

# Sexual dysfunctions among patients in a psychiatric hospital

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## Summary

Information regarding sexual dysfunctions in psychiatric patients is insufficient though it affects a patient's quality of life in various ways. The objective of this study was to assess the proportion and pattern of sexual dysfunctions among patient's attending at the National Institute of Mental Health (NIMH), Dhaka. It was a cross-sectional study conducted from 01 February 2015 to 30 June 2015. A total of 161 patients (of 18-50 years of age) selected purposively and were interviewed after getting informed written consent. A semi-structured socio-demographic questionnaire and a pre-tested (Bengali version of) Arizona Sexual Experience Scale (ASEX) were used for collecting data. Sexual dysfunctions were diagnosed by using the Diagnostic and Statistical Manual for Mental Disorders, 5<sup>th</sup> edition (DSM-5). Results showed that the mean age of the respondents was 35.12(± 8.22) years. Most of them (75%) were aged between 20-40 years. The proportion of sexual dysfunctions was 67% and it was found more among males (70.3%) than females (62.9%). Among males, Erectile Disorder (35.1%) in indoor and Premature Ejaculation (27.3%) in outdoor were more common. Among females, most common sexual dysfunction was Sexual Interest/Arousal Disorder, of which 34.9% was in indoor and 44.4% in outdoor respondents respectively. The proportion of sexual dysfunction was higher in the semi-urban group (75%), those who were educated up to primary level (79%) and belonging to age group 40-50 years (79%). As sexual dysfunction and it's impact on psychiatric patients are tremendous, sexual functioning of every patient needs special attention, care and early interventions for reducing sufferings.

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## Introduction:

Sexual behavior and functioning, like other human needs, are affected by biological, psychological and cultural factors and it is an inseparable aspect and universally practiced physiological phenomenon in most healthy and able adult beings up to a certain period of life. Proper sexual functioning is a vital issue for health and vigor. Sexual functioning encompasses various aspects of human living, relationship, wellbeing and has a tremendous impact on quality of life. Sexual dysfunctions are common in the general population, affecting an estimated 43% of women and 31% of men in the U.S.A.<sup>1</sup> The most common sexual dysfunction among females is the decrease in sexual desire reported by approximately a third of women, while Erectile Disorders (ED) and Premature Ejaculation (PE) are common among males. Despite the high prevalence, most sufferers do not seek help either due to feeling embarrassment or because they do not view it as a medical problem at all.<sup>2</sup> A large group of people with psychiatric disorders may experience some sort of sexual dysfunctions as a co-morbid condition, as a consequence of primary psychiatric disorder, due to medication or substance or general medical

condition and also as a primary disorder itself. Data and research related to sexual dysfunctions among psychiatric patients in our country is very limited & insufficient. In this context, this study was aimed to determine the proportion and pattern of sexual dysfunctions among patients attending at the National Institute of Mental Health and Hospital, Dhaka. The study findings may contribute to the development of the areas of sexual health in the practice of psychiatry and betterment of patients through further extensive research.

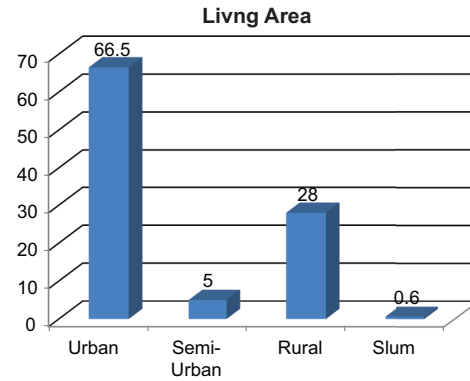
## Materials and methods:

This was a cross-sectional study. The study populations were all married patients aged between 18 years and 50 years attending at the National Institute of Mental Health (NIMH), Dhaka from 01 February 2015 to 30 June 2015. A total of 161 respondents who fulfilled the inclusion criteria were included purposively and interviewed. Informed written consents were taken from patients and also from their attendants prior to data collection. Confidentiality was strictly maintained. At first, socio-demographic information was collected by using a semi-

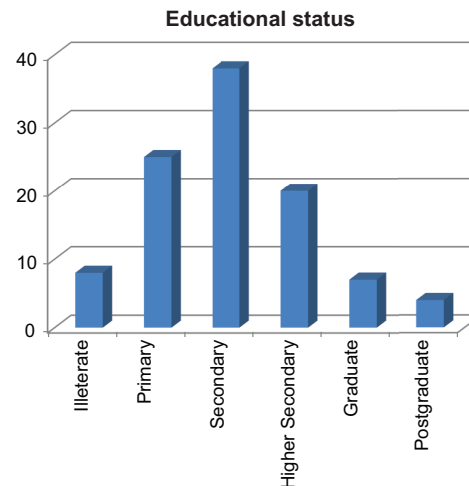
structured questionnaire in Bengali version and then pre-tested Arizona Sexual Experience Scale (ASEX)<sup>3</sup> in Bengali was used for collecting sexual functioning data. Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> edition (DSM-5)<sup>4</sup> criteria for sexual dysfunctions were used for diagnosis and categorizing the various pattern of sexual dysfunctions among all the screen positive and every 4<sup>th</sup> screen negative respondents through interviewing them by a consultant psychiatrist. Data analysis was done by using Statistical Package for Social Sciences (SPSS) version 16 and data were presented through frequency distribution with tables and graphs.

**Results:**

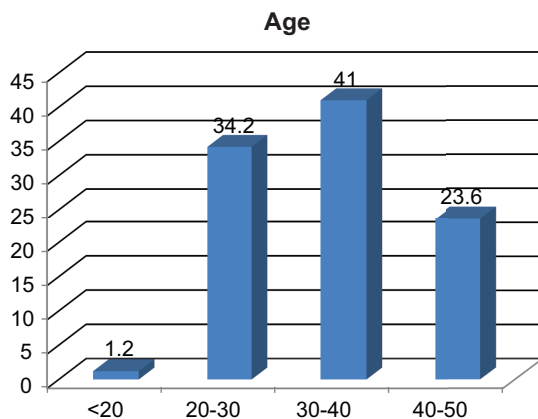
Results of this study found that, mean age of the respondents was 35.12(±8.22) years. Most of the patients (75%) were aged between 20-40 years (Figure 1). Majority of them were from an urban background (67.1%) (Figure 2). Most of them studied up to secondary level (40%) (Figure 3). The proportion of sexual dysfunction was found 67% among the respondents (Figure 4). The study also found that sexual dysfunctions were more among males (70.3%) than females (62.9%). The proportion of sexual dysfunction was almost equal among respondents of urban (66.6%) and rural (66.7%) background and it was higher in the semi-urban group (75%). It was also found more among respondents educated up to primary level (79%) and among those belonging age group 40-50 years (79%) (Table 1)). Among male respondents, the most common sexual dysfunction was Erectile Disorder (35.1%) in indoor and Premature Ejaculation (27.3%) in outdoor. Among females, most common sexual dysfunction was Sexual Interest/Arousal disorder, of which 34.9% was in indoor and 44.4% in outdoor respondents respectively (Table 2-3).



**Figure 2: Living area of the respondents (n=161)**

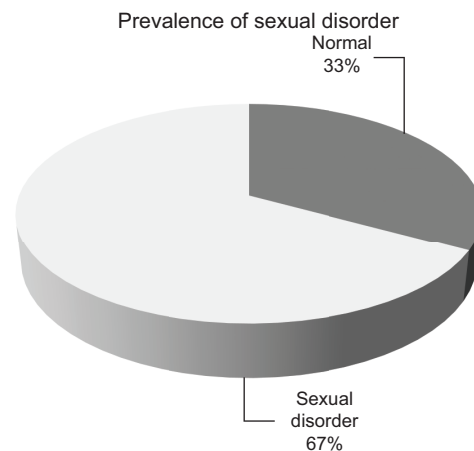


**Figure 3: Educational status of the respondents (n=161)**



Mean Age: 35.12(±8.22)

**Figure 1: Age of the respondents (n=161).**



**Figure 4: Proportion of sexual dysfunctions (n=161)**

**Table 1: Sexual dysfunctions across different socio-demographic characteristics of the respondents (n=161).**

Variables	Sexual Dysfunction		p-value
	n	%	
Place			
Indoor	70	70.0	c <sup>2</sup> = 1.02 p= 0.31
Outdoor	38	62.3	
Total	108	67.1	
Gender			
Male	64	70.3	c <sup>2</sup> = 1.00 p= 0.32
Female	44	62.9	
Total	108	67.1	
Age (in years)			
<=20	0		c <sup>2</sup> = 5.74 p= 0.22
20-30	32	58.2	
30-40	46	69.7	
40-50	30	78.9	
Total	108	67.1	

**Table 2: Sexual dysfunctions across different socio-demographic characteristics of the respondents (n=161)**

Variables	Sexual Dysfunction		p-value
	n	%	
Living Area			
Urban	72	66.6	c <sup>2</sup> = 0.75 p= 0.86
Semi-urban	6	75.0	
Rural	30	66.7	
Total	108	67.1	
Religion			
Islam	101	65.6	c <sup>2</sup> = 3.59 p= 0.06
Hinduism	7	100.0	
Total	108	76.1	
Educational Status			
Illiterate	10	62.5	c <sup>2</sup> = 4.59 p= 0.47
Primary	30	78.9	
Undergraduate	58	64.4	
Graduate & above	10	58.8	
Total	108	67.1	
Occupation			
Unemployed	8	61.5	c <sup>2</sup> = 4.26 p= 0.75
Employed	64	70.32	
Housewife	36	63.2	
Total	108	67.1	

**Table 3: Pattern of sexual dysfunctions in indoor respondents (n=100).**

Male	n	%
Delayed Ejaculation	7	12.3
Erectile Disorder	20	35.1
Premature Ejaculation	15	26.3
Male Hypoactive Sexual Desire Disorder	2	3.5
Normal sexual function	13	22.8
Female		
Female Sexual interest/Arousal Disorder	15	34.9
Female Orgasmic Disorder	11	25.6
Normal sexual function	17	39.5

**Table 4: Pattern of sexual dysfunctions in outdoor respondents (n=61).**

Male	n	%
Delayed Ejaculation	2	5.9
Erectile Disorder	8	23.5
Premature Ejaculation	9	26.5
Normal sexual function	14	41.2
Female		
Female Sexual Interest/ Arousal Disorder	12	44.4
Female Orgasmic Disorder	6	22.2
Normal sexual function	9	33.3

**Discussion:**

This was a cross-sectional and descriptive study conducted with the aim to determine the proportion and pattern of sexual dysfunctions among patients in a psychiatric hospital. The present study showed that 67% of respondents had sexual dysfunctions. Among them, in total 70.3% of male respondents and 63% of female respondents had any type of sexual dysfunctions. Sexual dysfunctions were highest among the age group of 40-50 years (79%). Among indoor and outdoor respondents the percentage of sexual dysfunctions was 70% and 62% respectively. In this study the commonest pattern of male sexual dysfunction was found Erectile Disorder (35%) and then Premature Ejaculation (26%) among indoor respondents. Among females the most common pattern was Female sexual interest/Arousal Disorder (35%) in indoor and then female orgasmic Disorder (26%). In outdoor respondents, most common pattern was Premature Ejaculation (27.3%) in males and Female Sexual Arousal/Interest Disorder in females. These findings are not fully consistent with the literature reviewed earlier and the results are not statistically significant (as  $p > 0.05$ ).<sup>5</sup> It may be due to socio-cultural variation and the use of various assessment instruments in the same type of study population. One Study revealed among men, 62% of those with a diagnosis of Schizophrenia between 63% to 75% of those with Affective Disorders and 17% of those with other diagnoses reported current sexual problems.<sup>6</sup> Findings from literature reviewing revealed a significant portion of patients with psychiatric disorders suffer from various sexual dysfunctions and it was of varying degrees according to socio-demographic characteristics.<sup>7-21</sup> In our context there is very limited or insufficient studies yet present in Bangladesh related to sexuality and sexual dysfunctions among general population and in psychiatric patients with various disorders.

**Conclusion**

The findings in this study will have to be addressed carefully, need evaluation extensively before drawing any conclusion as it was a hospital based study. As our study correlates sexual

dysfunctions with psychiatric patients, the findings can be used in future studies relating sexuality. Though most of the time the vital but secret and hidden issues of sexual problems remain in dark and unnoticed, exploring and identifying sexual problems in all sorts of adult psychiatric patients should be a routine work during interviewing them for better outcome.

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