptation and the challenging and stressful initial years of study. This result is in alliance with the findings of an Iraqi study by Taher et al. (7), and a Saudi Arabia study by Amer et al. (13).

The current study showed that a higher mean of OCD symptoms was related to obsession, similar to the results reported by Alblowy, Taher et al., and Jaisooriya et al. (7,12,24), who reported a higher mean of OCD with obsessions, in contrast to Torres et al., who stated that a higher mean of OCD students was ordering (25).

Several studies have emphasized the high incidence of mental illnesses among medical students (26-30). The current study found a high prevalence of OCD-associated psychological disorders, such as depression and anxiety, in the study group, which is consistent with many previous studies by Taher et al., Alhasnawi et al., and Alblowy (7,10,12).

Of those participants who were previously diagnosed with OCD, nearly two-thirds received medical care and treatment, which is higher than that reported by Al-Hemiary et al. (31), who found that 58.5% of OCD patients had sought help from "faith healers." Hankir et al (28) reported that 30% of first- and second-year medical students with depression identified stigma as an explicit barrier to using mental health services. Because the norms of any given scale change according to culture, there is a need to develop local norms based on a normal control group from the same country, age group, and education, and then compare the mean scores of the control group and the other group to assess the cutoff point of the ASOC-R of OCD among the Iraqi population. Therefore, we recommend a case-control study in the future to assess the exact cutoff point for the revised ASOC in the Iraqi population.

During the research, no clinical diagnosis was made for those who were recognized as having obsessive-compulsive symptoms, and they were not followed up after the research. Therefore, it is necessary to have a psychological counseling unit within these colleges, as well as the necessity of having a psychiatrist to treat and follow up such cases.

Conclusion

OCD symptoms were found in over one-third of the Iraqi medical students included in the study. A positive family history of OCD, younger age, and early college years appeared to be associated with higher OCD symptom scores.

Authors' declaration

We confirm that all Figures and Tables in the manuscript belong to the current study. Figures and images that do not belong to the current study have been given permission for re-publication attached to the manuscript. Authors sign on ethical consideration's Approval-Ethical Clearance: The project was approved by an official permission to conduct the study was obtained from the ethical

committee of the College of Medicine, University of Baghdad (issue No. 185A 2022).

Conflict of Interest: None.

Funding: No specific grant from a public, private, or non-profit funding organization was obtained for this study.

Data availability: Upon reasonable request, the corresponding author will make the datasets generated and/or analyzed during the current study available.

AI Declaration: No artificial intelligence tools were used in the design, analysis or writing of this manuscript.

Authors' contributions

Study conception and design: (MTH and MAH). Literature search: (ZAJ and KDH). Data acquisition: (MTH, ZAJ, and HAH). Data analysis and interpretation: (MAH). Manuscript preparation: (MAH). Manuscript editing and review: (MAH & HAH).

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انتشار أعراض اضطراب الوسواس القهري في عينة من طلبة الطب في العراق

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الخلاصة

الخلفية: اضطراب الوسواس القهري هو حالة صحية عقلية شائعة حيث يكون لدى الشخص أفكار وسواسية وسلوكيات قهرية. يبلغ معدل انتشار الوسواس القهري في جميع أنحاء العالم حوالي 2٪ من عامة السكان.

هدف الدراسة: معرفة مدى انتشار اعراض اضطراب الوسواس القهري بين طلاب كليات الطب في بغداد، باستخدام المقياس العربي المنقح للوسواس القهري.

الطريقة: تم إجراء تصميم دراسة مقطعية باستخدام طريقة أخذ العينات الملائمة على 414 طالب طب عراقي خلال الفترة من 1 تشرين الثاني 2022 إلى 28 شباط 2023. تم جمع البيانات من خلال استبيان منظم تم تقديمه عبر الإنترنت. يتكون الاستبيان من جزئين: الأول يحتوي على السمات الديموغرافية الاجتماعية وعوامل الخطر المرتبطة بها، ويتكون الجزء الثاني من 20 فقرة من المقياس العربي المنقح لاضطراب الوسواس القهري.

النتائج: وجدت الدراسة الحالية أنه تم تشخيص 161 (38.9٪) طالب على أنهم يعانون من أعراض الوسواس القهري وأن 253 (61.1٪) من طلاب الطب لم تظهر عليهم أعراض الوسواس القهري. كان المتوسط العام والانحراف المعياري 0.599 ± 2.13 ، لذا فإن أي متوسط يساوي أو أكبر من هذه القيمة يشير بشكل كبير إلى الوسواس القهري. تم العثور على ارتباط كبير بين التاريخ العائلي الإيجابي للوسواس القهري والعمر والمرحلة الجامعية ودرجة أعراض الوسواس القهري.

الاستنتاج: وُجدت أعراض الوسواس القهري لدى أكثر من ثلث طلاب الطب العراقيين المشاركين في الدراسة. ويبدو أن وجود تاريخ عائلي إيجابي للوسواس القهري، وصغر السن، والسنوات الأولى للإلتحاق بالجامعة، عوامل مرتبطة بارتفاع درجات أعراض الوسواس القهري.

الكلمات المفتاحية: طلاب الطب، اعراض اضطراب الوسواس القهري، المقياس العربي المنقح للوسواس القهري