Original Article

Socio-demographic and clinical profile of male subjects attending a psychiatry OPD with sexual problems in north India

Khan Parvaiz Ahmad[1*], Tushar Jagawat[2]

[1]Resident, [2]Professor and HOD, Department of Psychiatry, NIMS Medical College and Hospital, Jaipur, Rajasthan-303121, INDIA.
Email: drparvaizkhan111@gmail.com

Abstract Sexual dysfunction covers the various ways in which an individual is unable to participate in a sexual relationship as he or she would wish, occurring frequently, but may be absent on some occasions. Study population consisted of 135 male subjects who fulfilled the inclusion. Subjects having age below 18 years or mental retardation were excluded. Mean age of presentation was 27.30 years. Majority of the subjects were married (56.98%), educated graduate and above (51.06%), Hindu by religion (88.06%), belonging to nuclear family (59.94%) and residing in rural area (91.12%). 37.04% of subjects had Dhat Syndrome, 21.48% had Premature Ejaculation, 14.07% had Dhat Syndrome + Premature Ejaculation, 8.89% had Premature Ejaculation + Erectile Dysfunction. Among comorbidities 33.33% had anxiety spectrum disorders and 8.15% had depression. In substance abuse 34.07% had tobacco dependence and 8.15% had alcohol dependence. Sexual misconceptions especially regarding delirious effects of masturbation and dhat syndrome on the overall health of individual were also common findings. The presence of high prevalence of psychosexual disorders needs careful evaluation and diagnosis and timely management.
Key words: Clinical profile, sexual dysfunction, comorbidity, sexual misconceptions.

*Address for Correspondence:
Dr. Khan Parvaiz Ahmad, Resident, Department of Psychiatry, NIMS Medical College and Hospital, Jaipur, Rajasthan-303121, INDIA.
Email: drparvaizkhan111@gmail.com
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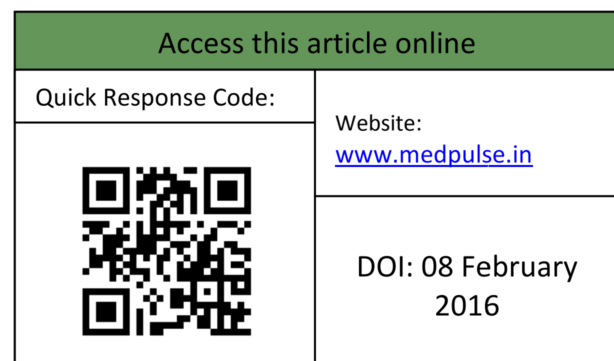

INTRODUCTION

Sexual dysfunction covers the various ways in which an individual is unable to participate in a sexual relationship as he or she would wish, occurring frequently, but may be absent on some occasions.[1] Psychosexual problems are common all over the world, but there are very few studies available on psychosexual disorders especially in Indian context. Indian society is deep rooted in traditions, misconceptions, myths, and social taboos. Ignorance and mis-information regarding sexual disorders make the problem more difficult to tackle. T he common sexual problems for which male patients seek consultation include premature ejaculation; erectile impotence; dhat syndrome etc.[2] In India accurate figures are difficult to estimate as large number of male patients suffering from sexual problems visit quacks and all kinds of sex clinics rather than to a proper hospital setting. Studies conducted worldwide have reported the prevalence of sexual disorders in the range of 10% – 25% among men.[2] the prevalence of sexual disorders among psychiatric outpatients in India ranges from 9.2% - 13%.[3] Psychosexual disorders in male subjects with definitions used in our study are as follows:

Lack or loss of sexual desire: Lack of interest in initiating sexual activity either with partner or as solitary masturbation, at a frequency clearly lower than expected.

Failure of genital response "male erectile disorder: Erection sufficient for intercourse fails to occur when intercourse is attempted.

Premature ejaculation: Inability to delay ejaculation sufficiently to enjoy love making, manifest as either occurrence of ejaculation before or very soon after vaginal entry ejaculation in absence of sufficient erection to make vaginal entry possible.

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Dhat syndrome: Undue concern about the debilitating effects of the passage of semen. The word "Dhat" derives from the Sanskrit word *dhatu*, meaning "metal," "elixir" or "constituent part of the body" which is considered to be "the most concentrated, perfect and powerful bodily substance, and its preservation guarantees health and longevity.[4] Wig coined the term "Dhat syndrome," characterized by vague somatic symptoms of fatigue, weakness, anxiety, loss of appetite and guilt attributed to semen loss through nocturnal emissions, urine and masturbation though there is no evidence of loss of semen.[5] In a study by Aswal *et al*., 2012, the percentage of subjects with Lack of Sexual Desire were 26%.[6] Studies have shown the prevalence of Erectile Dysfunction - 29.50% (Verma *et al*., 2013),[2] 20.8% (Jagawat *et al*., 2013),[7] 19 % (Bhatia *et al*., 2011),[8] 34 % (Gupta *et al*., 2004),[9] 28 % (Aswal *et al*., 2012).[6] Various studies showing the prevalence of Premature Ejaculation are Verma *et al*., 2013, showing prevalence to be 24.6%,[2] Aswal *et al*., 2012, has prevalence of only 4%,[6] Jagawat *et al*., 2013, showing prevalence of about 18.8%,[7] Bhatia *et al*., 2011, showing 12%,[8] Gupta *et al*., 2004, showing 16.6%,[9] Nakra *et al*., 1977 showing prevalence of premature ejaculation to be 25.3%.[10] Various studies have shown the prevalence of Dhat Syndrome like in a study, Bhatia *et al*., 2011, found dhat syndrome in 62% of subjects,[8] Bhatia *et al*., 1992, found dhat syndrome in 57.9% of subjects,[11] Jagawat *et al*., 2013, found it in 39.2% of subjects,[7] Nakra *et al*., 1997 found it in 10% of subjects.[10] Among mixed disorders studies have found the prevalence of Dhat Syndrome and Premature Ejaculation to be 0.4% (Verma *et al*., 2013)[2], Premature Ejaculation and Erectile Dysfunction to be 17.5% (Verma *et al*., 2013)[2] 4.6% by Gupta *et al*., 2004.[9] while the prevalence of combination of Dhat Syndrome, Premature Ejaculation and Erectile Dysfunction was found to be 21.2% (Jagawat *et al*., 2013),[7] 26% (Bhatia *et al*., 2011),[8] 10.7% (Nakra *et al*., 1997).[10]

AIMS AND OBJECTIVE

The aim of the study was to

1. Determine the Socio-Demographic and Clinical characteristics of male subjects with psycho-sexual disorders;
2. To find out the pattern of psychosexual problems among patients.

MATERIAL AND METHODS

The study was conducted with due permission from the scientific and the ethical committee of National Institute of Medical Sciences and Research (NIMS), Jaipur

Study Area: Outpatient department (OPD) of the department of psychiatry in NIMS medical college and hospital Jaipur, Rajasthan.

Study Population: Study population consisted of 135 male subjects who fulfilled the inclusion.

Inclusion Criteria

- All male patients with sexual problems in an age group of 18 years and above.
- Who gave a written informed consent for participating in the study.

Exclusion Criteria

- The cases below 18 years
- The cases who did not gave a written informed consent for participation.
- The cases with preexisting mental retardation.

Data Collection Method

Data was collected from 135 male patients with sexual problems who present to the psychiatry OPD of NIMS hospital and fulfilled the inclusion criteria, by providing them with (i) Patient Information Sheet; (ii) Written Informed Consent Form. After obtaining the written informed consent, the subjects were assessed and the information regarding Socio-Demographic and Clinical Profile was obtained as per the "Performa for socio-demographic and clinical profile" which was specially designed for study. All psychosexual disorders were diagnosed as per ICD-10 criteria.

Statistical Analysis

After collecting the data, the statistical analyses were performed using the licensed version of Statistical Package for the Social Science Version 14 (SPSS-14)]. Descriptive analyses were computed in terms of mean and standard deviation for continuous variables. Nominal variables were computed in terms of frequency and percentage. Further inferential statistics were applied as required.

RESULTS

135 consecutive male subjects who presented with sexual problems were available for data collection.

Socio-demographic profile: (Table-1) The mean age of subjects was 27.30 years (Standard Deviation: 8.04; Range: 18–54). 78.52% of the subjects reported on their own. Majority of the subjects were educated above matriculation (68.1%), married (57.0%), from rural locality (91.1%), from nuclear family (60.0%) and Hindu by religion (88.1%).

Sexual profile: History of sexual contact was present in 109 (80.74%) of subjects, out of which 82 (75.23%) had sexual intercourse with single partner and 27 (24.77%) had sexual contact with more than one partners. The mean age of first sexual intercourse was 22.2 years (SD: 3.76). Among 77(57.04%) married subjects, 18 (23.38%)

subjects had premarital relationships where as 7 (9.09%) had extramarital relationships. The mean age at marriage was 21.57 years (SD: 4.1; Range: 14 – 35).

Table 1: Socio-Demographic Profile (N=135)

Variable	Frequency	Percentage
Age in years		
18 – 31	**100**	74.00%
32 – 46	**29**	21.46%
47 – 60	**6**	4.44%
Marital Status		
Single	55	40.7%
Married	77	56.98%
Remarried	3	2.22%
Education		
Illiterate	4	2.96%
Below high school	24	17.76%
High school	14	10.36%
Intermediate/Diploma	24	17.76%
Graduate/Postgraduate	58	42.92%
Profession	11	8.14%
Occupation		
Unemployed	7	5.18%
Student	43	31.82%
Unskilled/Semiskilled	17	12.58%
Skilled	12	8.88%
Farmer	25	18.5%
Shop Owner	7	5.18%
Clerical	4	2.96%
Semiprofessional/ Professional	20	14.8%
Religion		
Hinduism	119	88.06%
Islam	14	10.36%
Sikhism	2	1.48%
Family Type		
Nuclear	81	59.94%
Joint	52	38.48%
Extended	2	1.48%
Socio-economic status		
Upper class	**1**	0.74%
Upper middle class	**38**	28.12%
Middle class	**46**	34.04%
Upper lower	**46**	34.04%
Lower class	**4**	2.96%
Locality		
Urban	**12**	8.88%
Rural	**123**	91.12%

Table 2: Clinical Profile (N = 135)

Variable	Frequency	Percentage
Source of Referral		
Direct	**106**	78.44%
Dermatology	**12**	8.88%
Medicine	**8**	5.92%
Surgery	**4**	2.96%
Cardiology	**3**	2.22%
Urology	**2**	1.48%
Psychosexual Disorders:		
Lack or Loss Of Sexual Desire	**2**	1.48%
Erectile Dysfunction	**6**	4.44%
Orgasmic Dysfunction	**1**	10.36%
Premature Ejaculation	**29**	21.48%
Dhat Syndrome	50	37.04%
Dhat Syndrome + Premature Ejaculation	19	14.07%
Premature Ejaculation + Erectile Dysfunction	12	8.89%
Premature Ejaculation + Erectile Dysfunction + Dhat Syndrome	8	5.93%
Premature Ejaculation + Lack of Desire	4	2.96%
Dhat Syndrome + Lack of Desire	2	1.48%
Dhat Syndrome + Erectile Dysfunction+ Lack of Desire	2	1.48%

Table 3: Age of onset and Duration of illness (N = 135)

Variable	Age of onset in years		Duration of illness in years	
	Mean	SD	Mean	SD
Lack of Sexual Desire	32.27	(9.20)	4.23	(3.36)
Erectile Dysfunction	31.32	(9.06)	2.16	(2.00)
Premature Ejaculation	27.04	(6.61)	3.10	(3.07)
Dhat Syndrome	23.06	(6.24)	2.40	(2.56)

Table 4: Comorbidity Profile (N = 135)

Variable	Frequency	Percentage
Psychiatric Comorbidity: (N = 135)		
No Psychiatric Comorbidity	79	58.51%
Anxiety Spectrum Disorders	45	33.33%
Depression	11	8.15%
Medical Comorbidity: (N = 135)		
No Medical Comorbidity	124	91.85%
Asthma	4	2.96%
Tuberculosis	3	2.22%
Diabetes Mellitus	2	1.48%
Hypertension	2	1.48%
Substance Abuse: (N = 135)		
No Substance Abuse	68	50.37%
Tobacco	46	34.07%
Alcohol	11	8.15%
Tobacco + Alcohol	9	6.67%
Cannabis	1	0.74%

Clinical profile

(Table-2) In this study the most common sexual disorder was Dhat Syndrome present in 50 (37.04%) of subjects followed by Premature Ejaculation (21.48%) and mixed

disorder of Dhat Syndrome and Premature Ejaculation (14.07%). Nocturnal Emission was present in 56 (41.48%) while as the history of Masturbation was present in 87 (64.44%) of the subjects and the masturbatory guilt was present in 60 (44.4%). Among psychiatric comorbidities Anxiety Spectrum Disorders were found in 33.33% and Depression in 8.15% of the subjects. While in medical comorbidities Asthma was found in 2.96% and Tuberculosis in 2.22% of the subjects. Tobacco (34.07%) was the most commonly abused substance followed by alcohol (8.15%). Table – 4

Perceptions and Sexual Misconceptions

The number of subjects who perceived their sexual organ as normal in shape and size were 110 (81.48%) whereas 19 (14.07%) perceived it as short and 6 (4.44%) as thin. 111 (82.22%) subjects perceived their semen as normal and 24 (17.78%) perceived their semen as thin and watery. Sexual misconceptions were also common as 14 (10.37%) subjects believed that dhat syndrome and masturbation leads to physical weakness, 19 (14.74%) believed that they lead to sexual weakness whereas 33 (24.42%) believed that they lead to physical and sexual weakness both

DISCUSSION

The current study was done in a hospital based setting in a rural area and all the participating subjects were males. The mean age of presentation of the subjects in our study was 27.03 years (SD: 8.04), which is similar to other studies like 28.14 years (SD: 8.97) in a study by Grover *et al*., 2015[12] and 29.32 years (SD: 6.39) in a study by Chavan *et al*., 2014[13]. Whereas it is slightly lower than few studies like 31.86 years (SD: 5.92) in a study by Rajkumar *et al*., 2014[14] and 32.20 years in a study by Aswal *et al*., 2012[6]. In current study majority (34.07%) of the patients belonged to upper lower socioeconomic class and the same percentage to middle (34.4%) and only 0.74% belonged to upper class which is somewhat similar to most study results like in a study by Grover *et al*., 2015[12], 31.1% were belonging to lower class, 65% belonging to middle class and 3.5% belonging to upper class. In a retrospective study by Verma R *et al*., 2013[2], 47% of study sample belonged to lower class, 51% belonged to middle and 2% to upper class. Aswal *et al*., 2012[6], in his study found that 42% were lower class, 54% were middle class and 4% were belonging to upper socio-economic class. Most common psychosexual disorder in current study was Dhat Syndrome (37.04%) followed by Premature Ejaculation (21.48%) and combination of Dhat Syndrome and Premature Ejaculation (14.07%) while 8.89% of the patients have combination of Erectile Dysfunction and Premature Ejaculation and only 4.44% have Erectile Dysfunction. The results are consistent with most of the studies where Dhat Syndrome is most common finding like 39.2% (Jagawat *et al*., 2013)[7], 62% (Bhatia *et al*., 2011)[8], 62% (Gurmeet Singh, 1985)[15], 57.9% (Bhatia *et al*., 1992)[11]. While in few studies Erectile Dysfunction is the most common disorder like 29.50% (Verma *et al*., 2013)[2], 28% (Aswal *et al*., 2012)[6], 34% (Gupta *et al*., 2004)[9], 33.3% (Nakra *et al*., 1977)[10]. Fewer studies have Premature Ejaculation as the most common finding like 77.6% (Verma *et al*., 1998)[16]. The mean age of onset of illness was 25.96 years which is similar to most other studies where mean age of onset was 23.5 years (Nakra *et al*., 1977)[10], 23 years (Sawat *et al*., 2012)[17], 28.6 years (Rajkumar *et al*., 2014)[14]. Mean duration of illness in the current study ranged from 3.46 years, it is similar to most of the studies where mean duration of illness was 3.18 years (Rajkumar *et al*., 2014)[1], 3.3 years (Nakra *et al*., 1977)[10], 5.68 years(Grover *et al*., 2015)[12]. Among psychiatric comorbidities, anxiety spectrum disorders (33.33%) were most common than depression (8.15%) in current study which is similar to the study by Bhatia *et al*., 2011, where anxiety was 30% and depression - 20%, while in other depression was the common finding than anxiety like in studies, anxiety was 12.9% and depression - 15.1% (Grover *et al*., 2015)[12], anxiety – 10% and depression – 28% (Aswal *et al*.,2012)[6], anxiety – 21% and depression – 39% (Bhatia *et al*., 1991)[18]. Among substances, in current study, tobacco (34.07%) was the most common substance of abuse followed by alcohol (8.15%) and combination of tobacco and alcohol (6.67%), which is slightly different to other studies like in a study by Rajkumar *et al*., 2014[14], tobacco was most commonly abused substance in 17.9% of population, while in other studies alcohol was the most commonly abused substance like alcohol - 19.2% and tobacco – 6.3% (Verma *et al*., 2013)[2] and alcohol – 44% (Aswal *et al*., 2012)[6]. Sexual misconceptions especially regarding delirious effects of masturbation and dhat syndrome on the overall health of individual were common in current as well as most other studies. In current study masturbatory guilt was present in 44.44% of the people, 24.44% believed that masturbation and dhat syndrome lead to sexual and physical weakness, 14.74% believed that they cause sexual weakness while 10.37% believed that they lead to physical weakness alone. Misconceptions were similarly common in other studies like in a study by Grover *et al*., 2015[12], 75.6% of the patients of dhat syndrome believed that it leads to sexual weakness, 58.5% believed that it causes physical weakness and 24.7% believed that it causes early death. In a study by Chavan *et al*., 2014[13], masturbation was considered as abnormal activity by 82.2% and nocturnal emission by 69.4% of people. In a study by Bhatia *et al*., 2011[8], 7% believed that masturbation and nocturnal

emission has delirious effects on health and in another study by Chavan *et al*., 2009[19], 47.61% of patients believed that Dhat syndrome causes weakness, 14.28% believed that masturbation causes weakness and 40.47% believed that nocturnal emission causes weakness.

CONCLUSION

The mean age of subjects was 27.30 years. 78.52% of the subjects reported on their own. Majority of the subjects were educated above matriculation (68.1%), married (57.0%), from rural locality (91.1%), from nuclear family (60.0%) and Hindu by religion (88.1%**)**. The most common sexual disorder was Dhat Syndrome present in 50 (37.04%) of subjects followed by Premature Ejaculation (21.48%). History of Masturbation was present in 87 (64.44%) of the subjects. Anxiety Spectrum Disorders were found in 33.33% and Tobacco (34.07%) was the most commonly abused substance followed by alcohol (8.15%).10.37% subjects believed that dhat syndrome and masturbation leads to physical weakness, 14.74% believed that they leads to sexual weakness whereas 24.42% believed that they leads to physical and sexual weakness both.

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