Original Research Article

Comparison of sexual dysfunctions among males in various psychiatric morbidities

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Abstract

Background: The prevalence of sexual dysfunctions is higher in persons with mental disorders, particularly those treated with psychotropic medications. Awareness of the prevalence of sexual dysfunctions in psychiatric male patients would improve the attitude of the treating physicians towards sexual difficulties. **Aim:** To comparesexual dysfunctions among males in various psychiatric morbidities. **Material and Methods:** A total of 17 male patients with major psychiatric disorders, diagnosed as per International Classification of Diseases (ICD-10) were assessed for sexual dysfunction, and screened and diagnosed using the ICD 10 criteria, CSFQ-F-C and CGI-S scales. **Results:** Mean score in schizophrenia and depression were lower ($p<0.05$) in all the function domains like erectile function, orgasmic function, sexual desire, intercourse satisfaction and overall satisfaction. Mean scores were lowest in cases with depression. **Conclusion:** Among various psychiatric disorders in males, depression most severely affects the sexual dysfunction followed by schizophrenia. Mania patients mostly showed normal sexual functions but in some cases enhanced sexual desire was seen.

Key Words: Sexual dysfunction, psychiatric disorders in males, schizophrenia, depression.

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INTRODUCTION

Sexual function is the physiological capacity to experience desire, arousal, and orgasm. The sexual response cycle four stage model of physiological responses to sexual stimulation.[1]Proper sexual functioning is one of the most important components of quality of life and of maintaining a satisfying intimate relationship. Male sexual dysfunction has long been known to be common. Of late, knowledge of normal male sexual function and the causes of sexual dysfunction have become better understood, and more effective treatments are available. Male sexual dysfunction includes erectile dysfunction (ED), diminished libido, and abnormal ejaculation. The prevalence of sexual dysfunctions is higher in persons with mental disorders, particularly those treated with psychotropic medications. For instance, sexual dysfunction has been reported in as many as 30–60% of patients with schizophrenia treated with antipsychotic medications, up to 78% of individuals with depression treated with antidepressants, and up to 80% in patients suffering from anxiety disorders.[2] Awareness of the prevalence of sexual dysfunctions in psychiatric male patients would improve the attitude of the treating physicians towards sexual difficulties in those patients and result in increased compliance with treatment on the patients' part.

MATERIAL AND METHODS

This hospital based cross sectional study was conducted at Department of Psychiatry of a tertiary hospital. A total of 17 male patients with major psychiatric disorders, diagnosed as per International Classification of Diseases (ICD-10) and started on treatment 6 months prior to study inclusion were studied for sexual dysfunction.

Inclusion Criteria

1. Male patients with major psychiatric disorders who were newly diagnosed with sexual dysfunction by ICD10 criteria.
2. Male patients with major psychiatric disorders who have been diagnosed and started on treatment 6 months prior to study inclusion.

3. Age group between 18-60 years.
4. Both IPD and OPD patients.
5. All patients giving consent for the study.

Exclusion Criteria

1. Female patients.
2. Patients suffering from any chronic infectious disease e.g. HIV.
3. Previously diagnosed with sexual dysfunction.
4. Patients suffering from any organic mental disorders.
5. Patients who were on any medication for sexual dysfunction.
6. Patients suffering from substance use disorder such as alcohol, opioid.

Methodology: All male patients receiving treatment for major psychiatric disorder i.e. schizophrenia/bipolar affective disorder/depression in the outpatient department as well as those admitted in the indoor ward were assessed for sexual dysfunction, and screened and diagnosed using the ICD 10 criteria,[3] CSFQ-F-C,[4]International Index of Erectile Function[5] and CGI-S scales.[6] Diagnosis of all the patients was confirmed by consulting Psychiatrist at Psychiatry Department, Tertiary care Hospital. Approval from our institutional review board was taken before start of the study. Patients were informed about the study and a written informed consent was taken. They were interviewed face to face using the diagnostic tools.

Statistical Analysis: All the data was analyzed statistically by SPSS software ver. 21 using appropriate test. Qualitative data was presented as frequency and percentages and analyzed using Chi-square test while quantitative data was presented as means and SD and analyzed using Kruskal Wallis test.

RESULTS

The present study included 17 male patients with major psychiatric illness with two third of them were in their 3rd and 4th decade.

Table 1: Distribution of male patients with psychiatric morbidities

ICD-10 Diagnosis	No. of patients	Percentage
Schizophrenia	7	41.17%
Unipolar Depression	5	29.41%
Bipolar Depression	2	11.76%
Mania	3	17.64%
Total	**17**	**100%**

As per ICD-10 classification, we had 07 cases of schizophrenia, 05 cases of Unipolar depression, 2 cases of bipolar depression and 3 cases of Mania.

Table 2: Comparison of sexual functions among males in various psychiatric morbidities

IIEF Score (Max score/ Mean core)	Group	N	Mean	SD	p-value
Erectile Function (30/ 25.8)	Schizophrenia	7	11.30	1.20	<0.01
	Depression	7	10.50	1.34	
	Mania	3	27.60	1.20	
Orgasmic Function (10/ 9.8)	Schizophrenia	7	5.90	1.30	<0.01
	Depression	7	4.90	1.40	
	Mania	3	9.90	1.60	
Sexual Desire (10/7.0)	Schizophrenia	7	6.70	1.40	<0.01
	Depression	7	5.90	1.70	
	Mania	3	8.60	2.10	
Intercourse Satisfaction (15/10.6)	Schizophrenia	7	5.80	2.20	<0.01
	Depression	7	4.70	1.90	
	Mania	3	12.30	1.70	
Overall Satisfaction (10/8.6)	Schizophrenia	7	5.60	1.90	<0.01
	Depression	7	4.20	1.50	
	Mania	3	9.70	1.80	

Sexual dysfunction among males was computed by using International index of erectile function. Mean score in schizophrenia and depression were lower ($p<0.05$) in all the function domains like erectile function, orgasmic function, sexual desire, intercourse satisfaction and overall satisfaction. Mean scores were lowest in cases with depression. Male sexual functions were also evaluated using Changes in Sexual Functioning Questionnaire for Males (CSFQ-M). Sexual pleasure, arousal and orgasmic satisfaction was lower in depression cases than schizophrenia. About half of the cases with depression showed scores below cut-off levels in most domains, while none of the cases with mania showed scores below cut-off levels in any of the domains.

Table 3: Comparison of Male sexual functions as per CSFQ score among various psychiatric morbidities

CSFQ Male	Group	Cut-off	< cut-off	%	p-value
Sexual Desire/ Frequency	Schizophrenia	6	4	57.1%	<0.01
	Depression		5	71.4%	
	Mania		0	0.0%	
Sexual Desire/ Interest	Schizophrenia	9	3	42.9%	<0.01
	Depression		3	42.9%	
	Mania		0	0.0%	
Sexual Pleasure	Schizophrenia	4	2	28.6%	<0.01
	Depression		4	57.1%	
	Mania		0	0.0%	
Sexual Arousal/ Excitement	Schizophrenia	12	2	28.6%	<0.01
	Depression		4	57.1%	
	Mania		0	0.0%	
Sexual Orgasm/ Completion	Schizophrenia	11	1	14.3%	<0.01
	Depression		3	42.9%	
	Mania		0	0.0%	

DISCUSSION

An evaluation of a sexual dysfunction in psychiatric patients should take into consideration primary sexual functioning, the psychiatric disorders, physical diseases and the various medications. Sexual dysfunction is a common phenomenon in the general population, affecting an estimated 43% of women and 31% of men.[2] The most common dysfunctions amongst men are erectile dysfunction (ED; mainly in older age) and premature ejaculation. Sexual problems are highly prevalent among patients with psychiatric disorders. They may be caused by the psychopathology of the psychiatric disorder but also by its pharmacotherapy.[7] Sexual dysfunction among males was computed by using International index of erectile function (IIEF). Mean score in depression was lower than the original study controls ($p<0.05$) in all the function domains like erectile function, orgasmic function, sexual desire, intercourse satisfaction and overall satisfaction. Patients with depression have loss of interest, reduction in energy, lowered self-esteem and inability to experience pleasure: irritability and social withdrawal may impair the ability to form and maintain intimate relationships. The prevalence of sexual dysfunctions is higher in persons with depression, particularly those treated with psychotropic medications. Thase *et al*[8] in their study observed that depression in men is associated with a potentially decrease in erectile capacity which may be associated with significant sexual dysfunction. These findings were replicated in a second sample of 51 depressed male outpatients.[9]Zemishlany Z *et al*[2] reported sexual dysfunction in up to 78% of individuals with depression treated with antidepressants. Casper *et al*,[10] found sexual dysfunction in 72% of cases with unipolar depressed and most of these cases experienced loss of sexual interest. Increasing severity of depression was also observed to be associated with loss of libido. Patients suffering from schizophrenia are prone to experience sexual dysfunction with few interpersonal relationships and lack of sexual experience. As per IIEF, mean score in schizophrenia males was lower than the controls ($p<0.05$) in all the function domains. As per CSFQ, sexual desire was severely affected in males. Aizenberg *et al*[11] examined two groups of treated and untreated male schizophrenia patients and found that both groups reported high prevalence of sexual dysfunction compared to a healthy control group. Untreated patients reported diminished sexual desire and poor sexual performance. Antipsychotic treatment was associated with further deterioration in erection, orgasm and satisfaction with sexual functioning. In a recent study by Macdonald *et al*[12] observed atleast one sexual dysfunction was reported by 82% of men with schizophrenia. Male patients reported less desire for sex (52 vs. 12%), ED (52 vs. 9%) and more frequently had no sexual intercourse or masturbation (27 vs. 0%). As per IIEF and FSFI, mean scores in males with mania cases was higher than controls showing increase in sexual desire among males.

CONCLUSION

Among various psychiatric disorders in males, depression most severely affects the sexual dysfunction followed by schizophrenia. Mania patients mostly showed normal sexual functions but in some cases enhanced sexual desire was seen. Sexual dysfunction in these cases can be a result of the disorder,medication and impaired interpersonal relationships and may respond to adequate psychosexual therapy.It is mandatory to identify the specific sexual dysfunction and to treat the patients according to his/her individual psychopathology.

REFERENCES

1. Masters WH, Johnson VE. (1970). Human Sexual Inadequacy. Toronto; New York: Bantam Books.
2. Zemishlany Z, Weizman A. The impact of mental illness on sexual dysfunction. In: Sexual dysfunction. Karger Publishers. 2008;29:89-106.
3. World Health Organization. The ICD-10 classification of mental and behavioural disorders: clinical descriptions and diagnostic guidelines. World Health Organization; 1992.
4. Clayton AH, McGarvey EL, Clavet GJ. The Changes in Sexual Functioning Questionnaire (CSFQ): development, reliability, and validity. Psychopharmacol Bull 1997; 33(4):731-45.
5. Rosen RC, et al. The International Index of Erectile Function (IIEF): a multidimensional scale for assessment of erectile dysfunction.*Urology 1997; 49:822–830.*
6. Busner J, Targum SD. The Clinical Global Impressions Scale: Applying a Research Tool in Clinical Practice. Psychiatry (Edgmont) 2007; 4(7):28-37.
7. Waldinger MD, Hengeveld MW, Zwinderman AH, Olivier B: Effect of SSRI antidepressants on ejaculation: a double-blind, randomized, placebo-controlled study with fluoxetine, fluvoxamine, paroxetine, and sertraline. J ClinPsychopharmacol 1998; 18:274–281.
8. Thase ME, Reynolds CF III, Jennings JR, Frank E, Howell JR, Houck PR, Berman S, Kupfer D. Nocturnal penile tumescence is diminished in depressed men. Biol Psychiatry 1988; 24:33–46.
9. Thase ME, Reynolds CF III, Jennings JR, Frank E, Garamoni GL, Nofzinger EA, Fascizka AL, Kupfer DJ. Diminished nocturnal penile tumescence in depression: A replication study. Biol Psychiatry 1992; 31:1136–1142.
10. Casper RC, Redmond DE, Katz MM, Schaffer CB, Davis JM, Doslow SH. Somatic symptoms in primary affective disorder. Arch Gen Psychiatry 1985; 42:1098–1104.
11. Aizenberg D, Zemishlany Z, Dorfman-Etrog P, Weizman A. Sexual dysfunction in male schizophrenic patients. J Clin Psychiatry 1995; 56:137–141.
12. Macdonald S, Halliday J, MacEwan T, Sharkey V, Farrington S, Wall S, McCreadie RG. Nithsdale schizophrenia surveys 24: Sexual dysfunction. Br J Psychiatry 2003; 182:50–56.

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