



SEXUAL DYSFUNCTIONS AMONG PATIENTS ATTENDING SEXUAL DISORDER CLINIC – A STUDY FROM CENTRAL INDIA

Psychiatry

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ABSTRACT

INTRODUCTION – There is a paucity of Indian data about sexual dysfunctions despite being common disorders having widespread impact on wellbeing of individual. Present study aimed to describe sociodemographic variables and prevalence of various sexual dysfunctions among a clinical sample.

MATERIALS & METHODS – A retrospective analysis of data from patients attending special sexual disorder clinic from tertiary care hospitals was performed. The International Classification of Diseases 10th Edition was followed for classification of the disorders.

RESULTS- Total 309 patients were recruited in the study. Sample consisted of all male patients. Majority of the patients were married (54.4%) and belonging to Urban background (56 %). The most common sexual dysfunction was Erectile dysfunction (29.7%), followed by Premature Ejaculation (26.8%).

CONCLUSION- Sexual dysfunctions are prevalent among Indian clinical population and are distributed among all demographic subgroups however there is gender disparity in treatment seeking. Their distribution in our study was similar to previous research from India.

KEYWORDS

Sexual Dysfunction, Sexual Disorders, Epidemiology, India

INTRODUCTION

Sexual disorders are common among all gender, ethnicities and socio-cultural groups. Sexual dysfunctions impact the overall physical and psychological wellbeing of individual¹. The sexual dysfunction can be defined as the impairment or disruption of any of the three phases of normal sexual functioning, including loss of libido, impairment of physiological arousal and loss, delay or alteration of orgasm².

There is limited data on the prevalence and nature of sexual disorders in India from epidemiologic studies despite being one of the common mental disorder³. The present study attempted to fill this gap by analysing data from a special Sexual disorder clinic attending to patients with sexual dysfunction in a tertiary care hospital. The aim of the current study was to describe the sociodemographic and clinical characteristics of the patients attending the Sexual disorder clinic.

MATERIALS AND METHODS

This study was a retrospective analysis of data from patients attending a special sexual disorder clinic conducted in a tertiary care hospital from Indore, Madhya Pradesh which caters to a large population from central India. The special clinic is conducted once a week and is attended by designated residents and consultants from the Department of Psychiatry.

The informed consent and information was obtained from the patients and their attendants when available. The sociodemographic and clinical parameters of the patients were recorded on a semi structured Performa designed for the study. The diagnosis was made on the basis of the clinical assessment. The International Classification of Diseases 10th Edition was followed for classification of the disorders⁴.

RESULTS

Total 309 patients were recruited in the study. Our sample consisted of all male patients – their Socio-Demographical characteristics are shown in Table 1 and Table 2 shows the clinical characteristics in form of various sexual dysfunctions of the sample. Majority of the patients were married (54.4%) and belonging to Urban background (56 %). The most common sexual dysfunction was Erectile dysfunction (29.7%), followed by Premature Ejaculation (26.8%).

TABLE 1 – Demographic Characteristics Of Sample

Demographic Variable	Frequency (n)	Percent (%)
Marital Status		
Unmarried	130	42.1
Married	168	54.4
Others	11	3.5
Religion		

Hindu	277	89.6
Muslim	30	9.7
Others	02	0.6
Education		
Illiterate	20	6.5
Primary	20	6.5
Middle	45	14.6
High school	123	39.8
Higher secondary	23	7.4
Graduate and above	78	24.8
Occupation		
unemployed	17	5.5
unskilled	75	24.3
skilled	43	13.9
Semi-skilled	12	3.9
Clerical/shopkeeper/farmer	57	18.4
Semi-professional	15	4.9
Professional	15	4.9
student	75	24.3
Background		
Urban	173	56
Rural	136	44

TABLE 2- Distribution Of Various Sexual Dysfunctions In Sample

Dysfunction	Frequency (n)	Percent (%)
Erectile dysfunction	92	29.7
Premature ejaculation	83	26.8
Excessive concerns for shape/size of genitals	52	16.8
Dhat Syndrome	25	08
Lack of sexual desire	24	7.7
Nocturnal emissions	18	5.8
Pain associated with intercourse	02	0.6
anorgasmia	02	0.6
Retarded ejaculation	02	0.6
No diagnosis	09	2.9

DISCUSSION

The present study described the socio demographical variables and prevalence of various sexual dysfunctions among patients attending a special sex disorder clinic from a tertiary care hospital. All of the patients in the sample were male gender as no female patient turned up into clinic during study period, this is in contrast to western studies where a fair proportion of females are reported as sample¹.

However, this is similar to previous studies done in India, where a very small number of female subjects could be included in study⁵. This is in spite of the fact that sexual dysfunctions can be quite prevalent among female gender. A possible reason is that topic of sex and associated disorders are still considered a taboo among majority of population and even more stigmatising for females to discuss or seek help for sexual dysfunctions. Thus there is an urgent need of raising awareness about sexual dysfunctions among the general public as well as among clinicians for early identification and management.

Rest of the demographical variables were found out to be similar to previous studies. Sexual dysfunctions were found to be distributed among all educational, occupational groups and among both urban and rural background⁶.

The most common sexual dysfunction diagnosed in our study was erectile dysfunction followed by premature ejaculation. This is in agreement with previous scientific literature from India. In contrast to western studies we only found 2 cases each of anorgasmia and retarded ejaculation and supports the previous notion that these disorders are rare among Indian population. Another major finding of our study was that a significant number of patients were found to be suffering from excessive concerns and distress about size or shape of their genitals and thus we included them in our study, despite these disorders could not be coded as per Icd-10 among sexual dysfunctions. Also Dhat syndrome which is a culture bound syndrome associated with Indian subcontinent was a major sexual dysfunction in our sample⁶.

Our study has certain limitations like the sample is from one special sex disorder clinic from an institute and thus results cannot be generalised. Also our sample consisted of voluntary treatment seeking population and thus patients not seeking treatment were left out of the purview of the study. Also we relied with clinical criteria and structured rating scales for specific disorders were not applied in the study.

CONCLUSION

Sexual dysfunctions are prevalent among Indian clinical population, and are distributed among all demographic subgroups. Their distribution in our study was similar to previous research from India. However, there is dearth of female patients who seek the treatment for sexual dysfunctions, thus there is an urgent need for raising awareness about this issue among general population and clinicians. Further research particularly long term prospective studies are needed to contribute to our existing knowledge.

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