Title: Quality of Life in Obsessive Compulsive Disorder (OCD): Differential Impact of Obsessions, Compulsions, and Depression Comorbidity
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Theory: An anxiety disorder severely affects the sufferer's quality of life (QOL), especially those suffering from obsessive compulsive disorder (OCD)

Hypothesis: The more severe obsessions, compulsions, and depression comorbidity in patients, the poorer QOL.

Theoretical Construct 1: Severity of clinical obsessions and compulsions
Operational Definition 1: Yale-Brown Obsessive Compulsive Scale (Y-BOCS) scores
5 point Likert scale comprised of 10 items related to obsessions and compulsions
0-no symptoms
4-severe symptoms

Theoretical Construct 2: Quality of life due to obsessions and compulsions
Operational Definition 2: Illness Intrusive Rating Scale (IIRS) scores
7 point Likert scale measures objective and perceived interference across 13 life domains considered important to QOL
1-not very much
7-very much

Theoretical Construct 3: Depressive symptom severity
Operational Definition 3: Beck Depression Inventory (BDI) scores
21 item, 4 point scale

Design:
Study: Quasi-experimental
Subjects: 43 patients meeting DSM-IV criteria for OCD ages 18-65
Method(s): Linear Regression Analysis (2 different ones)

Independent Variable I: Clinical or demographic variables (current age, age of onset, marital status- qualitative nominal, sex-qualitative nominal, and education- qualitative nominal)
Dependent Variable I: illness intrusiveness
Scale of measurement: Qualitative ratio

Independent Variable II: BDI scale scores
Scale of measurement: Qualitative ratio
Independent Variable III: Y-BOCS obsession scale scores
Scale of measurement: Qualitative ratio
Independent Variable IV: Y-BOCS compulsion scale scores
Scale of measurement: Qualitative ratio
Dependent Variable II: illness intrusiveness
Scale of measurement: Qualitative ratio

Results:

Main Effect I: Clinical or demographic variable were shown not to predict illness intrusiveness. (Did not include these in final equation)

Main Effect II: Depression severity was shown to significantly predict illness intrusiveness ($t=5.15$, $P<0.0001$), with higher depression scores associated with greater illness intrusiveness.

Main Effect III: Obsessional severity was found to significantly predict illness intrusiveness ($t=2.09$, $P<0.05$), with greater illness intrusiveness associated with greater obsessional severity.

Main Effect IV: Compulsion severity was not significantly associated with illness intrusiveness ($t=0.12$, $P=0.91$, partial $r=0.01$)

Interaction: ???

Discussion: The authors took into account the variance of the independent variables on illness intrusiveness by repeating the linear regression analysis with the independent variables reversed. The results showed the depression severity and obsessions affected QOL and compulsions did not.

Did the operational definitions correspond well with the theoretical constructs?
Yes. The Y-BOCS has been shown to possess high internal consistency and validity. The IIRS has been the measure of choice in other studies examining QOL in OCD. It has also received psychometric validation in the spectrum of anxiety disorders. The BDI has been shown to be a reliable and well-validated measure of depressive symptomatology.

If the results were significant, did they have a big effect?
Yes. The scores and p-values discussed earlier showed the effect of the independent variables on the dependent variables.

What are the potential confounds?
State-Trait is a potential confound. Especially with the BDI, state-trait problems could arise. They more likely to fill it out according to the mood they are presently in and not how they feel on an average day.
Career could be a potential confound. A person may not be happy where they are in their life which has nothing to do with OCD or depression.

Do you agree with the authors?
Yes. They talked about previous studies that showed obsessions and compulsions affected QOL and they proved this wrong. It's also kind of common sense that comorbid depression with OCD would affect QOL and their findings just statistically prove that.

What would you have done differently with the study?
I would have had a larger sample size. Forty-three for a sample doesn't seem like it would accurately describe a larger population. I also would have repeated the study to make sure I would get the same results before published my results.

Even if you were completely happy with the study, what would you do next?
I would try to take into account that maybe it was QOL that affected obsessions, compulsions, and depression severity, and not the other way around. I also think a longitudinal study would be helpful. It might show that there are bidirectional links between QOL and symptom severity as well as the stability of the associations. I would possibly also look at the effects on QOL of other anxiety disorders comorbid with OCD.