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Comparative study of the incidence of sexual dysfunction in males diagnosed with mental illness and those diagnosed with other types of psychiatric conditions

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Abstract

Introduction: According to DSM-5 Sexual dysfunction is defined as “a clinically significant disturbance in a person's ability to respond sexually or to experience sexual pleasure”.

Aim & Objectives: To assess prevalence of sexual dysfunction in males with psychiatric illness compared to other medical patients in Psychiatry Department, Medicine Department, Respiratory Department of Fathima Institute of Medical Sciences, Kadapa.

Methodology: This study is a Comparative cross-sectional study conducted at Fathima Institute of Medical Science, Kadapa. Duration of 6 Months. Subjects was taken from department of Psychiatry, Medicine Department, Respiratory Department of Fathima Institute of Medical Sciences, Kadapa. Study sample will consist of 100 cases and 100 control.

Result: There was a positive relationship established between Psychiatric ill male patients and sexual dysfunction. Sexual dysfunction was significantly high in mentally ill patients i.e., 59% compared to our control group i.e., other medical patients (23%). Among the Psychiatric disorders highest frequency was observed in Schizophrenia which was 73%. Other prevalence was: bipolar disorders-49%, depressive disorders-51%, anxiety disorders-36% and Alcohol Use Disorder-58%. Among our control group the maximum frequency was observed in patients with heart diseases which was 41%. Other prevalence was liver disorders-25%, Diabetic-20%, genitourinary tract disorders-15% and resp. disorders-10%. It was also found that there was no significant difference in total testosterone level of both groups but prolactin level was significantly higher among psychiatric patients.

Conclusion: Prevalence of sexual dysfunctions are higher among psychiatric ill male patients than medical patients therefore more attention should be given to the treatment of these disorders and counselling should also be done.

Keywords: Sexual dysfunction, depression, anxiety

Introduction

Sexual dysfunction is defined as “a clinically significant disturbance in a person's ability to respond sexually or to experience sexual pleasure” (DSM-5). Sexual dysfunction is highly prevalent in Psychiatric patients which may be caused by the psychopathology of the illness or by the drugs given during their illness. Psychiatric disorders like Depression, Schizophrenia, Mood disorders, etc. may affect sexual relationship, sexual difficulties in patients. Find out the prevalence of sexual dysfunction among male psychiatric ill patients visiting Psychiatry OPD compared to other medical patients in Medicine Department & Respiratory Department of Fathima Institute of Medical Sciences, Kadapa.

Materials and Methods

This study is a comparative cross-sectional study conducted at Department of Fathima Institute of Medical Sciences, Kadapa, Duration of 6 Months. Subjects was taken from department of Psychiatry, Medicine Department, Respiratory Medicine Department of Fathima Institute of Medical Sciences, Kadapa. Study sample will consist of 100 cases and 100 control. Study was done in two groups of male patients—group 1 consisting of 100 psychiatric patients—20 patients each of schizophrenia, depressive disorder, bipolar disorder, anxiety disorder and alcohol use disorder. & group 2 consisting of 100 medical patients.

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Inclusion criteria

1. Male patients.
2. Ages from 18 to 65 years
3. Married and living with their wives
4. Written informed consent given

Exclusion criteria

1. Female patients.
2. Male patients who are single, widow, divorced, separated, or married but are not living with their wives.
3. Psychiatric patients with comorbid medical conditions.
4. Medical patients with comorbid psychiatric disorders.
5. Patients taking medications which are known to cause sexual dysfunction.
6. Male patients whose spouse is suffering from sexual dysfunction.
7. Not given written informed consent.

Diagnosis of psychiatric disorders was done according to the criteria of DSM-5. Diagnosis of other medical conditions was done by respective department. Data collection tools were demographic data questionnaire. All patients were subjected to IIEF (International Index of Erectile Function) Questionnaire. The statistical analysis of collected data was done by using the SPSS program v26 (Statistical Package of Social Science).

Results

- There was a positive relationship established between Psychiatric ill male patients and sexual dysfunction.
- Sexual dysfunction was significantly high in mentally ill patients i.e., 59% compared to our control group i.e.,

- other medical patients (23%).
- Among the Psychiatric disorders highest frequency was observed in Schizophrenia which was 73%. (Fig 1).
- Other prevalence was: bipolar disorders-49%, depressive disorders-51%, anxiety disorders – 36% and Alcohol Use Disorder-58%.
- Among our control group the maximum frequency was observed in patients with heart diseases which was 41%. Other prevalence was liver disorders-25%, Diabetic-20%, genitourinary tract disorders-15% and respiratory disorders -10%.
- Psychiatric patients had a statistically significant higher orgasmic dysfunction, sexual desire dysfunction, intercourse dissatisfaction, and overall sexual dissatisfaction than other medical patients (*p* value < 0.05), with no statistically significant difference (Table-3) between the patients of both groups as regards erectile dysfunction (*p* value > 0.05).
- Among the patients of group, I (psychiatric patients), patients with schizophrenia had a statistically significant higher orgasmic dysfunction, intercourse dissatisfaction, and overall sexual dissatisfaction than patients with alcohol use disorder, depressive disorders, bipolar disorders, and anxiety disorders respectively (*p* value < 0.05), with no statistically significant difference between them as regards erectile dysfunction and sexual desire dysfunction (*p* value > 0.05) (Table 1).
- Among the patients of group II (other medical patients), there was no statistically significant difference between them as regards erectile dysfunction, orgasmic dysfunction, sexual desire dysfunction, intercourse dissatisfaction, and overall sexual dissatisfaction (*p* value > 0.05) (Table 2).

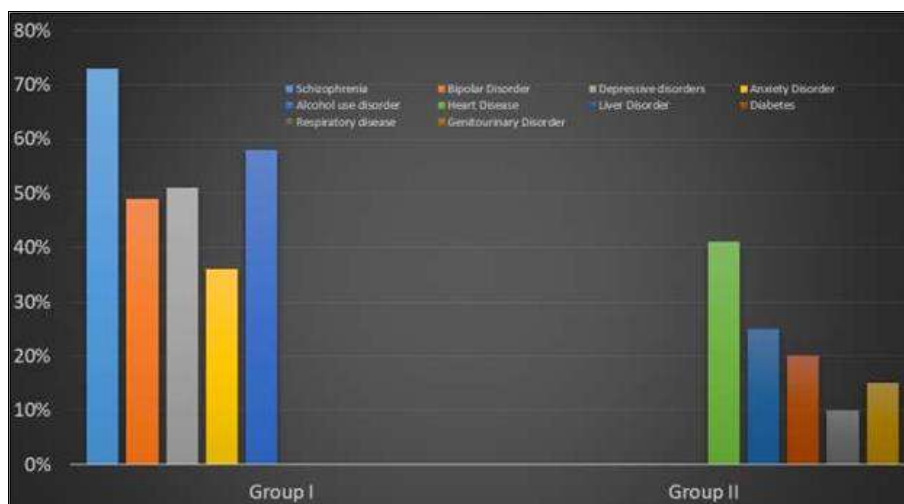


Fig 1: Comparison of Prevalence of Sexual Dysfunction

Table 1: Patterns of sexual functions among patients of group I (psychiatric patients)

IIEF		Schizophrenia	Bipolar Disorder	Depression	Anxiety	Alcohol Use Disorder
		(n=20)	(n=20)	(n=20)	(n=20)	(n=20)
Erectile function	Normal	3	10	9	12	6
	Abnormal	17	10	11	8	14
Orgasmic function	Normal	5	11	11	11	7
	Abnormal	15	9	9	9	13
Sexual desire	Normal	7	10	7	13	11
	Abnormal	13	10	13	7	9
Intercourse satisfaction	Normal	7	13	10	12	10
	Abnormal	13	12	10	8	10

Overall satisfaction	Normal	4	12	12	16	8
	Abnormal	16	8	8	4	12

Table 2: Patterns of sexual functions among patients of group II (other medical patients)

IIEF		Cardiac Disease (n=20)	Liver disease (n=20)	Diabetes (n=20)	Genitourinary disease (n=20)	Respiratory Disorder (n=20)
Erectile function	Normal	10	13	14	16	17
	Abnormal	10	7	6	4	3
Orgasmic function	Normal	12	15	15	17	18
	Abnormal	8	5	5	3	2
Sexual desire	Normal	11	16	18	18	18
	Abnormal	9	4	2	2	2
Intercourse satisfaction	Normal	13	15	17	17	18
	Abnormal	7	5	3	3	2
Overall satisfaction	Normal	13	16	16	17	19
	Abnormal	7	4	4	3	1

Table 3: Patterns of sexual functions among patients of group I and group II

IIEF		Group I (n=100)	Group II (n=100)
Erectile function	Normal	40	70
	Abnormal	60	30
Orgasmic function	Normal	45	77
	Abnormal	55	23
Sexual desire	Normal	48	81
	Abnormal	52	19
Intercourse satisfaction	Normal	47	80
	Abnormal	53	20
Overall satisfaction	Normal	52	81
	Abnormal	48	19

Conclusion

Prevalence of sexual dysfunctions are higher among psychiatric ill male patients than medical patients therefore more attention should be given to the treatment of these disorders and counselling should also be done. The persistence of sexual problems has significant negative impact on patient’s satisfaction and adherence with the treatment, quality of life, and partnership. Routine assessment of sexual functioning needs to be integrated into ongoing care to identify and address problems early. If sexual dysfunction is ignored, it may maintain the psychiatric disorder, compromise treatment outcome, and lead to non-adherence.

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