Psychiatric Co-Morbidity among the Male Patients with Sexual Dysfunction in a Tertiary Hospital of Bangladesh

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The proportion of psychiatric co-morbidity in male patients with sexual dysfunction investigated in this study. Male patients who attended in Outpatient Department (OPD) of BSMMU, Dhaka complaining of sexual dysfunction were recruited for study purposes. Types of sexual dysfunction were evaluated according to DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders 4th Edition, Text Revision). The psychiatric diagnosis was established on the basis of DSM-IV-TR by the structured instrument SCID-CV (Structured Clinical Interview for DSM- IV Axis-1 Disorders- Clinician Version). The study included 142 patients 18-56 years old (mean age ±SD 32.51 ±12.33) with sexual dysfunction. Most patients (69.0 %) were classified with premature ejaculation. A detectable psychiatric condition was present in 59.9 % of the patients, including depressive disorder in 28.8 %, anxiety disorder in 23.9%, panic disorder without agoraphobia in 2.8 % and somatization disorder in 4.2 %. There was no significant association between psychiatric disorder with age, habitat, religion and occupation ($p > 0.05$). However, statistical association was found among psychiatric disorder with education and martial status ($p < 0.05$). Psychiatric co-morbidity is highly prevalent in patients with sexual dysfunction, potentially affecting treatment outcome. This problem warrants recognition as a significant public health concern.

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Key words: Psychiatric disorder, Sexual dysfunction

Introduction

In Bangladesh, sex is viewed as something not to be talked about. As a result, many people do not have correct knowledge on sexuality. In DSM-IV-TR, a sexual dysfunction is characterized by disturbance in sexual desire and in the psychophysiological changes that characterize the sexual response cycle or by pain associated with sexual intercourse and cause marked distress and interpersonal difficulty.[1]

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Based on the community study, sexual dysfunctions are highly prevalent in both sexes, ranging from 10% to 52% of men. In the United States a national probability sample of 1410 men between 18 to 59 years at the time of survey conducted by Laumann et al. (1999) was found 31% of men were suffering from sexual dysfunction.[2] In the United Kingdom, Read et al. (1997) carried a survey of sexual dysfunction that found 35% of men reported some form of specific sexual dysfunction: premature ejaculation (31%) and erectile dysfunction (17%) in male.[3]

In India Nakra et al. (1977) a study of male potency disorder and they found 9.2% of all patients suffers from sexual potency disorder.[4] Among male potency disorder impotence was 35% followed by premature ejaculation 25%. In Bangladesh Rahman et al. (1993) a study of relationship of sexual dysfunction and anxiety disorder found that 50% of patients suffering from premature ejaculation among them 80% manifested anxiety symptoms.[5] A prevalence study conducted by Mazumder et al. (2004) revealed premature ejaculation (47%) followed by combination of premature ejaculation and erectile dysfunction (14%), erectile dysfunction (4%), low sexual interest (1%) and others (3%).[6]

Sexual dysfunctions are frequently associated with other mental disorders, such as depressive disorders, anxiety disorders, schizophrenia and personality disorders. Psychiatric problems are very common among men with erectile dysfunction. Mallis et al. (2005) suggest that the majority of men who seek treatment for erectile dysfunction have one or more psychiatric condition. The study include 103 patients 20 to 76 years with erectile dysfunction, a detectable psychiatric condition was present in 63.1% of the patient, including depressive disorders in 25.2%, anxiety disorder in 11.7%, depression-anxiety co-morbidity in 6.8% and personality disorder in 5.8%.[7] In India Banerjee et al. (1987) revealed depression of moderate to severe degree was present in more than 75% of cases.[8]

OPD visits of Bangabandhu Sheikh Mujib Medical University (BSMMU) and interacting to the treating doctor it is evident that a substantial number of patients have some psychiatric co-morbidity.

Methods

This was a descriptive, cross sectional, analytical and comparative study carried out in BSMMU, Dhaka, Bangladesh from January 2008 to December 2008. Sample size of the study was 142 male patients. Purposive sampling technique was applied for the target population. Data were collected from OPD of Dermatology & Venereology and Urology of BSMMU. Patients register of respective OPD were taken as sampling frame. Those male patients who complained of sexual problems were identified by consultant of respective OPD. The diagnosis of sexual dysfunction was done by a psychiatrist as per DSM-IV-TR. Patients were interviewed next face to face by using a structured questionnaire for socio-demographic and relevant variables. The psychiatric diagnosis was established on the basis of DSM-IV-TR by the structured instrument SCID-CV (Structured Clinical Interview for DSM- IV Axis-1 Disorders-Clinician Version). Data analysis was performed by Statistical Package for Social Science (SPSS), version-11.5. Then the prevalence of psychiatric disorder of male patients with sexual dysfunction was estimated and Chi-square test was applied.

Results

A total number of 142 male patients with sexual dysfunction were evaluated with using SCID-CV. Among the respondents, 85 patients were found to have associated

psychiatric disorders in Axis-I diagnosis of DSM-IV. 59.9 % of the patients with sexual dysfunction had co-morbid psychiatric disorders whereas 40.1% patients did not have co-morbid psychiatric disorder.

Table I: Distribution of male patients by co-morbid psychiatric disorder

Co-morbid psychiatric disorder	Frequency	%
Present	85	59.9
Absent	57	40.1
Total	142	100

Table II: Socio-demographic characteristics of the patients (n=142)

Characteristics	Frequency	%
Age in years		
18-27	38	26.7
28-37	76	53.5
38-47	25	17.6
48-57	3	2.1
Education		
Literate	137	96.4
Illiterate	5	3.5
Marital status		
Unmarried	47	33.1
Married	91	64.0
Separated	2	1.4
Divorce	2	1.4
Habitat		
Urban	97	68.3
Rural	45	31.6

A total of 142 male patients attended in the respective OPD were interviewed. The mean age of the patients were 32.51 ±12.33, ranging from 18 to 56 years. Most of the patients were in the age group 28 - 37 years (53.5%) followed by in the range of 18-27 years (26.7%), 38 - 47 years age group having 17.6 % and lowest in the age group 48 -57 years (2.1%). It was found that a few patients were illiterate (3.5 %). Most of the patients were married (64.0%) followed by 33.1 % were unmarried. Regarding the residence, 68.3 % were residing in the urban area and 31.6 % were in the rural area.

Table III: Distribution of male patients by types of sexual dysfunction (n=142)

Types of sexual dysfunction	Frequency	%
Premature ejaculation (PME)	98	69.0
Erectile disorder (ED)	34	23.9
Hypoactive sexual desire disorder	02	1.4
Sexual dysfunction due to general medical condition (SD due to GMC)	08	5.6

Above table shows that highest number of patients were PME (69.0%), followed by ED

(23.9 %), hypoactive sexual desire disorder (1.4 %) and SD due to GMC (5.6%).

Table IV: Distribution of male patients by pattern of co-morbid psychiatric disorders (n=142)

Pattern of co-morbid psychiatric disorder	Frequency	%
Major Depressive Disorder (MDD)	41	28.8
Generalized anxiety Disorder (GAD)	34	23.9
Panic Disorder without Agoraphobia (PD)	04	2.8
Somatization Disorder (SD)	06	4.2
Without psychiatric co-morbidity	57	40.1

Table IV shows that 59.9% had psychiatric disorders, 40.1% had no psychiatric disorder. Among the psychiatric disorders 28.8 % was suffering from MDD followed by GAD (23.9%), panic disorder without agoraphobia (2.8%) and somatization disorder (4.2%).

Discussion

The objectives of the study were to assess the proportion of psychiatric disorders among the male patients with sexual dysfunction and to explore the association between psychiatric disorders with socio-demographic variables of male patients with sexual dysfunction.

In this study 59.9 % of patients with sexual dysfunction had psychiatric disorders and 40.1 % were healthy in terms of psychiatric morbidity. Our findings were close to the study by Mallis et al. (2005) where psychiatric disorders were 63.1% but Pankhurst et al. (2005) found 42% which were lower from our study results.[9]

Major depressive disorder was most common (28.8 %) psychiatric disorder in our series. Pankhurst et al. (2005) reported 35% prevalence of depressive symptoms which was near similar to our study. This findings was contrary to the findings of Banarjee et al. (1987) where 75% of patients with depressive symptoms. This difference might be attributable to the difference in the nature of sample in these two studies. In another study Mallis et al. (2005) found depressive disorder (25.2%) which was closer to our study. Major depressive disorder was most common in a study by Mullick et al. (1995) which was consistent to our study result.[10]

In this study 23.9 % of patients with sexual dysfunction were suffering from generalized anxiety disorder. Pankhurst et al. (2005) found anxiety disorders (21%) which was similar to our study, but Mallis et al. (2005) found lower (11.7%) prevalence of anxiety disorder in their series. This difference might be due to difference in the nature of instruments. Another study by Jacques et al. (2000) found life time anxiety disorder (19%) which was closer to our study. In our study a small number of patients were suffering from panic disorders without agoraphobia (2.8%) and somatization disorders (4.2%).[11] Firoz et al. (2002) found panic disorder (2.5%) which was nearer to our study.[12]

In this study most of the patients were in the age ranges 28-37 years (53.5%) followed by age range 18-27 years (26.7%) and 38-47 years (17.6%). Rahman et al. (1993) in a study in Bangladesh found maximum cases were age ranges 26-35 years which was consistent to our study results. Another study in India by Banerjee et al. (1987) found 53% of the patients belonged to the age group 25-34 years which was nearly similar to our study. Probably the people of younger age group were more concerned about their problems or they consider it more seriously.

In this study 68.3 % of the respondents were from urban areas and 31.6 % were residing in the rural areas. This finding was consistent with the finding of Firoz et al. (2002).

Among the respondents level of education, very few patients were illiterate (3.5%) and 96.4% were literate.

Study on marital status, 64.0% were married and 33.1% were unmarried. Pankhurst et al. (2005) was found 75% patients were married and 14% patients were unmarried. Psychiatric disorders found more in married (74.8%) in our study.

Regarding types of sexual dysfunction, highest number of patients was PME (69.0%) followed by ED (23.9 %), hypoactive sexual desire disorder (1.4 %), sexual dysfunction due to general medical condition (5.6%) including 6 patients was suffering from diabetes mellitus and 2 patients was suffering from hyperthyroidism. Majumder et al. (2004) found most prevalent sexual dysfunction was PME (47%), which was near similar to our study. Like present study many other studies, especially the recent ones, reported premature ejaculation as the most prevalent types of sexual dysfunction.[13]

Martin cole has observed that PME was more common among Asian patients. Read et al. (1997) found 17% of patients were ED, which was similar to our study. Rahman et al. (1993) and Majuder et al. (2004) found ED 3% and 4% respectively, which was dissimilar to our study findings. Lahmann et al. (1994) found 13-17% of the patients were low sexual interest which was nearly similar to our study.[14]

Co-morbid psychiatric disorders was found significantly high ($p<0.05$) among patients educational level and marital status. However no statistical association was found among psychiatric disorder and age, religion, occupation groups ($p > 0.05$). The high prevalence (59.9 %) of psychiatric disorder in male patients with sexual dysfunction emphasis the necessity to evaluate and address psychiatric disorder in patients with sexual dysfunction.

Conclusion

The study demonstrates that psychiatric co-morbidity is highly prevalent in male patients with sexual dysfunction who attended in a tertiary level hospital. Co-morbid psychiatric disorders specially Depression and Anxiety was prominent, might result in a negative treatment outcome. Careful psychological screening of patients seems mandatory because this problem recognized as a significant public health concern.

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