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A STUDY OF PREVALENCE AND PATTERN OF SEXUAL DYSFUNCTION AND MARITAL SATISFACTION IN MALES HAVING ALCOHOL DEPENDENCE AT A TERTIARY CARE CENTRE IN WESTERN UTTAR PRADESH

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ABSTRACT **Background:** Alcohol dependence is a chronic relapsing disorder with wide-ranging medical, psychological, and social consequences. Among its less openly discussed but clinically significant complications are sexual dysfunction and marital dissatisfaction, both of which substantially affect quality of life, interpersonal relationships, treatment adherence, and relapse risk. **Aim:** To study prevalence and pattern of sexual dysfunction and marital satisfaction in males having alcohol dependence. **Material and Methods:** This cross-sectional observational study included 100 married alcohol-dependent male patients attending a psychiatry outpatient department over a 12-month period. Diagnosis was established using ICD-10 DCR criteria. Sexual dysfunction was assessed using the Arizona Sexual Experiences Scale (ASEX), severity of alcohol dependence using the Severity of Alcohol Dependence Questionnaire (SADQ), and marital satisfaction using the Marital Adjustment Questionnaire (MAQ). Sociodemographic and clinical variables were recorded, and statistical analysis included chi-square tests, independent t-tests, ANOVA, Pearson correlation, and multiple linear regression. **Results:** The mean age of participants was 39.2 ± 8.7 years, with a mean duration of alcohol dependence of 9.4 ± 5.6 years. Sexual dysfunction was present in 66% of participants, with moderate dysfunction being the most common (31%). Clinically significant problems were most frequently noted in erection (78%), arousal (74%), and orgasm satisfaction (73%). Sexual dysfunction was significantly associated with greater severity of alcohol dependence (75.9% in severe dependence, p=0.008) and longer duration of alcohol use (78.4% with ≥10 years, p=0.038). Poor marital adjustment was observed in 47% of participants and was significantly higher among those with sexual dysfunction (57.6%, p<0.001). ASEX scores showed a strong negative correlation with MAQ scores (r = −0.65) and a positive correlation with SADQ scores (r = 0.58). Regression analysis identified SADQ score, MAQ score, and duration of dependence as significant independent predictors of sexual dysfunction (Adjusted R2 = 0.55). **Conclusion:** Sexual dysfunction is highly prevalent among alcohol-dependent males and is closely linked with greater alcohol dependence severity, longer duration of use, and poorer marital satisfaction.

KEYWORDS : Alcohol Dependence; Sexual Dysfunction; Marital Satisfaction; ASEX; SADQ

1. INTRODUCTION

Alcohol dependence syndrome represents a complex biopsychosocial disorder characterized by compulsive alcohol use, tolerance, withdrawal symptoms,and continued consumption despite harmful consequences. Chronic alcohol use adversely affects nearly every organ system and significantly disrupts psychosocial functioning, including sexual health and marital relationships[2].

Sexual dysfunction, as defined by ICD-10, encompasses disturbances in sexual desire, arousal, erection, orgasm, and satisfaction, and constitutes a major determinant of quality of life and interpersonal stability[1].

Alcohol exerts its deleterious sexual effects through neuroendocrine dysregulation of the hypothalamic–pituitary–gonadal axis, suppression of testosterone, impairment of nitric oxide–mediated vasodilatation, and central nervous system depression, compounded by psychological factors such as anxiety, depression, guilt, and performance fears[2].

Marital satisfaction, which is deeply intertwined with Sexual functioning, often deteriorates in alcohol-dependent individuals due to emotional neglect, communication breakdown, and relational conflict. Despite the clinical relevance of these issues, sexual dysfunction and marital dissatisfaction remain under-recognized in routine de-addiction practice, largely due to stigma and inadequate assessment. Understanding the magnitude and interrelationship of these problems is essential for holistic management of alcohol dependence and improved long- term outcomes.

2. Aim

To study prevalence and pattern of sexual dysfunction and marital satisfaction in males having alcohol dependence.

3. MATERIAL AND METHOD

The present study was a cross-sectional observational study conducted over 12 months in the psychiatry outpatient department of a tertiary care teaching hospital. A total of 100 consecutive married male patients aged 21–60 years, diagnosed with Alcohol Dependence Syndrome as per ICD-10 DCR and living with their spouse for at least two years, were included after informed consent. Patients with primary sexual dysfunction predating alcohol use, co-morbid medical or psychiatric illness, or use of other psychoactive substances were excluded. Sociodemographic and clinical data were collected using a structured proforma. Sexual dysfunction was assessed using the Arizona Sexual Experiences Scale, alcohol dependence severity using the Severity of Alcohol Dependence Questionnaire, and marital satisfaction using the Marital Adjustment Questionnaire. Psychiatric co-morbidities were screened using the M.I.N.I. Appropriate statistical analyses were performed using descriptive statistics, chi-square tests, independent t-tests, ANOVA and multiple linear regression, with statistical significance set at p<0.05.

4. OBSERVATION AND RESULT

Table 1: Sociodemographic and Clinical Profile of Study Participants (N=100)

Variable	Category/Statistics	Frequency (n)	Percentage (%)
Age (Years)	Mean ± SD	39.2 ± 8.7	--
Education	Illiterate/Primary (≤5th)	18	18.0
	Secondary/Intermediate (6th - 12th)	52	52.0
	Graduate & Above	30	30.0
Occupation	Unskilled Labour/Unemployed	24	24.0
	Skilled Labour/Farmer/ Shopkeeper	44	44.0
	Salaried Professional/Business	32	32.0
Locality	Rural	61	61.0
	Urban	39	39.0
Socioeconomic Status (Kuppuswamy, 2023)	Lower (Class IV & V)	31	31.0
	Upper Lower (Class III)	45	45.0
	Lower Middle & Above (Class I & II)	24	24.0
Duration of Marriage (Years)	Mean ± SD	13.1 ± 7.3	--
Duration of Alcohol Dependence (Years)	Mean ± SD	9.4 ± 5.6	--
Severity of Alcohol Dependence (SADQ)	Mean Score ± SD	32.8 ± 10.5	--
	Mild-Moderate (≤30)	46	46.0
	Severe (>30)	54	54.0

The above table illustrates that out of the total study participants, the mean age was 39.2 ± 8.7 years, 18% were educated up to illiterate/ primary level, 52% up to secondary/intermediate level and 30% were graduates or above. A total of 24% were unskilled labourers or unemployed, 44% were skilled labourers, farmers or shopkeepers and 32% were salaried professionals or businessmen. A total of 61% belonged to rural areas and 39% to urban areas. Based on socioeconomic status, 31% were from lower class, 45% from upper-lower class and 24% from lower middle and above. The mean duration of marriage was 13.1 ± 7.3 years and the mean duration of alcohol dependence was 9.4 ± 5.6 years. The mean SADQ score was 32.8 ± 10.5, out of which 46% had mild–moderate dependence and 54% had severe dependence.

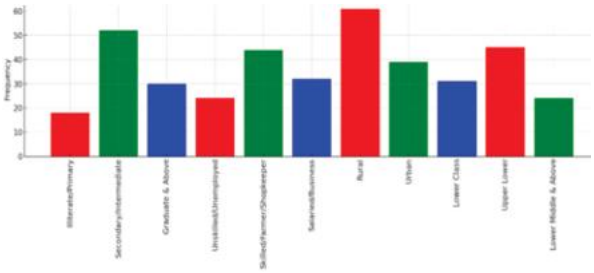


Table 2: Prevalence of Sexual Dysfunction as per Arizona Sexual Experiences Scale (ASEX)

ASEX Classification	Score Range	Frequency (n)	Percentage (%)
No Sexual Dysfunction	5 - 10	34	34.0
Sexual Dysfunction Present	≥ 11	66	66.0
Severity Sub-classification:			
Mild Dysfunction	11 - 15	20	20.0
Moderate Dysfunction	16 - 20	31	31.0
Severe Dysfunction	21 - 30	15	15.0

The above table illustrates that out of the total study participants, 34% had no sexual dysfunction and 66% had sexual dysfunction. Of those with dysfunction, 20% had mild dysfunction, 31% had moderate dysfunction and 15% had severe dysfunction according to ASEX classification.

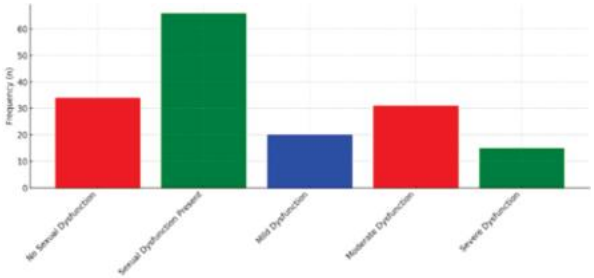


Table 3: Component-wise Assessment of Sexual Dysfunction (ASEX Items)

ASEX Component	Mean Score ± SD	Percentage with Clinically Significant Problem (Score ≥4)
1. Strength of Sex Drive	3.9 ± 1.3	68.0%
2. Ease of Sexual Arousal	4.2 ± 1.4	74.0%
3. Ease of Getting/Maintaining Erection	4.5 ± 1.4	78.0%
4. Ability to Reach Orgasm	4.1 ± 1.5	70.0%
5. Satisfaction from Orgasm	4.3 ± 1.5	73.0%
Total ASEX Score	21.0 ± 6.2	--

The above table illustrates that out of the total study participants, clinically significant problems were reported by 68% in sexual drive, 74% in arousal, 78% in erection, 70% in ability to reach orgasm and 73% in satisfaction from orgasm, with a mean total ASEX score of 21.0 ± 6.2.

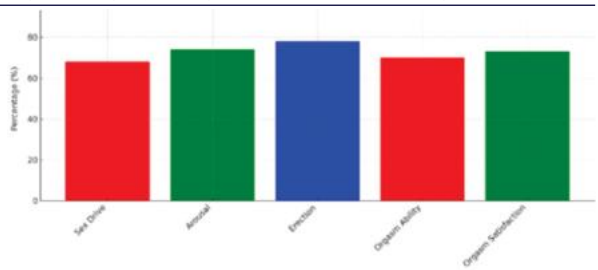
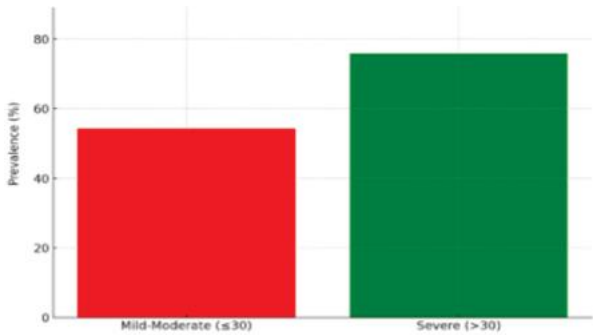


Table 4: Association Between Severity of Alcohol Dependence (SADQ) and Sexual Dysfunction

SADQ Category	Total (n)	Sexual Dysfunction Present (n)	Prevalence (%)	p-value
Mild-Moderate Dependence (Score ≤30)	46	25	54.3	0.008*
Severe Dependence (Score >30)	54	41	75.9	
Total	100	66	66.0	
Statistical Test: Chi-square test				



The above table illustrates that out of the total study participants, sexual dysfunction was present in 54.3% of those with mild–moderate alcohol dependence and 75.9% of those with severe dependence, with an overall prevalence of 66% and a p-value of 0.008.

Sexual dysfunction was significantly more common among participants with severe alcohol dependence compared to those with mild–moderate dependence (p = 0.008). This indicates a strong and statistically significant association between increasing severity of alcohol.

Table 5: Distribution of Marital Adjustment Scores (Marital Adjustment Questionnaire)

Marital Adjustment Category	Score Range	Frequency (n)	Percentage (%)	Mean Score ± SD
Poor Adjustment	0 - 12	47	47.0	10.1 ± 1.9
Moderate Adjustment	13 - 18	35	35.0	15.8 ± 1.6
Good Adjustment	19 - 25	18	18.0	21.6 ± 1.7
Overall	0 - 25	100	100.0	14.2 ± 5.1

The above table illustrates that out of the total study participants, 47% had poor marital adjustment with a mean score of 10.1 ± 1.9, 35% had moderate adjustment with a mean score of 15.8 ± 1.6 and 18% had good adjustment with a mean score of 21.6 ± 1.7, with an overall mean marital adjustment score of 14.2 ± 5.1.

Nearly half of the participants had poor marital adjustment, with progressively higher mean scores seen in moderate and good adjustment categories. Overall, marital adjustment was suboptimal in a substantial proportion of the study population.

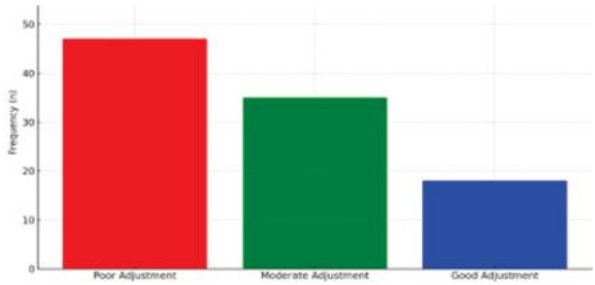


Table 6: Association Between Sexual Dysfunction and Poor Marital Adjustment

ASEX Category	Total (n)	Participants with Poor Marital Adjustment (MAQ ≤12) (n)	% with Poor Adjustment	p-value
No Sexual Dysfunction (ASEX <11)	34	9	26.5	<0.001*
Sexual Dysfunction Present (ASEX ≥11)	66	38	57.6	
Total	100	47	47.0	
Statistical Test: Chi-square test				

The above table illustrates that out of the total study participants, poor marital adjustment was present in 26.5% of those without sexual dysfunction and 57.6% of those with sexual dysfunction, with an overall poor adjustment rate of 47% and a p-value of <0.001.

Poor marital adjustment was significantly more prevalent among participants with sexual dysfunction compared to those without ($p < 0.001$), indicating a strong and statistically significant relationship between sexual dysfunction and marital discord.

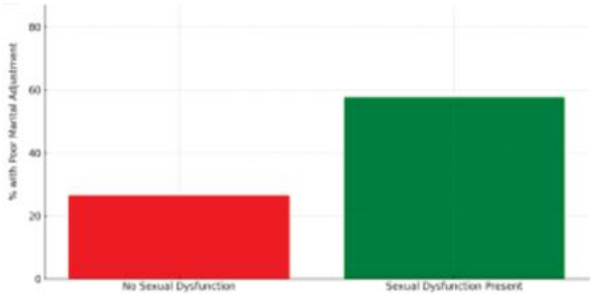


Table 7: Comparative Analysis of ASEX Scores by Severity of Alcohol Dependence

SADQ Category	n	Mean Total ASEX Score ± SD	p-value
Mild-Moderate Dependence (≤30)	46	18.3 ± 5.8	<0.001*
Severe Dependence (>30)	54	23.4 ± 5.6	
Statistical Test: Independent samples t-test			

The above table illustrates that out of the total study participants, the mean ASEX score was 18.3 ± 5.8 in those with mild–moderate alcohol dependence and 23.4 ± 5.6 in those with severe alcohol dependence, with a p-value of <0.001.

Participants with severe alcohol dependence had significantly higher mean ASEX scores than those with mild–moderate dependence ($p < 0.001$), confirming that greater dependence severity is associated with worse sexual functioning.

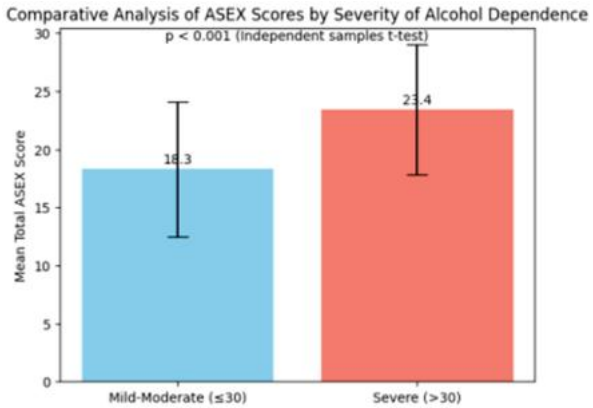
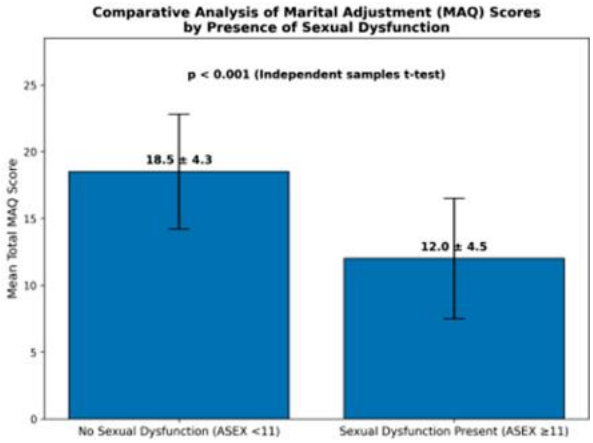


Table 13: Comparative Analysis of Marital Adjustment (MAQ) Scores by Presence of Sexual Dysfunction

ASEX Category	n	Mean Total MAQ Score ± SD	p-value
No Sexual Dysfunction (ASEX <11)	34	18.5 ± 4.3	<0.001*
Sexual Dysfunction Present (ASEX ≥11)	66	12.0 ± 4.5	
Statistical Test: Independent samples t-test			

The above table illustrates that out of the total study participants, the mean marital adjustment score was 18.5 ± 4.3 among those without sexual dysfunction and 12.0 ± 4.5 among those with sexual dysfunction, with a p-value <0.001.

Participants with sexual dysfunction had significantly lower marital adjustment scores compared to those without dysfunction ($p < 0.001$), reinforcing the adverse impact of sexual dysfunction on marital relationships.



5. DISCUSSION

The present study highlights a high burden of sexual dysfunction among alcohol-dependent males, with a prevalenceof 66%, closely paralleling findings reported by Arackal and Benegal, who documented sexual dysfunction in approximately 58% of alcohol-dependent men, and Pendharkar et al., who reported prevalence exceeding 70% in clinical samples [3,4]. The predominance of moderate dysfunction in our study (31%) aligns with observations by Singh et al., who noted moderate severity as the most frequent category among alcohol-dependent patients [5].

Component-wise ASEX analysis revealed erectile dysfunction as the most affected domain (78%), followed by arousal and orgasmic satisfaction, which is consistent with physiological mechanisms described by Emanuele and Emanuele and Muthusami and Chinnaswamy, who emphasized alcohol-induced hypogonadism and impaired nitric oxide pathways. [6,7]. Similar domain-specific impairment has been reported by Solanki et al. and Mehta et al., though with slightly lower percentages, underscoring variability related to duration and severity of dependence[8,9].

The significant association between sexual dysfunction and severity of alcohol dependence observed in our study, with dysfunction present in 75.9% of those with severe dependence, corroborates findings by Pendharkar et al. and Yadav et al., who demonstrated progressively higher ASEX and erectile dysfunction scores with increasing SADQ severity[4,10]. Likewise, the strong association with duration of dependence mirrors results reported by Arackal and Benegal and Singh et al., who noted worsening sexual outcomes beyond 8–10 years of alcohol use[3,5].

Marital dissatisfaction was common in the present study, with 47% exhibiting poor marital adjustment, comparable to findings by Kishor et al. and Solanki et al., who reported poor marital satisfaction in approximately 40–55% of spouses of alcohol-dependent men[8,11]. The significantly higher prevalence of poor marital adjustment among those with sexual dysfunction (57.6%) supports the bidirectional relationship between sexual health and marital harmony described by Leonard and Das Eiden and O'Farrell et al[12,13].

Correlation and regression analyses in our study further establish sexual dysfunction as a nexus linking alcohol dependence severity, duration, and marital dissatisfaction. The strong negative correlation between ASEX and MAQ scores ($r=-0.65$) parallels findings by Vishwakarma et al. and Solanki et al., who similarly demonstrated inverse relationships between sexual function and marital satisfaction[8,14].

Regression findings emphasizing SADQ and MAQ scores as predictors reinforce the multidimensional impact of alcohol dependence on intimate relationships.

6. CONCLUSION

Sexual dysfunction is highly prevalent among alcohol-dependent males and is strongly associated with greater dependence severity, longer duration of alcohol use, and poorer marital satisfaction. Integrating sexual and marital assessment into routine de-addiction care is essential for holistic management and improved outcomes.

7. Limitations

Small sample size as the study included a limited number of patients (100), which may restrict generalisability to allalcohol dependent populations. Cross sectional observational design limits casual inference. Sexual dysfunction was reported through self questionnaires. Hormonal parameters were not evaluated.

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