

A Clinical Study on the Prevalence of Psychiatric Comorbidities Among Male Patients of Sexual Dysfunction and Dhat Syndrome Attending Psychiatry OPD of a Tertiary Care Centre.

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Conflict of interest: Nil

Abstract:

Background: Sexuality is an important aspect of health which can impact the overall well-being of men and women. In spite of the high prevalence of sexual dysfunction it has received little attention from researches in India. Aims & objectives: To assess the socio-demographic variables and the prevalence of psychiatric comorbidity among male patients of sexual dysfunction and Dhat syndrome attending psychiatry OPD of a tertiary care general hospital.

Methodology: prevalence of psychiatric comorbidity was assessed in 50 out patients of sexual dysfunction and Dhat syndrome with the help of instrument M.I.N.I.

Results: 70% of patients with sexual dysfunction and Dhat syndrome has associated psychiatric comorbidity. Most common psychiatric comorbidity being major depressive episode followed by generalised anxiety disorder.

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Introduction

Sexuality is an important aspect of health which can impact the overall well-being of men and women. According to the tenth revision of the International Statistical Classification of Diseases and related health problems (ICD-10), sexual dysfunction refers to a person's inability to participate in a sexual relationship as he or she would wish. Dhat Syndrome is a culture bound syndrome characterised by preoccupation with semen loss and attribution of physical and psychological symptoms to the same. In spite of the high prevalence of sexual dysfunction it has received little attention from researches in India. There are no reliable estim sexual disorders and even basic clinical data are not available from India. Particularly in the north-eastern part of the country research in this area are even more less. Purpose of the present study is to describe the pattern of sexual dysfunctions and Dhat syndrome in male patients and to study the prevalence of additional psychiatric co morbidity among them.

Aims and Objectives

To assess the socio-demographic variables of male patients of sexual dysfunction and Dhat syndrome attending psychiatry OPD of a tertiary care general hospital.

To assess the prevalence of psychiatric comorbidity among these patients of sexual dysfunction and Dhat syndrome.

Materials and Methods

This study has been conducted in the out-patient department of psychiatry, Gauhati Medical College and Hospital, Guwahati, Assam, India.

Period of study: The time period of the study extended from first June 2017 to 31st May 2018.

Ethical Clearance: The study has been approved by the Institutional Ethics Committee of Gauhati Medical College and Hospital, Guwahati.

Type of the Study: This is a descriptive and analytical cross-sectional study.

Sample Size: 50

Selection of Study Samples: 50 patients of sexual dysfunction and/or Dhat syndrome attending psychiatric OPD who fulfilled the selection criteria and gave written informed consent were recruited for the study.

Selection Criteria:

A. Inclusion Criteria

1. Male patients aged between 18-60 years.
2. Patients meeting the International Classification of Diseases (ICD-10) diagnostic criteria for sexual dysfunction (not caused by organic disorder or disease) or Dhat syndrome or both.

3. Patients who gave informed written consent.

B. Exclusion Criteria

1. Patients in whom sexual dysfunction can be attributed to organic disorder or disease.
2. Patients with history of psychiatric illness e.g. schizophrenia, depressive episode, other mood disorders prior to onset of sexual dysfunction.
3. Patients in whom sexual dysfunction can be attributed to effect of a drug or use of a substance in dependence pattern.
4. Patients with intellectual disability.

Consent: Written informed consent were taken from the patients before recruiting them in the study.

Materials and Tools Used:

1. Semi- structured Proforma:

A semi-structured proforma was prepared to document the socio- demographic data of the patients.

2. ICD-10:

3. The Mini International Neuropsychiatric Interview

(M.I.N.I.) English Version 5.0.0

4. Modified B. G. Prasad socio-economic scale

Results and Discussion

Mean age of the study sample is 29.06 years with a SD of 8.301 years Mean duration of illness is 2.60 years.

Socio Demographic Profile of Patients

In the study group 12% patients are aged 18-20 years. 52% subjects are in the age group 21-30 years while another 26% are in the age group 31-40 years. 10% of patients are aged above 40 years.

Majority of patients (72%) are from Islam religion while only 28% are Hindu by religion. 60% patients are from nuclear family while remaining 40% are from joint family. Majority of patients (82%) are from rural areas while only 18% patients are from urban areas. 14% of patients are educated up to class 5th, 32% are educated up to class 8th, 4% patients are matriculate, 22% are H.S. passed, 18% are graduates and 4% are qualified up to post-graduation. The percentage of illiterate patients is only 2%. Majority (82%) of patients are from lower socio-economic class while only 18% are from middle socio-economic class. 34% of study subjects are unemployed, 54% are self-employed while remaining 12% are employed in Govt./private sector. 56% of study subjects are unmarried, while 42% of them are married. Only a minority of patients (2%) are divorced or separated. This result is consistent with earlier studies showing that psychosexual disorders are prevalent in both the married as well as non-married group.

These findings are consistent with those of an epidemiological study of sexual disorders in south Indian rural population by Rao T.S.S., Darshan M.S. et al. (2015). A study done in USA by Laumann EO et al(1999) concluded that elevated risks for sexual dysfunction are associated with lower education attainment and minority status.

Prevalence of psychiatric comorbidity in patients of sexual dysfunctions and Dhat syndrome

Overall 70% of patients of sexual dysfunction and Dhat syndrome have associated psychiatric comorbidity. Prevalence rate of psychiatric comorbidity in Dhat syndrome, PE and ED groups individually are 57.14%, 61.53% and 83.33% respectively showing maximum prevalence of psychiatric comorbidity in the ED group, followed by PE group and Dhat syndrome. Most common psychosexual disorders found in patients are Dhat syndrome (56%) followed by ED (36%) and PE (26%). Less commonly found diagnoses are lack or loss of sexual desire, Koro syndrome and other sexualdysfunction.

26% of subjects are diagnosed with more than one psychosexual disorders. Most prevalent psychiatric comorbidity found in patients of sexual dysfunction and Dhat syndrome are major depressive episode (46%) followed by generalised anxiety disorder (20%). Other psychiatric comorbidities found are dysthymia (8%), suicidality (8%), social anxiety disorder (8%), alcohol abuse (6%), psychotic disorders (4%), OCD (2%), panic disorder (2%), and substance

abuse non-alcohol (2%). most prevalent psychiatric comorbidity in patients of Dhat syndrome are major depressive episode (35.7%), GAD(14.3%) followed by dysthymia (7.1%), suicidality (7.1%), social anxiety disorder (7.1%), psychotic disorders (7.1%) and OCD (3.6%). Most prevalent psychiatric comorbidity in patients of premature ejaculation are major depressive episode followed by suicidality and GAD followed by dysthymia, social anxiety disorder, alcohol abuse and substance abuse (non-alcohol). Most prevalent psychiatric comorbidity in ED group is major depressive episode followed by GAD and alcohol abuse followed by social anxiety disorder, dysthymia and suicidality. Difference in prevalence of alcohol abuse in the ED group is statistically significant. Deb K S et al in their study Dhat syndrome- a review of world literature (2013) have found that depression is by far the most commonly reported comorbidity in Dhat syndrome with prevalence varying between 40- 66% followed by anxiety disorders(21-38%) and somatoform and hypochondriacal disorders(up to 40%) Bagadia V N et al(1972) studied 258 male out patients with sexual problem as main concerns in teaching hospital setting. Anxiety state (57%), schizophrenia (16%) and reactive depression (16%) were common psychiatric

diagnosable conditions in that sample with all of the patients in the study having psychiatric comorbidity

Conclusion

Prevalence of psychiatric comorbidity in patients of sexual dysfunction and Dhat syndrome is as high as 70%. Erectile dysfunction group has the highest prevalence of psychiatric comorbidity followed by premature ejaculation group followed by Dhat syndrome group. Most common psychosexual disorders found in patients are Dhat syndrome (56%) followed by ED (36%) and PE (26%). Less commonly found diagnoses are lack or loss of sexual desire, Koro syndrome and other sexual dysfunction. 26% of subjects are diagnosed with more than one psychosexual disorders. Most prevalent psychiatric comorbidity found in patients of sexual dysfunction and Dhat syndrome are major depressive episode (46%) followed by generalised anxiety disorder (20%). Other psychiatric comorbidities found are dysthymia (8%), suicidality (8%), social anxiety disorder (8%), alcohol abuse (6%), psychotic disorders (4%), OCD (2%), panic disorder (2%), and substance abuse non-alcohol (2%).

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