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Original Research Paper

Psychiatry

"A STUDY OF SEXUAL DYSFUNCTION AMONGMALE ALCOHOL DEPENDENT PATIENTS ATTENDING PSYCHIATRY DEPARTMENT IN A TERTIARY CARE HOSPITAL IN A SUBURBAN POPULATION"

Dr. Atibha.V* MBBS, Postgraduate in Psychiatry, Department of Psychiatry, Meenakshi medical college and research institute, Kanchipuram, Tamilnadu. *Corresponding Author

Dr. Sidharthan.V H MBBS , Postgraduate in General Medicine, Department of General Medicine , Meenakshi medical college and research institute , kanchipuran , Tamilnadu

Dr.Ananthakrishnan V.S MBBS , MD Psychiatry, Department of Psychiatry, Meenakshi medical college and research institute, Kanchipuram, Tamilnadu.

ABSTRACT

INTRODUCTION: Normal sexual process is an important component in good standard of living. Disturbance in sexual life and functioning often leads to issues like marital discord, reduced affection towards spouse and reduced unity in relationship and also divorce/break up. Due to all these issues patient can further go into higher consumption of alcohol.

The main interest in this topic is because lesser studies are only done which showed association between alcohol dependence and sexual dysfunction.

AIMS & OBJECTIVES: 1. To study the prevalence of sexual dysfunction among male alcohol dependent patients in a semi urban tertiary care hospital 2. To study the prevalence of sexual dysfunction associated to socio demographic profile in male alcohol dependent patients.

METHODOLOGY: Its a cross sectional study conducted in psychiatry department of Meenakshi medical college hospital research institute (MMCH&RI), Enathur, Kanchipuram from February 2019-August 2020. Patients visiting the psychiatry department with symptoms of dependence pattern with alcohol were selected and detailed evaluation was done. Patients satisfying the ICD 10 criteria for dependence pattern for alcohol where taken for the study after getting written informed consent.

RESULTS: Our study showed a positive association between alcohol dependence and sexual dysfunction. According to our study 70 (58.33%) patients had at least one kind of sexual dysfunction.

KEYWORDS :

INTRODUCTION

Development of dependence pattern is a complex process which is dynamic in nature. Motivation of drinking and its pattern is associated with numerous environmental and neurobiological factors[4].

For centuries in various cultures and society alcohol is widely used psychoactive substance which has dependence potential. It is observed that throughout the world, as the progressing risk factor for disease, disability and death was harmful use of alcohol[1].

In the current situation an increase in younger population going into disorders associated with alcohol use is significantly high, individuals of such population have increased risk of having family history of use of alcohol or its dependence , other substance use , criminal record .thus giving us a clue that it may be a sub type of alcoholism[5].

Alcohol dependence is associated with three main symptoms as per ICD 10[6], they were neglect of pleasures, strong desire and difficulties in controlling. while diagnosing alcohol dependence one of the major physical phenomenon, "withdrawal," seemed to complement the main symptoms. Tolerance is another physical phenomenon associated with alcohol dependence but was found to be a relatively independent item.

Relative risk of with dependence to alcohol is 1.3 as compared to general population[7] and it is related to young median age of death and other health hazards.

Alcohol is the cause for liver cirrhosis[8] injury and cancer like oropharyngeal carcinoma, oesophageal cancer, colon cancer, and rectal cancer which constitute the majority of the burden of alcohol-attributable mortality. Totally, it is responsible for 89 percentage [9]of the net burden of alcohol associated mortality.

AIMS & OBJECTIVES:

1. To study the prevalence of sexual dysfunction among male alcohol dependent patients in a semi urban tertiary care hospital
2. To study the prevalence of sexual dysfunction associated to socio demographic profile in male alcohol dependent patients.

METHODOLOGY

MATERIALS AND METHODS

It's a cross sectional study conducted in psychiatry department of Meenakshi medical college hospital research institute (MMCH&RI), Enathur .,Kanchipuram from February 2018-August 2019. MMCH&RI is a tertiary care teaching hospital situated in Semi-Urban area of Tamil-Nadu. Approval from competent authority:

Patients visiting the psychiatry department with symptoms dependenceon alcohol were selected and detailed evaluation was done. Patients satisfying the ICD 10 criteria for alcohol dependence where taken for the study after getting consent.

TOOLS USED

1. Modified kuppuswamy s socio economic status scale

This scale was devised by Kuppuswamy and is very commonly used for determining the socio-economic status of a person or a family. First made in the year 1976 later it was modified with time .It classifies families into 5 groups, "upper class, upper middle class, lower middle class, upper lower and lower socio-economic class.

2. Alcohol use disorder identification test (AUDIT),

In 1983 this scale was developed by Gurmeet Singh and co-

workers. This scale consists of 51 items connected to various stressful usually experienced in Indian society. its records the desirable and undesirable and ambiguous events that took place in the patient's life in the past one year This scale is easy to use and can be applied in both literate and illiterate subjects.

3. International index for erectile function questionnaire (IIEF)

This scale was developed by Rosen et alIt is an internationally accepted scale which was designed to give a valid measure of erectile functioning in a brief method. it is multidimensional in nature and included sexual desire, orgasmic function, intercourse satisfaction, overall satisfaction. it consists of a 15-item questionnaire which can be self-administered. Available in 32 languages which are properly validated. On observational studies done IIEF was found to be well sensitive and specific in differentiating erectile dysfunction patient from non-patients. In these studies, a specificity of 0.88and sensitivity of 0.98 was observed. high Cronbach's alpha of 0.91 and Adequate test–retest reliability with of 0.92 was observed.

4. Premature ejaculation diagnostic tool (PEDT)

It mainly covers the main components of DSM IV -TR which includes control, minimal sexual stimulation, frequency, distress and interpersonal difficulty. This test consist of 5 items and premature ejaculation had a cut off score of 11 so any score above is considered as definite premature ejaculation, score of 9 and 10 was considered as borderline premature ejaculation any score lower than 8 referred to low likelihood of premature ejaculation. It was observed that this scale had a Cronbach alpha score of 0.77 which showed good internal consistency. The test -retest reliability of this test was 0.77.

5. Presumtive stressful life events scale (PSLES)

In 1983 this scale was developed by Gurmeet Singh and co-workers.. This scale consists of 51 items connected to various stressful usually experienced in Indian society. its records the desirable and undesirable and ambiguous events that took place in the patient's life in the past one year this scale is easy to use and can be applied in both literate and illiterate subjects.

RESULTS:

Table I- FAMILY HISTORY OF ALCOHOL DEPENDENCE

The table above shows that approximately 66 (55%) patients had history of alcohol dependencein family and about 54 (45%) of patients did not have any family history of dependence

Table II-ALCOHOL RELATED SEXUAL DYSFUNCTIONS IN VARIOUS DOMAINS

It was found that 56 (46.67%) of alcoholics had erectile dysfunction. The results showed that 78 (65%) of alcoholics had intercourse satisfaction issues. The study found that 34 (28.33%) patients had abnormality of orgasm and 49(40.83%) patients had low sexual desire. premature ejaculation was seen in 48 (40%) of patients . The result shows that 60 (50%) patients have low overall satisfaction.

Table III – COMPARISON OF ERECTILE FUNCTION IN RELATION TO AUDIT SCORE AND PSLES

The patients with erectile dysfunction had a higher score on both examination and PSLES and difference was statisticallysignificant ($p<0.05$).

Table IV- COMPARISON OF INTERCOURSE SATISFACTION IN RELATION TO AUDIT SCORE AND PSLES AMONG PATIENTS

Patients with less intercourse satisfaction had a higher average AUDIT and PSLES values when related to people with lesser AUDIT and PSLES values. This observed difference was statistically significant ($p<0.05$)

Table V- COMPARISON OF ORGASMIC FUNCTION IN RELATIONTO AUDIT SCORE AND PSLES AMONG CASES

Patients with orgasmic disorders had higher AUDIT and PSLES scores than those without disorders. Difference was statistically significant in the study ($p<0.05$)

Table V1-COMPARISON OF OVERALL SATISFACTION IN RELATION TO AUDIT SCORE AND PSLES AMONG CASES

Patients with less overall satisfaction had higher average AUDIT and PSLES scores than patients without abnormalities. The observed difference is statistically significant ($p<0.05$).

DISCUSSION:

In our study conducted on 120 patients who were alcohol dependent, 70 patients had at least one type of sexual dysfunction. Most common sexual dysfunction seen in alcohol dependent men wasintercourse dissatisfaction (65%) followed by erectile dysfunction, abnormality of orgasm, premature ejaculation.

Limitations of the study-

1. A small population was used for this study and they were taken from the patients attending the OPD in the hospital.
2. Measuring other significant parameters like level of blood alcohol and hormone values in the study group would give more relevant finding regarding the study.
3. Severity of alcohol consumption was not measured in our study.

CONCLUSION:

The findings from my study suggested that chances of sexual dysfunctionwere significantly higher in people with alcohol dependence. This study also points the fact that significant events that were stressful for the patient in past one year had increased the risk of erectile dysfunction, intercourse dissatisfaction, reduced orgasmic function, reduced overall satisfaction. Clinicians should look at the sexual problems of patients who have dependence to alcoholas it affects the quality of life

Table I

FAMILY HISTORY	NO OF PATIENTS	%
Absent	54	45.00
Present	66	55.00
Total	120	100.00

TABLE II:

S. NO	VARIABLE		N	%
1.	IIEF: EF	Dysfunction	56	46.67
		No Dysfunction	64	53.33
2.	IIEF: IS	Dysfunction	78	65
		No Dysfunction	42	35
3.	IIEF: OF	Dysfunction	34	28.33
		No Dysfunction	86	71.67
4.	IIEF: SD	Dysfunction	49	40.83
		No Dysfunction	71	59.16
5.	IIEF: OS	Dysfunction	60	50
		No Dysfunction	60	50
6.	PEDT	Present	48	40
		Absent	72	60

TABLE III

S. NO	VARIABLE	ERECTILE FUNCTION				T TEST	P VALUE
		DYSFUNCTION (N=56)		NON DYSFUNCTIO N (N=64)			
		Mean	SD	Mean	SD		
1.	AUDIT SCORE	42.92	5.83	38.044	5.64	15.04	0.043
2.	PSLES	84.25	8.87	64.46	6.93	15.413	0.028

TABLE 1V

S. NO	VARIABLE	INTERCOURSE FUNCTION				T TEST	P VALUE
		DYSFUNCTION (N=78)		NON DYSFUNCTION (N=42)			
		Mean	SD	Mean	SD		
1.	AUDIT SCORE	42.68	4.84	33.44	4.98	12.92	0.016
2.	PSLES	61.63	9.41	59.09	9.32	11.044	0.025

TABLE V

S. NO	VARIABLE	ORGASMIC FUNCTION				T TEST	P VALUE
		DYSFUNCTION (N=34)		NON DYSFUNCTION (N=86)			
		Mean	SD	Mean	SD		
1.	AUDIT SCORE	42.68	4.84	33.44	4.98	12.92	0.002
2.	PSLES	75.63	89.41	59.09	9.74	11.044	0.003

TABLE VI

S. NO	VARIABLE	OVERALL FUNCTION				T TEST	P VALUE
		DYSFUNCTION (N=60)		NON DYSFUNCTION (N=60)			
		Mean	SD	Mean	SD		
1.	AUDIT SCORE	72.68	6.15	63.44	5.49	17.91	0.0046
2.	PSLES	65.63	9.452	89.09	9.74	27.65	0.0061

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