



## A STUDY OF SOCIODEMOGRAPHIC PROFILE, SEXUAL DYSFUNCTION IN MALE PATIENTS WITH DHAT SYNDROME IN SOUTH EAST RAJASTHAN (HADOTI)

### Psychiatry

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### ABSTRACT

Dhat syndrome is a culture-bound disorder which manifests in the form of preoccupation regarding semen loss among patients in the Indian subcontinent. It is associated with vague multiple somatic and psychological complaints. 50 consecutive male patients were taken for study. International index of erectile function (IIEF) was applied for measuring the severity of sexual dysfunction. Majority of patients belonged to age group of 21 to 40 years (76%), were Hindus (88%), hailing from rural area (54%), and middle socioeconomic status, 74% of the patients reported erectile dysfunction, 40% had orgasmic dysfunction, 84% had decreased sexual desire, 68% reported decreased satisfaction during intercourse and 80% reported decreased overall satisfaction.

### KEYWORDS

Culture bound syndrome, Dhat syndrome, sexual dysfunction

#### I. Introduction

The term "Dhat syndrome" was first introduced into psychiatric literature by Wig (1960), to refer to patients who presented with concerns about loss of semen. Dhat syndrome is a culture-bound disorder which manifests in the form of preoccupation regarding semen loss among patients in the Indian subcontinent. Culture-bound syndromes are recurrent locality specific patterns of aberrant behavior and troubling experience generally restricted to specific geographical areas. They refer to certain conditions that are traditionally considered to be illnesses, have traditional explanations. It is associated with vague multiple somatic and psychological complaints such as fatigue, loss of appetite, listlessness, decrease physical strength, poor concentration & forgetfulness. Previous study suggests that erectile dysfunction and decreased sexual desire is most common sexual dysfunction in these patients. Psychoeducation is considered to be an essential component of the management of Dhat syndrome.

#### II. Material and Methods

##### Sample of study

This Cross sectional observational study was carried out on patients of Department of Psychiatry at a tertiary care teaching hospital, "New Hospital Medical College Campus, Govt. Medical College, Kota, Rajasthan". 50 consecutive male patients diagnosed as suffering from Dhat Syndrome (according to ICD-10) from June 2016 to December 2016 constituted the sample for study. Patients were interviewed and we took a written informed consent from patients before the assessments. After obtaining information about socio-demographic factors, subjects were administered with appropriate scale designed for the study.

##### Inclusion Criteria

1. Patients attending Psychiatry OPD in NHMC, Kota.
2. Patient fulfilling diagnostic criteria for Dhat Syndrome as per ICD-10.
3. Only male patients.
4. Patients ready to give informed consent.

##### Exclusion Criteria

1. Patients having history of alcohol and other substance abuse.
2. Any major medical or surgical illness.
3. Patients unwilling to give consent.
4. Female patients.

##### Instruments of Study

1. Semi structured proforma designed for the study
2. International index of erectile function (IIEF)

##### Procedure Methodology

Before starting the study approval of the ethical committee was taken

and after the written informed consent was obtained, all the patients were evaluated on the specially designed proforma to obtain Socio-demographic characteristics and detailed history. Physical examination and relevant investigations were done to rule out organic causes. International index of erectile function (IIEF) was applied for measuring the severity of sexual dysfunction.

##### Statistical analysis

Data was analyzed using SPSS version 20. Pearson Correlation sig. 2 tailed was used to ascertain the significance of variables. The level  $p < 0.05$  was considered as the cutoff value or significance.

#### III. Observations

**Table-1:** Socio-demographic Profile

Domains		N(50)	Percent (%)
Age groups	<20 year	06	12.0
	20-30 year	30	60.0
	31-40 year	12	24.0
	41-50 year	01	2.0
	>50 year	01	2.0
Domicile	Urban	23	46.0
	Rural	27	54.0
Religion	Hindu	44	88.0
	Muslim	06	12.0
Marital Status	Married	28	56.0
	Unmarried	22	44.0
Education status	Uneducated	02	04.0
	Primary	04	08.0
	Middle	12	24.0
	Secondary	14	28.0
	Sen. Secondary	06	12.0
	Graduate/ Postgraduate	12	24.0
Family type	Nuclear	29	58.0
	Joint	20	40.0
	Extended nuclear	01	02.0
Socio-Economic Status	Upper class	04	08.0
	Upper middle class	08	16.0
	middle class	19	38.0
	Lower middle class	13	26.0
	Lower class	06	12.0

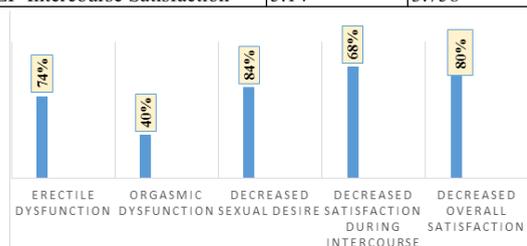
Occupation	Unemployed	11	22.0
	Self employed	21	42.0
	Farmer	10	20.0
	Govt. employed	02	04.0
	Others	06	12.0
Duration of illness	<2 year	36	72.0
	2-4 year	10	20.0
	>4 year	04	8.0

**Table-2: Interpretations of IIEF**

	Erectile Function	Orgasmic Function	Sexual Desire	Intercourse Satisfaction	Overall Satisfaction
No dysfunction	26.0%	60.0%	16.0%	32.0%	20.0%
Mild dysfunction	20.0%	24.0%	68.0%	14.0%	18.0%
Mild to moderate dysfunction	32.0%	06.0%	10.0%	30.0%	26.0%
Moderate dysfunction	14.0%	10.0%	04.0%	24.0%	26.0%
Severe dysfunction	08.0%	0%	02.0%	0%	10.0%
Total	100%	100%	100%	100%	100%

**Table-3: Descriptive Statistics**

	Mean	Std. Deviation
age(year)	26.86	7.838
Income/month (Rupees)	14360.00	6965.689
IIEF-Erectile Function	18.06	6.876
IIEF-Orgasmic Function	7.98	2.684
IIEF-Sexual Desire	7.30	1.389
IIEF-Intercourse Satisfaction	5.14	3.758



**Table-4: Correlations of variables**

	IIEF-Erectile Function	IIEF-Orgasmic Function	IIEF-Sexual Desire	IIEF-Intercourse Satisfaction
age(year)	Pearson Correlation	-.372**	-.331*	-.030
	Sig. (2-tailed)	.008	.019	.835
Domicile	Pearson Correlation	.271	.114	.356*
	Sig. (2-tailed)	.057	.431	.011
Marital Status	Pearson Correlation	.472**	.289*	.104
	Sig. (2-tailed)	.001	.042	.471
Education	Pearson Correlation	.118	.252	.098
	Sig. (2-tailed)	.413	.077	.498

\*\* . Correlation is significant at the 0.01 level (2-tailed).  
\* . Correlation is significant at the 0.05 level (2-tailed).

**IV.Results & Discussion**

This study was aimed to assess socio-demographic characteristics, sexual dysfunction in patients with Dhat syndrome. The study also sought to examine the correlation between severity of sexual dysfunction and the main outcome variables.

Majority of patients with Dhat syndrome belonged to age group of 21

to 40 years (76%) mean age 26.86±7.84 year, were Hindus (88%), hailing from rural area (54%), were married (58%), having education middle or above class (90%), employed (46%) and middle socioeconomic status according to B.G. Prasad modified socio economic status scale (2016). This is consistent with study done by Sandeep Grover et al (2015) in which the mean age of the study sample was 26.76 years. Majority of the patients were educated beyond matriculation, Hindu by religion, employed and belonged to middle socioeconomic status and came from rural locality, and a study done by Verma R, Mina et al (2013) in which majority of the patients were Married (67%), Hindu (79.5%), Educated up to secondary (63%), Employed (82.7%), belongs to Middle Socio-economic status (51.7%).

In our study patients with Dhat syndrome, 74% of the patients who participated in study reported erectile dysfunction, 40% had orgasmic dysfunction, 84% had decreased sexual desire, 68% reported decreased satisfaction during intercourse and 80% reported decreased overall satisfaction. In previous study done by Grover and Avasthi (2015) found 51.3% patients of Dhat syndrome having sexual dysfunction and a study by RK Chadda & N. Ahuja (1990) found that out of 52 patients, 19 patients had erectile dysfunction and 22 premature ejaculation.

Locality of patients had positive correlation with sexual desire by IIEF which suggests that patients having more dysfunction in sexual desire were from urban background and marital status had positive correlation with the domain of erectile function, orgasmic function and intercourse satisfaction by IIEF which suggests that patients having more dysfunction in erection, orgasm and intercourse satisfaction were married.

Age of patients had negative correlation with the domain of erectile function, orgasmic function & intercourse satisfaction by IIEF which suggests that patients having more dysfunction in erection, orgasm and intercourse satisfaction were from lower age group.

**V. Conclusion**

This study highlights the socio-demographic profile, sexual dysfunction in patients with Dhat syndrome. 74% of the patients who participated in study reported erectile dysfunction, 40% had orgasmic dysfunction, 84% had decreased sexual desire, 68% reported decreased satisfaction during intercourse and 80% reported decreased overall satisfaction.

Locality of patients had positive correlation with sexual desire by IIEF and marital status had positive correlation with the domain of erectile function, orgasmic function & intercourse satisfaction by IIEF while Age of patients had negative correlation with the domain of erectile function, orgasmic function & intercourse satisfaction by IIEF.

The patients visiting the OPD for Dhat syndrome should always be enquired for sexual dysfunction and treatment offered for the same.

**Strength of study:**

This is the first of its kind study done in our area though there are a lot of patients suffering from Dhat syndrome.

**Limitations and Directions for Future Research:**

The sample size is small. In future, a study with a bigger sample size may be done to confirm the findings. A prospective longitudinal study done in future can help in exploring the course of comorbidities in Dhat syndrome and future outcome.

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