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Research Paper

Pattern of Sexual Problems Amongst Male Attendees at Sex and Marriage Counselling Clinic of A Tertiary Care Centre: A Cross-Sectional Study

Medical Science

KEYWORDS : sexual problem, sex and marriage counseling, erectile dysfunction

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ABSTRACT

Sexual problems although highly prevalent psychological disorders but has always been a neglected entity in clinical practice. With a view of scant data available about the nature and extent of sexual problem in central India present study was carried out to assess the nature of sexual disorders and its relation with some determinants like age, marital status, co-morbidities and substance abuse. Cross sectional study was conducted at Sex and Marriage Counselling Clinic of a Tertiary Care Centre during January to December 2014 among 204 consenting male patients. Mean age (+S.D) of the patients was 35.23 (+11.71) years. Most common sexual problem amongst the study subjects was erectile dysfunction 111 (54.42%) followed by premature ejaculation 55 (26.96%). Proportion of all the sexual problems increased with increasing age. Significantly higher proportion of ED, PME and ED+ PME was found among married men as compared to NE and Dhat Syndrome. Co-morbidities in the form of Hypertension 41 (19.52%), diabetes mellitus 17 (7.625), IHD 5(2.38%), depression 12 (5.71%) was found among the patients. Among the 204 patients 83 (40.69%) gave history of past or current substance abuse. Erectile dysfunction was the commonest problem encountered among substance users.

INTRODUCTION

Human sexuality is a complex process which is coordinated by the neurologic, vascular and endocrine systems. In addition to these, interpersonal relationships between the partners, societal and religious attitude, socio-demographic conditions have implications in normal sexual activity, a breakdown in any of these area leads to sexual dysfunction[1]. Sexual problems although highly prevalent psychological disorders but has always been a neglected entity in clinical practice.

Overall, studies conducted worldwide have reported the prevalence of sexual disorders in the range of 10-25% among men and 25-64% among women[2]. However reliable data regarding magnitude of sexual problems is still lacking in developing nations like India, since most of the cases remain undetected due to fear, improper and inappropriate knowledge, large pool of patients visiting to quacks and conservative nature of society. Studies regarding prevalence of sexual problems done in India have varied findings. Some studies reported the most prevalent sexual problem to be premature ejaculation[3] whereas other has reported erectile dysfunction and Dhat syndrome[4] to be major prevalent problem.

With a view of scant data available about the nature and extent of sexual problem more so in central India, present study was carried out to assess the nature of sexual disorders and its relation with some determinants like age, marital status, co-morbidities and substance abuse.

MATERIAL AND METHODS:

Present cross-sectional study was conducted at Sex and Marriage Counselling Clinic of a Tertiary Care Centre. Of total 287 patients who attended the clinic between the period of January 2014 to December 2014, 204 consenting male patients with sexual problems were included in the study. A predesigned structured proforma was used to record socio-demographic data, nature of the sexual problem, history regarding past and presenting medical, psychiatric, surgical illness and substance abuse.

Appropriate clinical examination and necessary investigations were done. Patient with suspected medical, psychiatric or surgical co-morbid conditions were referred to respective departments and feedback were recorded. Data collected was entered in MS Excel and analyzed using Epi Info 7.

Following definitions were used for the purpose of study.

Erectile Dysfunction, or ED, is defined by the DSM-IV as a persistent or recurrent inability to attain or maintain an adequate erection until completion of the sexual activity[5].

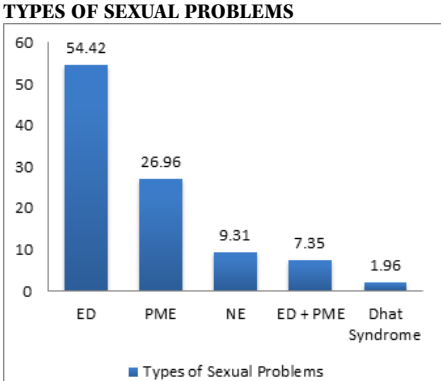
Premature Ejaculation or PME is defined by the DSM-IV as the persistent or recurrent onset of orgasm and ejaculation with minimal sexual stimulation before, on, or shortly after penetration and before the person wishes it[5].

Dhat Syndrome a term given by Wig NN is characterized by vague somatic symptoms and guilt attributed to semen loss through nocturnal emissions, urine and masturbation though there is no evidence of loss of semen[6].

RESULTS:

Mean age (±S.D) of the patients was 35.23 (±11.71) years; with range of 15 to 80 years. More than half, 121 (59.31%) were Hindu and 63 (30.89%) were Buddhist by religion. Majority 161 (78.92%) were married. Most of them 187 (91.66%) were urban residents. More than half i.e. 131 (64.21%) had education of high school and above, 136 (66.66%) were skilled worker and 22 (10.78%) were students. Maximum i.e. 144 (70.58%) belonged to upper middle and lower middle class by socioeconomic status.

FIGURE - 1
TYPES OF SEXUAL PROBLEMS



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Most common sexual dysfunction amongst the study subjects was erectile dysfunction (ED) 111 (54.42%) followed by premature ejaculation (PME) 55 (26.96%). Other sexual problems were nocturnal emission (NE) 19 (9.31%), combined erectile dysfunction and premature ejaculation (ED + PME) 15(7.35%) and Dhat syndrome (DS) 4 (1.96%) [Fig.1]

Most common sexual problem among all the age groups was ED with maximum proportion in the age group of 30-44 years. Similar finding was noted for PME. NE and DS was exclusively seen in younger (15 to 29 years) age group. Proportion of all the sexual dysfunctions increased with increasing age. This was found to be statistically significant for ED+PME (P=0.0036). Similarly, significantly higher proportion of males with NE were found among 15-29 age group as compared to 30-44 years (P<0.001)

Most common sexual problem among all the age groups was erectile dysfunction with maximum in the age group between 30-44 years. Similar finding was noted for premature ejaculation. Nocturnal emission and Dhat syndrome was exclusively seen in younger (15 to 29 years) age group. Proportion of all the sexual dysfunctions increased with increasing age. This was found to be statistically significant for ED+PME (P=0.0036). Similarly, significantly higher proportion of males with nocturnal emission were found among 15-29 age group as compared to 30-44 years (P<0.001) [Table 1]

TABLE – 1
Age wise distribution of sexual dysfunction

Age group	Total	Type of sexual dysfunction				
		ED	PME	ED + PME	NE	DS
15-29	77	37 (48.0)	16 (20.78)	3 (3.90)	18 (23.38)	3 (3.90)
30- 44	79	44 (55.70)	30 (37.97)	3 (3.80)	1 (1.27)	1 (1.27)
45- 59	41	26 (63.41)	8 (19.51)	7 (17.07)	0 (0.00)	0 (0.00)
≥ 60	7	04 (57.14)	1 (14.29)	2 (28.57)	0 (0.00)	0 (0.00)
Total	204	111 (54.41)	55 (26.96)	15 (7.35)	19 (9.31)	04 (1.96)
P Value		0.15*	0.91*	0.0036*	<0.001^	0.3#

* Chi square for linear trend, ^ Chi square, # Fisher exact

Higher proportion of unmarried men (25.58%) complained of nocturnal emission than married men (4.97%); while proportion of all the other four sexual problems was higher amongst married men attending the sex and marriage counselling OPD. Significantly higher proportion of ED, PME and ED+ PME was found among married men as compared to NE and DS (P<0.001) [Table 2]

TABLE -2
Types of sexual dysfunction by marital status

Marital status	Total	Type of sexual dysfunction				
		ED	PME	ED + PME	NE	DS
Married	161	92 (57.1)	45 (27.9)	13 (8.1)	8 (4.97)	3 (1.9)
Unmarried	43	19 (44.2)	10 (23.3)	2 (4.6)	11 (25.6)	1 (2.3)
Total	204	111 (54.4)	55 (27.0)	15 (7.3)	19 (9.3)	04 (1.9)

Chi square=15.05, df=1, P<0.001

Medical co-morbidities were more common with Hypertension among41 (19.52%) patients, followed by diabetes mellitus in 17 (7.625), and IHD 5(2.38%) One patient had hyperthyroidism. Psychiatric disorder in the form of depression was diagnosed among 12 (5.71%) study subjects. Surgical co-morbidity in the form of Peyronie's disease and benign prostatic hyperplasia was found among one patient each.

Tobacco chronic, heavy alcohol consumption may have an irreversible effect on erectile function because of vasculogenic and neurological effect. Among the 204 patients with sexual dysfunction, 83 (40.69%) gave history of past or current substance abuse. Tobacco either in form of chewing or smoking was the most common substance used among 74 (89.15%) abusers. Erectile dysfunction was the commonest problem encountered among substance users.

TABLE -3
Types of sexual problems by co-morbid conditions

Comorbid condition	Total	Type of sexual problems			
		ED	PME	ED + PME	DS
Hypertension	29	23 (79.3)	4 (17.8)	2 (6.9)	0 (0.0)
HT+DM	09	6 (66.7)	1 (11.11)	2 (22.22)	0(0.0)
Diabetes Mellitus	06	3 (50.0)	2 (33.3)	1 (16.7)	0(0.0)
HT+IHD	03	2 (66.7)	0 (0.00)	1 (33.3)	0(0.0)
IHD+DM	02	1 (50.0)	1 (50.0)	0 (0.0)	0(0.0)
Depression	12	8 (66.7)	1 (8.33)	2 (16.7)	1(8.3)
Hyperthyroidism	01	0 (0.00)	0 (0.00)	0 (0.00)	1(100)
Peyronie's disease	01	1 (100.0)	0 (0.00)	0 (0.00)	0(0.00)
Benign prostatic hyperplasia	01	1(100.0)	0(0.00)	0(0.00)	0(0.00)
Total	64	45(70.31)	9(14.06)	8(12.50)	2(3.13)

Table 4:
Types of sexual dysfunction among substance abusers (n=83)

Substance abuse	Total	Type of sexual dysfunction				
		ED	PME	ED + PME	NE	DS
Tobacco chewing	34	25 (73.53)	5 (14.71)	2 (5.88)	0(0.00)	2 (5.88)
Tobacco Smoker	12	4 (33.33)	3 (25.00)	3 (25.00)	2(16.67)	0(0.00)
Alcohol Consumption	9	6 (66.67)	1 (11.11)	1 (11.11)	0(0.00)	1(11.11)
Tobacco chewing and Alcohol Consumption	11	5 (45.45)	1 (9.09)	3 (27.27)	2(18.18)	0(0.00)
Tobacco Smoker and Alcohol Consumption	17	7 (41.18)	5 (29.41)	3 (17.65)	2(11.76)	0(0.00)

DISCUSSION:

Present cross sectional study was conducted among male attendees at Sex and Marriage Counselling Clinic of a Tertiary Care Centre. Female attendees were conspicuous by absence. This is universal finding among studies conducted across India.

The mean age of the patients was 35 years in this study sample, 59.31% were Hindu, 78.92% were married and 91.66% were urban residents. These findings were consistent with other similar studies.

In the present study most common sexual dysfunction was erectile dysfunction 111 (54.42%) followed by premature ejaculation 55 (26.96%). Other sexual problems were nocturnal emission 19 (9.31%), combined premature ejaculation and erectile dysfunction 15(7.35%) and Dhat syndrome 4 (1.96%). Similar findings are noted by other studies conducted in India[3,4,6]. Higher proportion of patients presenting with PME is being noted by Karla G et al[7]The major proportion of presenting complaints being ED in our study could be attributed to seriousness that compels for consultation.

In present study majority of cases were from age group of 30-44 years. While in study by Gupta et al[8] & Verma et al[4] commonest reported age group was lower (21-30 years). Comparing different psychosexual problems in different age groups we found that although ED was most common in all ages; NE and DS were exclusively seen in younger age group (15-29 years). Similar findings were observed by other researchers[4,8]. Ageing is a key risk factor for the development of male ED. Proportion of all the sexual dysfunctions increased with increasing age. This was found to be statistically significant for ED+PME (P=0.0036). The Massachusetts Male Aging Study (MMAS)[9], the first large-scale, population-based study of ED, found that the prevalence of ED correlated highly with age. Similar finding was noted by Yeong CT et al[10] where erectile problems were more common among patients aged more than 40 years.

Current study found that more married individuals sought treatment for sexual disorders (78.92%). This may be due to reservations among unmarried individuals to reveal about their sexuality. Similar finding was noted by Verma R et al[4]. PME and ED were more commonly observed in married individuals, whereas NE was proportionately seen more in unmarried. In the study by Verma R et al[4] DS was major complaint among unmarried individuals.

In the present study medical co-morbidities were more common among the patients with sexual problems than surgical; with Hypertension among 41 (19.52%) patients, followed by diabetes mellitus in 17 (7.625), IHD 5 (2.38%) and 12 (6%) were diagnosed with depression. Mittal K et al[11] observed that common psychiatric morbidities were mild depression (30%), generalized anxiety disorder (26%), mixed anxiety and depression (22%), and around 15% of subjects had hypertension or diabetes. Bhatia MS[12] et al found Neurosis as the most frequent psychiatric diagnosis in all types of sexual dysfunctions. Verma R et al[4] found depression (15%) as the commonest psychiatric illness in patients presenting with sexual dysfunctions.

The factors associated with erectile dysfunction were diabetes mellitus, financial stress, past history of psychiatric treatment and common mental disorders such as depression and anxiety in a study by P. Thangadurai[13].

The pathophysiological mechanisms involved in the development of erectile dysfunction are many and varied. Pathophysiological mechanisms involved include peripheral autonomic neuropathy, large vessel atheroma, small vessel microangiopathy, endothelial dysfunction and psychological disorders. In the general population, the commonest causes of ED are vascular, and there is increasing evidence that the risk factors for atherosclerosis, namely hypertension, smoking, hyperlipidaemia and diabetes, are all strongly associated with ED[14]

In present study 83 (40.69%) gave history of past or current substance abuse. Bhatia MS[12] reported it to be 4%. Contrary to our finding, in the study by Karla G[7] none of the respondents had past or current history of substance abuse. Erectile dysfunction is the commonest problem encountered among substance users in the present study.

Present study being carried out at hospital setting among only male patients cannot reflect the true proportion of various sexual problems among community. Also, causality for the factors studied cannot be established due to cross sectional study design.

CONCLUSIONS

Commonest sexual problem found among the male attendees is erectile dysfunction. Proportion of all the sexual dysfunctions increased with increasing age. Erectile dysfunction is the commonest problem encountered among substance users and those with co-morbidities.

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