

Prevalence of sexual dysfunctions in male patients of a tertiary hospital

Anupam Das, Choity Malakar

Background: Sexual dysfunctions is commonly experienced as having a devastating effect on familial, vocational, psychological, or social lives of sufferers. Irrespective of high prevalence of sexual dysfunction; only little number of patients seeks psychiatric consultation. Some patients are ambivalent over getting professional help because of attached social stigma that leads to delayed or negating consultation. However, there is a paucity of studies investigating the prevalence of PSD, particularly in Indian context.

Objectives: To determine the prevalence and pattern of sexual dysfunctions.

Methods: This was a cross-sectional analytical study carried in the Outpatient Department of Psychiatry, Khwaja Yunus Ali Medical College, Sirajgonj from October 2019 to September 2020. Data were collected from face-to-face interview; a semi structured questionnaire was used. After collection, all data were checked thoroughly for consistency and completeness. Data were cleaned, edited and verified daily to exclude any error or inconsistency before coding and entering them into a database. Statistical analysis was performed using compatible computer software.

Results: This study observed erectile dysfunction (31%), premature ejaculation (25%), dhat syndrome (18%), and erectile dysfunction with premature ejaculation (17%) as the common sexual dysfunctions.

Conclusions: This study shows the common sexual dysfunctions were erectile dysfunction (ED), premature ejaculation (PME), dhat syndrome (DS) and ED with PME.

Declaration of interest: None

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Keywords: Sexual dysfunction, male patients, tertiary hospital, Bangladesh.

Introduction

Sexual dysfunctions are a term which may simply refer to a sexual problem that is psychological, rather than physiological in origin. "Psychosexual disorders" was a term used in Freudian psychology. Sigmund Freud has contributed to the idea of psychosexual disorders and furthered research of the topic through his ideas of psychosexual development and his psychoanalytic sex drive theory. Too much stimulation at a certain stage of development could lead to regression when that individual is in distress, also possibly leading to sexual dysfunctions.

Behaviorists view sexual dysfunctions as the outcome of conditioned response and learned interpersonal behavior.^{1,2}

Sexual dysfunctions can result from a wide variety of psychological and physical causes.³⁻⁵ Presence of psychiatric condition with SD can further complicate the situation as both conditions may likely to coexist in a related or unrelated fashion.⁶ Moreover, experiencing sexual problems could lead to psychiatric symptoms, and

psychiatric symptoms can function as an antecedent to sexual problems.⁷ As a general agreement sexual dysfunctions is multifactorial⁸ as normal sexual function relies on the coordination of psychological, hormonal, neurological, vascular, and cavernosal factors. Therefore, an alteration in any one or combination of these factors may contribute to sexual problem.^{9,10}

Even with increasing literacy, sex is still a taboo in Bangladesh and sexual knowledge is poor among most of the individuals. The exact data regarding prevalence and comorbidity of psychosexual disorders with other conditions is inconsistent and is not well known in Bangladesh. The purpose of the present study was to evaluate the pattern of sexual dysfunction.

Methods

This was a cross-sectional analytical study. The study was conducted from October 2019 to September 2020. Total 100 male patients were included by purposive consecutive sampling technique. Detailed family history of any substance uses and psychiatric illness was produced. History regarding substance abuse was extracted along with detailed evaluation of any recent or ongoing stressor, past and presenting psychiatric illness and co-morbid physical ailments. History of any indigenous medicines taken by these patients for the treatment of their psychosexual problem was assessed along with the prior types of consultations for the psychosexual problems. The diagnosis as assessed by the treating psychiatrist using standard definitions and criteria in accordance to international classification of diseases version 10 (ICD-10) were evaluated. Data were collected from face-to-face interview; a semi structured questionnaire was used. After collection, all data were checked thoroughly for consistency and completeness. Data were cleaned, edited and verified daily to exclude any error or inconsistency before coding and entering them into a database. Statistical analysis was performed using compatible computer software. The analyzed data are presented in tables. All data are expressed as the frequency, percentage.

Results

This study shows the mean age of 31.4 ± 8.9 years (range: 18-70). About 51% and 47% of subjects belonged to middle and lower socio-economic status respectively. Only 14% of subjects were staying alone. Psychiatric illness apart from the sexual problems was observed in 23%. Most of the subjects were suffering from depression (15%), followed by anxiety disorder (4%) and psychosis (2%). Of

the various sexual dysfunctions observed in our study, erectile dysfunction (ED) was most commonly reported (31%), followed by premature ejaculation (PME) in 25% subjects and dhat syndrome (DS) in 18% subjects. Among the subjects having more than one psychosexual disorder, ED with PME was most commonly reported (17%).

Table 1: Socio-demographic characteristics of participants (N=100)

Characteristic	Frequency (n)	Percentage (%)
Age (years)		
18-25	22	22
26-40	47	47
41-55	24	24
>56	7	7
Marital status		
Married	67	67
Divorced	33	33
Education		
Illiterate	12	12
Primary	7	7
Secondary	14	14
SSC	42	42
HSC	22	22
Graduate	3	3
Resident		
Urban	91	91
Rural	9	9
Family type		
Nuclear	53	53
Joint	33	33
Alone	14	14
Socio-economic status		
Lower	47	47
Middle	51	51
Upper	7	8

Table 2: Clinical features of study participants (N=100)

Parameter	Frequency (n)	Percentage (%)
History of stress		
Absent	34	34
Present	66	60
Any other psychiatric disorder		
Psychosis	2	2
Depression	15	15
BPAD	1	1
Anxiety disorder	4	4
Epilepsy	1	1
None	77	77
Presence of physical illness		
Yes	3	3
No	97	97
Prior consultation with physician		
Yes	47	47
No	53	53

Table 3: Prevalence of different sexual dysfunctions among participants (N=100)

Psychosocial disorders	Frequency (n)	Percentage (%)
Premature ejaculation (PME)	25	25
Erectile dysfunction (ED)	31	31
Dhat syndrome (DS)	18	18
ED+PME	17	17
ED+DS	5	5
PME+DS	4	4

Table 2: Clinical features of study participants (N=100)

Substance	Frequency (n)	Percentage (%)
Alcohol	2	2
Cannabis	4	4
Others	8	8
No use	86	86

Discussion

This study shows the mean age of patients were 31.4 ± 8.8 years. Highest number (47%) of patients were in the age group of 26-40 years with married patients (67%) being more predisposed to develop various forms of sexual dysfunction. This states that married patients are suffered more from sexual dysfunctions and middle adulthood is the common age group. This information supported by other study also. In the study by Mittal et al.¹¹ showed mean age of sexual dysfunctions patients around 32 years (i.e., middle age group) with majority (80%) of the affected patients were married stating that sexual dysfunctions are mostly diagnosed during married life or phase of being sexually active.

This study observed that ED was the most commonly reported sexual disorder (31%), compared to PME (25%), DS (18%) and ED with PME (17%). Some previous studies present similar pattern of data although with variable frequencies.⁸⁻¹⁰ Similar study found PME was the commonest sexual dysfunctions (35.2%).¹¹

In contrast to this study previous studies had noted dhat syndrome to be the most frequent form of psychosexual disorder in India.¹² In another study performed by Gupta et al.¹³ who clinically assessed 150 patients attending dermatology outpatient department for psychosexual problems, the most common PSD was ED (34%) followed by PME (16.6%), dhat syndrome (15.3%), and nocturnal emission (14%).

Majority of patients were from urban area (91.7%). This may be due to the ignorance regarding the treatment facilities of such problems available in general hospital in rural area or due to more stigma/myths/ lack of knowledge regarding the nature of the illness in rural area. In this study, commonest psychiatric illness in patients presenting with sexual dysfunctions was depression (15%),

which is in concordance with study by Verma et al. reporting neurotic depression to be 15%.¹ But while that study found anxiety disorders in similar proportion (16%), whereas this study observed only in 4% cases. Although one study reported prevalence of anxiety and depressive disorders in 30% and 20% individuals with sexual disorders, respectively,¹⁴ another study found anxiety state (17%), schizophrenia (16%), and reactive depression (16%) as common psychiatric conditions.¹

Among substance users, cannabis was the most common substance (4%) causes sexual dysfunctions individually. 86% respondents could not take any substance. Another study reported cannabis may cause sexual dysfunctions in the long term in high doses.¹⁴ Among substance users, premature ejaculation was the most common sexual dysfunction. It was also found that in individual consuming more than 1 substance, either erectile dysfunction or more than one sexual dysfunction was present. Other studies have also reported slight predominance of premature ejaculation among alcohol users.¹¹

Conclusions

This study shows the common sexual dysfunctions were erectile dysfunction (ED), premature ejaculation (PME), dhat syndrome (DS) and ED with PME. It was also observed that maximum patients were 26-40 years age group and lower economic status.

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