Original Research Article

A study of sexual dysfunction among female patients attending psychiatric outpatient department

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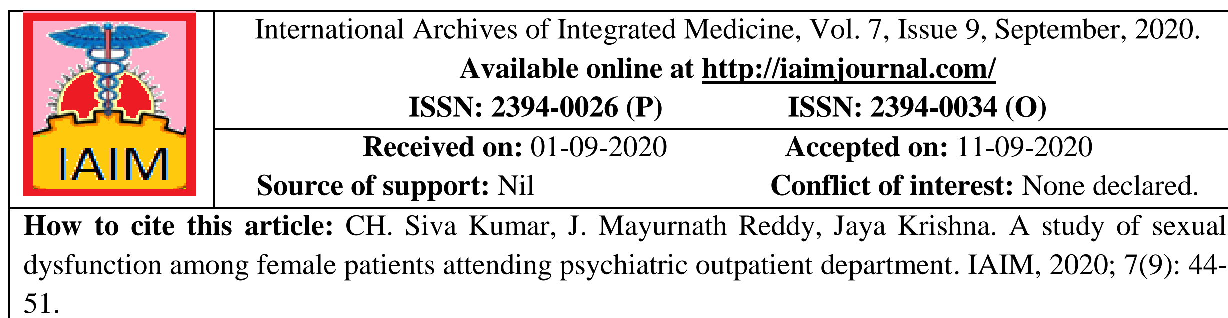
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Abstract

Sexual dysfunction is a common problem among women of all ages and has negative effects not only on their quality of lives but also on the sexual function and quality of life of their partners. The study aimed to study the prevalence of sexual dysfunction among the female patients attending psychiatric OPD and to study the relation of mental illness on sexual dysfunction of a patient and vice-versa. A total of 92 patients with Mental illness and 30 controls were studied of the total sample of 122 members. The T-test was done to compare means of ASEX scores between Patients and found that there was no difference in the sexual dysfunction among the females having mental illness and control group females. These indicated that there was no difference in the sexual dysfunction among the females having mental illness and control group females.

Key words

Sexual dysfunction, Psychiatric patients, Female patients.

Introduction

Sexual dysfunction can be defined as "the persistent impairment of a couple's normal or usual patterns of sexual interest and/ or response". Pioneering works by Kinsey in 1953 and, subsequently, Masters and Johnson in 1966 provided insights into the range of normative sexual function and the physiologic processes underlying sexual stimulation [1]. Sexual dysfunction is common among the general population, affecting 43% of women and 31% of men [2].

Sexual function of women can be affected by many factors. Female sexual dysfunction (FSD) is a complex multi factorial and multi-dimensional clinical condition, with multiple etiologies, biological, psychological, interpersonal determinants and pathophysiologic correlations. Female sexual dysfunction is highly prevalent and it has a major effect on quality of life. Reliable estimate of incidence and severity of sexual dysfunctions in females is difficult to obtain, as patients are often unwilling to raise or discuss the issue of sexual health with health professionals. However, responding to this healthcare need is equally challenging for physicians due to limited time, insecurities about how and what to ask, and lack of knowledge of therapy options. Additional barriers such as lack of sexual therapists, and limited options for continuing education result in an under-diagnosis and under-treatment of female sexual dysfunction.

Due to social inhibitions, both physicians and patients do not openly discuss about it. Though it was once considered a taboo subject, Sexual health is now being discussed widely. Most clinicians avoid discussing sexuality with patients with mental disorders. Sexual disturbances can be related to medication, to psychological issues such as self-stigma and anhedonia, and to the social context. Embarrassment, Frustration, depressions, or anger in a sexually dysfunctional person leads to general unhappiness and distress in inter personal relationships, at times with disruptive outcomes [3].

Sexual dysfunction is a common problem among women of all ages and has negative effects not only on their quality of lives but also on the sexual function and quality of life of their partners. It can also affect mental health of the entire family and society. Regarding the multidimensional nature of female sexual dysfunction and considering its consequences, this condition needs to be recognized in its early stages in order to prevent future consequences and impacts.

There are only a few studies about sexual dysfunction among females in India. In the Indian culture, talking about sex and sex related issues is a taboo and spouses are uncomfortable in sharing their problems with each other. The scientific community in India has by and large been indifferent to the area of human sexuality and its problems. Sexual dysfunction is a common problem among women of all ages and has negative effects not only on their quality of lives but also on the sexual function and quality of life of their partners. However from a public health perspective, no large scale data are available. Hence this study has attempted to identify the association between mental illness and sexual dysfunction. The study involves randomly selected subjects who are females attending the outpatient department for treatment till the sample size reaches 100. Patient details including socio demographic and clinical characteristics are recorded using a semi structured socio demographic questionnaire. Following informed consent the Arizona Sexual Experience Scale (ASEX) would be administered.

Materials and methods

Aim and objectives of the study

- To assess sexual dysfunction among the female patients attending psychiatric OPD.
- To study the relation of mental illness on sexual dysfunction of a patient and vice-versa.
- To study the influence of Socio demographic profile on sexual dysfunction.

Inclusion criteria

- Females who gave consent to the study.
- With a psychiatric illness diagnosed.
- Aged 18- 60 years.
- Sexually Active females.
- Who had sexual activity during the past two weeks.

Exclusion criteria

- Those who had not given consent.
- Subjects diagnosed with any other medical condition that can cause sexual dysfunction
- Subjects diagnosed to have Mental Retardation
- Aged below 18 years and above 60 years.
- Sexually inactive females.

Methodology

This was a cross sectional comparative study done in the psychiatric outpatient department of tertiary psychiatric care hospital located in Hyderabad. The study involved randomly selected subjects who were females attending the outpatient department for treatment till the sample size was reached. Patient details including socio demographic and clinical characteristics were recorded using a semi structured socio demographic questionnaire (**Annexure – I**). Following informed consent the Arizona Sexual Experience Scale (ASEX) was administered. The socio demographic questionnaire and ASEX (**Annexure – II**) were also administered to 50 controls from the community who were all females without history of any mental illness. The respondents were classified as having sexual dysfunction if ASEX total score was more than 18 (Range 5-30).

Annexure – 1: Socio demographic questionnaire.

Socio demographic questionnaire

Patient details

Hospital registration no.:

Name: Age:

Gender: Mother tongue:

Education:

Occupation: Marital status:

Socio economic status:

Family history of mental illness: yes/no

Family history of substance use:

Illness details

Age of onset:

Diagnosis:

Duration of illness:

ASEX Score:

ASEX

The ASEX was developed by McGahuey, et al. [4] in the University of Arizona in response to the need for evaluating psychotropic drug-induced sexual dysfunction. Initially, the scale was tested to assess sexual dysfunction among selective serotonin reuptake inhibitor (SSRI)-treated subjects and end-stage renal disease. Byerly, et al. [5] tested the psychometric properties of ASEX in patients with schizophrenia and schizoaffective disorder and demonstrated that ASEX represents an easy-to-administer tool for assessing sexual dysfunction in this population. The ASEX is a brief 5-item questionnaire designed to measure sexual functioning in the following domains: sexual drive, arousal, penile erection/ vaginal lubrification, ability to reach orgasm, and satisfaction with orgasm over the past week. Items are rated on a 6-point scale ranging from 1 (hyperfunction) through to 6 (hypofunction), providing a total score range between 5 and 30. A total score > 18, or a score > 5 (very difficult) on any single item or any three items with individual scores > 4 is indicative of clinically significant sexual dysfunction [4].

Annexure – II: Arizona Sexual Experiences Scale (ASEX)

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For each item, please indicate your **OVERALL** level during the **PAST WEEK**, including **TODAY**.

1. How strong is your sex drive?

1	2	3	4	5	6
extremely strong	very strong	somewhat strong	somewhat weak	very weak	no sex drive

2. How are you sexually aroused (turned on)?

1	2	3	4	5	6
extremely easily	very easily	somewhat easily	somewhat difficult	very difficult	never aroused

FOR MALE ONLY

3. Can you easily get and keep an erection?

1	2	3	4	5	6
extremely easily	very easily	somewhat easily	somewhat difficult	very difficult	never

FOR FEMALE ONLY

3. How easily does your vagina become moist or wet during sex?

1	2	3	4	5	6
extremely easily	very easily	somewhat easily	somewhat difficult	very difficult	never

If you have had any sexual activity in the past week, please also answer the following two questions. If not, leave questions 4, and 5 blank.

No Sexual activity in past week .... ☐

4. How easily can you reach an orgasm?

1	2	3	4	5	6
extremely easily	very easily	somewhat easily	somewhat difficult	very difficult	never reach orgasm

5. Are your orgasms satisfying?

1	2	3	4	5	6
extremely satisfying	very satisfying	somewhat satisfying	somewhat unsatisfying	very unsatisfying	can't reach orgasm

Statistics

Statistical analysis was performed using SPSS for Windows. Group comparisons (patients and controls) were made using Student's t test and χ2 test when appropriated. Pearson's correlation coefficient was performed to examine the possible relationship between ASEX Scores and clinical variables including Diagnosis, Duration of mental illness.

Results and Discussion

A total of 92 patients with Mental illness and 30 controls were studied of the total sample of 122 members. 10 patients were speaking Hindi and none of the controls. Urdu speaking females were 2 from control group and none among patients. One Kannada was speaking and One Tamil speaking female belonged to control group. Four were Lambadi speaking females, two from each group. One patient was Marathi speaking. Majority of the sample were Telugu speaking female's i.e., 74 patients and 24 controls (**Table – 1**).

A majority of the patients were uneducated 53 out of 92 in contrast to 10 out of 30 controls. Among controls majority of them had studied till primary class (13 out of 30) and only 24 patients had finished their primary education in mentally ill. Six patients and five controls had studied till 10th class in mentally ill and control group respectively. Nine patients and 1 control had finished Intermediate. Only one control had done her Graduation (**Table – 2**).

Table – 1: Depicting the mother tongue of the subjects.

			Groups		Total
			Mentally ill	**Control**	
Mother Tongue	Hindi	Count	10	0	10
		%	100.0%	.0%	100.0%
	Kannada	Count	0	1	1
		%	.0%	100.0%	100.0%
	Lambadi	Count	2	2	4
		%	50.0%	50.0%	100.0%
	Marathi	Count	1	0	1
		%	100.0%	.0%	100.0%
	Tamil	Count	0	1	1
		%	.0%	100.0%	100.0%
	Telugu	Count	74	24	98
		%	80.43%	24.7%	100.0%
	Urdu	Count	5	2	7
		%	71.4%	28.6%	100.0%
Total		Count	92	30	122
		%	75.4%	24.6%	100.0%

The majority of study populations were unemployed/ House wives 74 out of 92 patients and 17 out of 30 controls. Skilled employees were only five patients and two controls. Unskilled workers were thirteen patients and eleven controls (**Table – 3**).

70 out of 92 patients and 25 out of 30 controls were married females. Unmarried females were nine out of 92 patients and 2 out of 30 controls. 13 patients and 3 controls were either separated or widows (**Table – 4**).

ASEX scores

33 out of 92 patients were assessed to have sexual dysfunction and 10 0ut of 30 control females had sexual dysfunction indicated by ASEX total score of more than 18 (**Table – 5**).

Sexual dysfunction percentage was 35.86% among patients and 33% among control group showing no much difference between the two studied groups (**Graph – 1**). The t test done to compare means of ASEX scores between Patients and control showed no statistically significant difference between two groups. This indicates that there is no difference in the sexual dysfunction among the females having mental illness and control group females. There was no difference in the sexual dysfunction among the females having mental illness and control group females. Pearson's correlation test has also not shown any statistically significant correlation between the variables and sexual dysfunction among the females, both within the group and in between the groups.

Table – 2: Depicting educational status.

			Groups		Total
			Mentally ill	Control	
Education	1	Nil	53	10	63
		%	84.1%	15.9%	100.0%
	2	Primary	24	13	37
		%	64.9%	35.1%	100.0%
	3	10th Class	6	5	11
		%	54.5%	45.5%	100.0%
	4	Intermediate	9	1	10
		%	90.0%	10.0%	100.0%
	5	Degree	0	1	1
		%	.0%	100.0%	100.0%
Total			92	30	122
		%	75.4%	24.6%	100.0%

Table – 3: Depicting occupation.

			Groups		Total
			Mentally ill	Control	
Occupation	1	Unemployed / House wife	74	17	91
		%	81.3%	18.6%	100.0%
	2	Unskilled	13	11	24
		%	54.2%	45.8%	100.0%
	3	Skilled	5	2	7
		%	71.4%	28.6%	100.0%
Total		Count	92	30	122
		%	75.4%	24.6%	100.0%

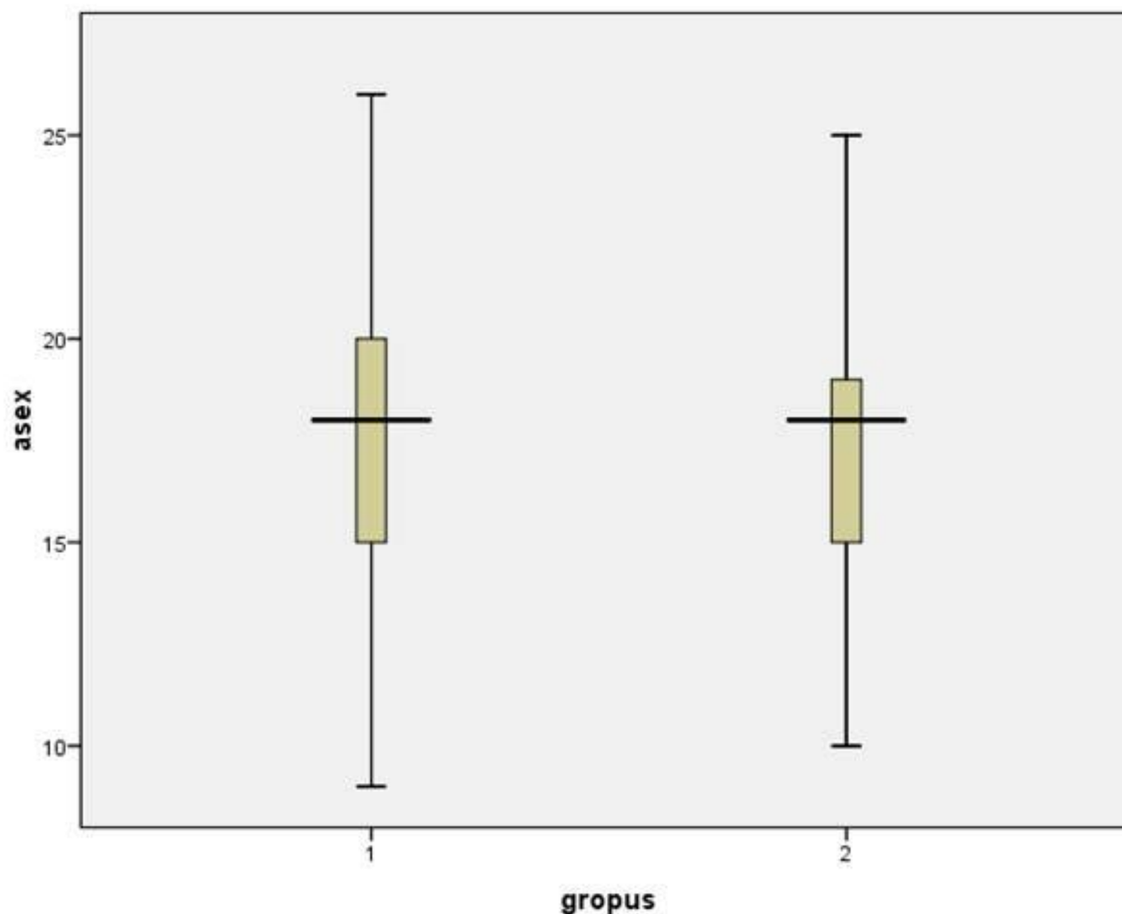
Table – 4: Marital status.

			Groups		Total
			Mentally ill	Control	
Marital Status	1	Married	70	25	95
		%	73.7%	26.3%	100.0%
	2	Unmarried	9	2	11
		%	81.8%	18.2%	100.0%
	3	Separated/Widow	13	3	16
		%	81.2%	18.8%	100.0%
Total		Count	92	30	122
		%	75.4%	24.6%	100.0%

Table – 5: Depicting ASEX scores across two groups.

	Groups	N	Mean	Std. Deviation	Std. Error Mean
ASEX	Mentally ill	92	17.62	4.337	.452
	Control	30	16.70	3.446	.629

Graph – 1: ASEX score.



Conclusion

This study had shown that there was no statistically significant difference of sexual dysfunction between mental illness patents and normal controls. This study was not on par with few other studies available. The reasons could be many of the available studies have compared individual mental illness versus the normal control group. They have not studied all the mental illnesses as a single group.

Limitations

Anti-psychotic medications are thought to cause various degrees of sexual dysfunction. Sexual dysfunction is thought to be major cause of non-compliance and studies have shown an association between sexual dysfunction and antipsychotics.

As ASEX is in English, the questions had to be translated to the patient's local language. The advantage was responders were able to understand any points they do not either in the questionnaires However, the disadvantage is responders don't have privacy leading to embarrassment during interview and responders may be less honest in answering some questions. However given with the current circumstances, this was the best option possible.

ASEX is brief contains questions about all aspects of sexual cycle. However, it doesn't address aspects of relationships between partners. Therefore patients were asked about the level of relationship between spouses and patients with strained relationship with spouses were not included in the study.

Ethical declaration

Throughout the study, ethical considerations and non-intervention with the proposed treatment plan was observed, confidentiality was ensured and informed consent was taken from patients and or accompanying nearest relatives.

References

1. Singh JC, Tharyan P, Kekre NS, et al. Prevalence and risk factors for female sexual dysfunction in women attending a medical clinic in south India. J Postgrad Med., 2009; 55: 113-20.
2. Laumann EO, Paik A, Rosen RC. Sexual dysfunction in the United States: Prevalence and predictors. JAMA, 1999; 281: 537–44.
3. A. Avasthi, D. Basu, P. Kulhara, S.T. Banerjee. Psychosexual Dysfunction in Indian male patients: Revisited after seven years. Archves of sexual behaviour, 1994; 23(6): 685-95.
4. McGahuey CA, Gelenberg AJ, Laukes CA, et al. The Arizona Sexual Experience Scale: Reliability and validity. J Sex Marital Ther., 2000; 26(1): 25-40.
5. Matthew J. Byerly, Paul A. Nakonezny, Robert Fisher, et al. An empirical evaluation of the Arizona sexual experience scale and a simple one item screening test for assessing antipsychotic related sexual dysfunction in outpatients with schizophrenia and schizoaffective disorder. Schizophrenia research, 2006; 81(2-3): 311-316.