



## PREVALENCE OF SEXUAL DYSFUNCTION IN MEN WITH UROLOGICAL CHRONIC PELVIC PAIN SYNDROMES (UCPPS)

### Urology

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### ABSTRACT

**OBJECTIVES:** To examine the prevalence of sexual dysfunctions among men with urological chronic pelvic pain syndromes (UCPPS)

**METHODS:** A cross-sectional observational study assessed all consenting adult male patients who diagnosed as chronic pelvic pain syndrome excluding any major co morbid medical or alcohol or any other psychoactive substance abuse or dependence, were requested to complete a questionnaire about their socio-demographic data sheet and thereafter questionnaire about sexual dysfunctions.

**RESULTS:** A total of 138 male subjects of urological chronic pelvic pain syndromes with mean age of  $33.57 \pm 8.40$  years, and mean total duration of illness of  $10.14 \pm 6.09$  months were assessed. Study finds a prevalence of 43.5%. sexual dysfunctions, 31.9 % loss of libido, 24.7% erectile dysfunction, 18.8% Pre mature ejaculations and 16.7% pain on ejaculations.

**CONCLUSIONS:** This study finds a prevalence of 43.5%. sexual dysfunctions, including 31.9 % loss of libido, 24.7% erectile dysfunction, 18.8% Pre mature ejaculations and 16.7% pain on ejaculations among men with urological chronic pelvic pain syndromes.

### KEYWORDS

Urological Chronic Pelvic Pain Syndromes (UCPPS), Sexual dysfunction, Prevalence.

### INTRODUCTION

Interstitial cystitis/painful bladder syndrome and chronic prostatitis/chronic pelvic pain syndrome were recently renamed urological chronic pelvic pain syndromes (UCPPS).[1,2] Inflammation may have a critical role in the disease process based on the presence of cytokines and chemokines in the pathogenesis of UCPPS. Knowledge of inflammation induced neuroplasticity has led to exploration of the hypothesis that the pain of UCPPS may be of neuropathic origin. [3]

The relationship between UCPPS and sexual dysfunction has often been overlooked [4]. Compared with the general population, men with UCPPS appear more likely to experience sexual dysfunction including erectile dysfunction, premature ejaculation, painful ejaculation and decreased sexual desire [5,6]. In recent years, a number of studies have reported a high prevalence of ED among patients with UCPPS [7, 8]. Studies have reported that the prevalence of ED ranges from 15.0 to 40.5% in men in UCPPS [7,9-11].

Moreover, the development of sexual dysfunction in patients with UCPPS is positively linked with the duration of the disease [12,13]. The aim of the present study was to assess the prevalence of sexual dysfunctions among men with chronic pelvic pain syndrome in patients of our own state.

### MATERIALS AND METHOD

This study was conducted at department of urology and general surgery at Hi-Tech Medical College and Hospital, Bhubaneswar, which is a tertiary care medical college hospital of Orissa, India. The study protocol was approved by the institutional review board of Hi-Tech Medical College and Hospital, Bhubaneswar. It was a cross-sectional study carried out over a twelve month period (January 2016-December 2016). All adult male patients who diagnosed as chronic pelvic pain syndrome and satisfied the inclusion criteria for the study and consented were recruited. Presence of any major co morbid medical or alcohol or any other psychoactive substance abuse or dependence was kept as exclusion criteria. All recruited patients were requested to complete a questionnaire about their socio-demographic data sheet and thereafter questionnaire about sexual dysfunctions.

### Tools

**Socio-demographic Data Sheet:** The socio demographic data sheet included age, religion, occupation, education and clinical information like duration of pain and other relevant history. Sexual dysfunction was defined as self-reported erectile dysfunction (ED) or ejaculatory difficulty, or both.

**Procedure:** It was a cross sectional observational study. All subjects were assessed for inclusion – exclusion criteria, and on qualification they were requested to fill up Socio-demographic data sheet or asked verbally and filled up by investigators.

**Statistical Analysis:** The collected data of all subjects was statistically analyzed, using Statistical Package for Social Sciences (SPSS, Inc., Chicago, Illinois) version 10.0. Data analysis included means and standard deviations for complete sample. Frequency analysis was used to determine the prevalence of sexual dysfunctions.

### RESULTS

A total of 138 subjects were included for the study, Table 1 summarizes the sample characteristics. The mean age of the sample was  $33.57 \pm 8.40$  years with minimum age of 19 years to a maximum age of 65 years in our sample. the mean education years for the sample was found to be  $9.96 \pm 1.9$ . The mean total duration of illness was found to be  $10.14 \pm 6.09$  months. The sample consisted of mostly Hindu religion (n=113, 81.9%) and lower middle socioeconomic class (n=89, 64.5%) (Table-1).

Among the total sample size of 138 patients 34 patients (24.7%) reported about erectile dysfunction, 26 patients (18.8%) reported about Pre mature ejaculations, 23 patients (16.7%) reported about pain on ejaculations, 44 patients (31.9%) reported about loss of libido. And the total number of patients reporting any sexual dysfunction was 60, constituting 43.5%.

### DISCUSSION

We found a 43.5% of prevalence of sexual dysfunction among patients of UCPPS, which may be considered as quite high. Although this finding of high prevalence is in accordance with many other studies reporting higher prevalence rate for ED ranges between 15 % to 40.5% [7,9-11]. We found prevalence of ED as 26.6 % which is comparable to

these referenced studies. We also found PME 18.8%, Pain on ejaculation 16.7% and loss of libido 31.9%.

However usual mild variation in prevalence may be attributable to sample selection and different tools used. There may be certain other factors which may attribute to sexual dysfunction like co morbidities, depression, anxiety, obesity and alcohol abuse/alcohol dependence syndrome. In this short study we could not control every factors, however we excluded alcohol abuse and other psychoactive substance abuse and dependence syndrome. But many a time sub syndromal occasional use of addictive substance may cause sexual dysfunctions. Among the sexual dysfunctions Erectile dysfunction usually results from prostatic inflammation, pelvic pain and psychogenic sexual problems [14]. Which may ultimately leads to decrease libido, which has more psychogenic component and it is found 31.9 % in our study. Pain and voiding dysfunction, are also important factors that tended to reduce the frequency of sexual intercourse [15,16].

The cultural taboos are associated with talking about or declaring sexual dysfunctions or visiting a doctor for sexual problems. It is therefore likely that many of the selected cases in this investigation had more severe and bothersome sexual dysfunctions, then it is actually reported.

In future we need larger samples size, along with a matched control group, simultaneous assessment of quality of life, disability and burden of various other psychological problems, and follow-up studies to know the longitudinal course of these problems.

**CONCLUSION:** This study finds a prevalence of 43.5%. sexual dysfunctions, including 31.9 % loss of libido, 24.7% erectile dysfunction, 18.8% Pre mature ejaculations and 16.7% pain on ejaculations among men with urological chronic pelvic pain syndromes.

**Table 1.**

	Mean ± SD	Min	Max
<b>age</b>	33.57 ± 8.40	19	65
<b>Years of education</b>	9.96 ± 1.91	5	15
<b>Duration of illness (months)</b>	10.14 ± 6.09	2	36
		n	%
<b>Religion</b>	Hindu	113	81.9
	Others	25	18.1
<b>Socioeconomic Class</b>	Lower-middle	89	64.5
	Upper	49	35.5
<b>presence of any Sexual problem</b>	Yes	60	43.5
	No	78	56.5
<b>ED</b>	Yes	34	24.6
	No	104	75.4
<b>PME</b>	Yes	26	18.8
	No	112	81.2
<b>PAIN ON EJACULATION</b>	Yes	23	16.7
	No	115	83.3
<b>LOSS OF LIBIDO</b>	Yes	44	31.9
	No	94	68.1

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