IJBPAS, January, 2021, 10(1): 140-144

ISSN: 2277–4998

International Journal of Biology, Pharmacy and Allied Sciences (IJBPAS)

'A Bridge Between Laboratory and Reader'

www.ijbpas.com

PREVALENCE OF SEXUAL DYSFUNCTION IN MALE PATIENTS WITH DEPRESSION: A CROSS-SECTIONAL STUDY

MUTHURAMALINGAM A[1*], SEETHARAMAN A[2] AND SRIDHAR VR[3]

1: Assistant professor, Department of psychiatry, Sri Lakshmi Narayana Institute on medical Sciences, Puducherry

2: Associate professor, Department of Psychiatry, Sri Lakshmi Narayana Institute on medical Sciences, Puducherry

3: Professor, Department of psychiatry, Sri Lakshmi Narayana Institute on medical Sciences, Puducherry

***Corresponding Author: Dr. Muthuramalingam A: E Mail: aroun85@yahoo.com**

Received 19th Oct. 2020; Revised 17th Nov. 2020; Accepted 14thDec. 2020; Available online 1st Jan. 2021

https://doi.org/10.31032/IJBPAS/2021/10.1.1018

ABSTRACT

Patient with organic mood disorder were excluded from the study. Screening for sexual dysfunction was done according to ICD-10 DCR criteria and patients from both outpatient and inpatient setting was taken into the study. A total of 101 patients were recruited for the study by on basis of consecutive sampling the major cause of sexual dysfunction is due the depression per se, though antidepressants can also contribute in the form orgasm dysfunction, ejaculatory disturbances and loss of libido. Co-morbid substance use may also contribute the above picture. Patient with depression can experience various type of sexual dysfunction however decreased desire is commoner in depression compared to the profile of sexual dysfunction in other psychiatric illness.

Keywords: Sexual Dysfunction, Male Patients, Depression, ICD-10 DCR criteria

INTRODUCTION

Depression is the most common psychiatric disorder in the world **[1]**. It is associated with poor socio-occupational functioning. One of the important aspects of depression that is under recognised is the hampered sexual functioning. Sexual dysfunction is highly prevalent in depression with values varying between 25%-75% **[2]**. The major cause of sexual dysfunction is due the depression per se, though antidepressants can also contribute in the form orgasm dysfunction, ejaculatory disturbances and loss of libido **[3]**. Co-morbid substance use may also contribute the above picture. Patient with depression can experience various type of sexual dysfunction however decreased desire is commoner in depression compared to the profile of sexual dysfunction in other psychiatric illness **[4, 5]**. Considered the above problem statement identifying sexual dysfunction in depression is a priority which is otherwise concealed and disturbs the quality of life **[6]**.

The aim of this study is to calculate the prevalence of sexual dysfunction in male patients with depression in a tertiary care hospital of south India and compare with national and international values.

METHODOLOGY

The study was done in department of Psychiatry Sri Lakshmi Narayana Institute on medical Sciences, a tertiary care medical college in Puducherry. The setting of the study was both in-patient and out-patient departments of psychiatry. The study was conducted between August 2018 and June 2019 and it is a cross-sectional observational study. The study was approved by Institute ethics committee. Male patients who were diagnosed to have Depressive disorder and recurrent depressive disorder according to ICD-10, DCR (The International of disease-10, Diagnostic criteria for research) and aged at least 18 years were included in the study **[7]**. Patient with organic mood disorder was excluded. Informed consent was taken from the patient and his legally accepted representative. Consecutive sampling was done. A total of 101 patients were screened and the participants were recruited on a convenient sampling basis. The diagnosis and duration of sexual dysfunction was made according ICD-10 DCR.

RESULTS

All the 101 patients who were recruited entered the study. Thirty nine (38.6%) patient was diagnosed as mild depressive episode, 27 (26.7%) were diagnosed as moderate depressive episode with somatic symptoms and 13(12.8%) were diagnosed with moderate depressive episode without somatic symptoms. Ten (9.9%) was

diagnosed as severe depressive disorder without psychotic symptoms and one (0.9%) without psychotic symptoms. Eleven (10.8%) had recurrent depressive episode. . Mean (±SD) age of the sample was 35(±3.7) years. Mean (±SD) average duration of treatment is 0.5(±1.3) year. Escitalopram was commonly used where 56 (55.4%) of 101 patients were on it. Fluoxetine was used in 21(20.7%) patients. Ten (9.9%) patients were on duloxetine and 15(14.8%) were on sertaline. Twenty one (20.7%) had substance use in dependant pattern.

Forty one (40.6%) patients were diagnosed to have sexual dysfunction according to ICD-10, DCR. Loss of desire was diagnosed in 19 (18.8%) patients, failure of genital response in seven (6.9%) patients. Both premature ejaculation and failure of genital response was seen in 11(10.8%) patients. Three (2.9%) patients were diagnosed of premature ejaculation. No patient was diagnosed to have sexual aversion or excessive sexual desire and although one (0.9%) had orgasmic dysfunction **(Figure 1)**.

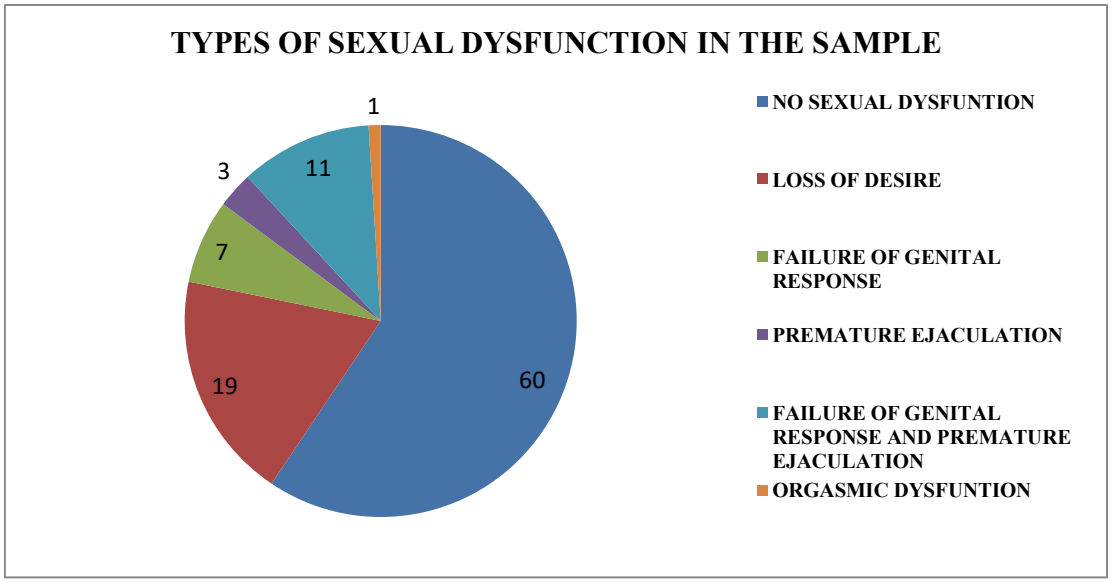

Figure 1: Sexual Dysfunction in Sample

DISCUSSION

Around 41(40.6%) patients had sexual dysfunction and the study results were in parallel with previous studies which had prevalence rates varying between 33% to 55% **[2, 5]**. Lack of sexual desire was the most common sexual dysfunction which amounted to 19 (18.8%) of the total sample

size. Such high numbers reporting on loss of sexual desire can be attributed to disease as loss of libido being one of the somatic symptoms in depression **[8]**.

Limitations of the study include small sample size and including only male patient prevents measuring the exact magnitude of the problem. Having an age matched control could have addressed the possible issue of confounding factor. In view of small sample size correlating of clinical parameters such as duration of treatment, type of depression, co-morbid anxiety, antidepressant drugs and associated substance use with sexual dysfunction could not be carried out which could have added value to the above results **[3, 9, 10]**.

CONCLUSION

The results should perceive with above limitation taken into account. Even with this limitation the results shown are scientifically plausible and depict the depth of sexual dysfunction in patients with depression and need for timely diagnosis and planning of management. Further scope of the study could be to follow up the sample and measure the improvements in sexual dysfunction with treatment which could give better understanding and delineate sexual dysfunction attributed to the disease from the ones attributed to pharmacotherapy.

REFERENCE

[1] Ustün TB, Ayuso-Mateos JL, Chatterji S, Mathers C, Murray CJL. Global burden of depressive disorders in the year 2000. Br J Psychiatry J Ment Sci. 2004 May; 184: 386–92.

[2] Williams K, Reynolds MF. Sexual dysfunction in major depression. CNS Spectr. 2006 Aug; 11(8 Suppl 9): 19–23.

[3] Kennedy SH, Rizvi S. Sexual dysfunction, depression, and the impact of antidepressants. J Clin Psychopharmacol. 2009 Apr; 29(2): 157–64.

[4] Zemishlany Z, Weizman A. The impact of mental illness on sexual dysfunction. Adv Psychosom Med. 2008; 29: 89–106.

[5] Thakurta RG, Singh OP, Bhattacharya A, Mallick AK, Ray P, Sen S, *et al*. Nature of sexual dysfunctions in major depressive disorder and its impact on quality of life. Indian J Psychol Med. 2012 Oct; 34(4): 365–70.

[6] Baldwin DS. Depression and sexual dysfunction. Br Med Bull. 2001 Mar 1; 57(1): 81–99.

[7] ICD-10 Classifications of Mental and Behavioural Disorder: Diagnostic

criteria for research. Geneva. World Health Organisation. 1992

[8] Psychiatric disorders and sexual dysfunction. - PubMed - NCBI [Internet]. [cited 2019 Jun 27]. Available from: https://www.ncbi.nlm.nih.gov/pubmed/26003261

[9] Ahmadian A, Mazaheri A, Shakrizes R. The Relation between Anxiety, Depression and Sexual Dysfunction and the Level of Blood Glucose Control in Patients with Type 2 Diabetes Attending Endocrine Clinic of Taleghani Hospital. J Res Med Dent Sci. 2018; 6(2): 12.

[10] Fabre LF, Clayton AH, Smith LC, Goldstein IM, Derogatis LR. Association of Major Depression with Sexual Dysfunction in Men. J Neuropsychiatry Clin Neurosci. 2013; 11.