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QUALITY OF LIFE AND SEXUAL DYSFUNCTION AMONG PATIENTS OF OPIOID DEPENDENCE SYNDROME

Psychiatry

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ABSTRACT

Background: The study was conducted to assess the prevalence of sexual dysfunction among Upload dependant male and extent of sexual dysfunction and quality of life among them with or without sexual dysfunction.
Study design: Cross sectional study involving newly diagnosed 50 Opioids dependant male patients attended Psychiatry out patient departments.
Result: Study showed significant relationship between occupation, level of education and socio-economic class with total quality of life score. 80% of Opioids dependant males have sexual dysfunction. Opioid dependent male without sexual dysfunction have mean ± SE (44.786±.559) compared to opioid dependent male with sexual dysfunction (38.228±.230), the difference being statistically significance (F= 44.425, df= 5, P= .000) which is statistically significant.
Conclusion: The study highlighted high rates of sexual dysfunction along with lower total quality of life score in the Opioids dependant group.

KEYWORDS

Opioid dependence, sexual dysfunction, quality of life

INTRODUCTION

Quality of life is an important parameter that provides an insight into how a disorder impacts life of those affected. World Health Organisation defined quality of life as ―an individual perception of their position in life, and in the context of culture and value systems in which they live, and also relation to their goals, expectations, standards and concerns.[1] Among various psychiatric disorders, substance – related disorders significantly affect quality of life, but this area has not been extensively studied.

Sexuality is determined by anatomy, physiology, the culture in which a person lives, relationship with others, and developmental experiences throughout the life cycle[1]. As of 2012, it is estimated that more than 22 million persons older than the age of 12 years (about 10 percent of the total US population) were classified as having a substance related disorder as per The National Institute of Drug Abuse (NIDA) and other agencies, such as the National Survey of Drug Use and Health (NSDUH) .[2]

AIM

The study aims to assess prevalence of sexual dysfunction among opoid dependent male and to find extent of sexual dysfunction and domains of quality of life among them with or without sexual dysfunction.

MATERIALS AND METHODS

People between 18 to 60 years with regular sexual partners were enrolled for the study after taking proper consent.

Exclusion criteria were primary sexual dysfunction prior to initiation of alcohol or opioid use, comorbid physical (e.g. diabetes mellitus, hypertension, alcoholic liver disease) or psychiatric disorder, other substance abuse.

Parameters to be studied were socio-demographic data using semi-structured socio-demographic proforma and prasad's scale, opioid dependence syndrome in patients, sexual functioning using sexual dysfunction checklist, quality of Life Enjoyment and Satisfaction using Quality of Life using Enjoyment and Satisfaction Questionnaire-Short Form Scale.[4]

Sexual dysfunction checklist[5]—All the patients were assessed for the prevalence of one or more sexual dysfunction experienced over the past 12 months using a sexual dysfunction checklist. The checklist contains items corresponding to 12 areas of sexual dysfunction described in the Diagnostic Criteria for Research , ICD-10 Classification of Mental and Behavioural Disorders. Sexual dysfunction was rated for the last one year and temporary or situational complaints were ignored.

Mini International Neuropsychiatric Interview[6]-- The M.I.N.I. is a face-to-face, short , structured diagnostic interview designed to identify 10 psychiatric disorders .

Statistical analysis was done after completion of data collection using standard statistical method (SPSS version 20).

PARAMETERS OF THE OPIOID DEPENDENT MALE GROUP

Table 1: Relation Of Various Domains Of Quality Of Life With Domains Of Socio-demographic Profile Of Opioid Dependent Male Group By Anova.

SL. NO	ITEM		RESIDENCE	OCCUPATION	RELIGION	EDUCATION	SEC
1	PHYSICAL HEALTH	F/t(df)	2.851(2)	5.805(2)	.592(2)	.132(4)	1.877(3)
		P	.068	**.006**	.557	.970	.145
2	MOOD	F/t(df)	1.110(2)	2.791(2)	.300(2)	.606(4)	1.940(3)
		P	.338	.072	.742	.661	.136
3	WORK	F/t(df)	.515(2)	4.099(2)	1.709(2)	.955(4)	1.719(3)
		P	.601	**.023**	.192	.441	.176
4	HOUSE ACTIVITIES	F/t(df)	3.728(2)	.607(2)	.266(2)	1.396(4)	.840(3)
		P	**.031**	.549	.767	.251	.479
5	SOCIAL RELATION	F/t(df)	2.020(2)	.368(2)	.328(2)	2.611(4)	.584(3)
		P	.144	.694	.722	**.048**	.628
6	FAMILY RELATION	F/t(df)	1.483(2)	.270(2)	.244(2)	3.478(4)	.140(3)
		P	.237	.765	.785	**.015**	.935
7	LESIURE ACTIVITIES	F/t(df)	1.120(2)	.902(2)	.213(2)	.662(4)	2.348(3)
		P	.335	.413	.809	.622	.085

8	DAILY FUNCTION.	F/t(df)	1.238(2)	.318(2)	.281(2)	1.230(4)	1.346(3)
		P	.299	.729	.756	.312	.271
9	SEX DRIVE	F/t(df)	2.218(2)	2.990(2)	1.768(2)	5.615(4)	1.974(3)
		P	.120	.060	.182	**.001**	.131
10	ECONOMIC STATUS	F/t(df)	5.890(2)	15.444(2)	1.117(2)	5.573(4)	33.78(3)
		P	**.005**	**.000**	.336	**.001**	**.000**
11	HOUSING SITUATION	F/t(df)	2.981(2)	11.843(2)	1.735(2)	6.866(4)	15.79(3)
		P	.060	**.000**	.118	**.000**	**.000**
12	DIZZY FEELING	F/t(df)	2.456(2)	.787(2)	.888(2)	.761(4)	1.206(3)
		P	.097	.461	.418	.556	.318
13	HOBBIES	F/t(df)	1.383(2)	1.504(2)	.142(2)	.706(4)	.994(3)
		P	.261	.233	.868	.592	.404
14	OVERALL WELLB	F/t(df)	14.310(2)	2.846(2)	2.377(2)	4.184(4)	2.956(3)
		P	**.000**	.068	.104	**.006**	**.042**

TABLE 1 shows 6 domains of quality of life(Physical health, Social relationship, Economic status, Housing situation, Sexual drive & performance, Overall sense of well being)are significantly related (P<.05) with various domains of socio-demographic profile in opioid dependent male group.

Table 2: Sexual Dysfunction In Opioid Dependent Male Group.

Sl.no.	Items of sexual dysfunction checklist	N	Frequency	Percent
1	Aversion to sex	50	0	0%
2	Low sexual desire	50	20	40%
3	Difficulty achieving erection	50	11	22%
4	Difficulty maintaining erection	50	7	14%
5a	Premature ejaculation(<1min.)	50	20	40%
5b	Premature ejaculation(<3min)	50	4	8%
6	Inhibited /delayed ejaculation	50	7	14%
7	Orgasm with flaccid penis	50	5	10%
8	Anorgasmia	50	11	22%
9	Coital pain	50	1	2%
10	Frequency dissatisfaction	50	12	24%
11	Dissatisfaction of sexual relationship with partner	50	9	18%
12	Dissatisfaction with own sexual function	50	8	16%

Table 2 shows that 80% of opioid dependent male have sexual dysfunction. None of the subjects reported aversion to sex. Both low sexual desire and premature ejaculation(<1min.) was reported by 20 out of 50(40%) patients.

IMPACT OF SEXUAL DYSFUNCTION IN QUALITY OF LIFE IN OPIOID DEPENDENT MALE GROUP.

Table 3 Shows Univariate Analysis Of Variance Of Total Qol Score In Opioid Dependent Male With & Without Sexual Dysfunction.

	N	Total QOL score		F(df)	P
		Mean	S.E.		
Opioid dependent male with sexual dysfunction	40	38.228	.230	44.425(5)	.000
Opioid dependent male without sexual dysfunction	10	44.786	.559		

Table 5 shows opioid dependent male without sexual dysfunction have mean ± SE(44.786±.559) compared to opioid dependent male with sexual dysfunction(38.228±.230), the difference being statistically significance(F= 44.425, df= 5, P= .000) after taking into account the covariates _ age ', _occupation ', _education ' and _ socio-economic class ' between the two groups.

DISCUSSION:

Most of the patients of opioid dependence syndrome were from rural background and lower socio-economic class (class IV & V). In 50 opioid dependent male patient 80% were having sexual dysfunction. This finding is similar to the findings of Wong et al. [7] who found that 81% of opioid users men had sexual dysfunction. In our study, in opioid dependent male, the most frequent complaint was low sexual desire and premature ejaculation <1min (40% each) followed by frequency dissatisfaction (24%) and difficulty in achieving erection & anorgasmia (22% each) These findings are more or less similar to the previous studies. [8,9]

In opioid dependent males domains of socio-demographic data namely occupation, education and socio-economic class were significantly associated (P<0.05) with total quality of life score. This is corroborated with results of Srivastava S et al. who found that patient's monthly income was significantly associated with improvement in environmental domain of quality of life.[7]

Previously Althof noted that erectile dysfunction had a strong impact on quality of life. In our study also there was lower total quality of life score in both alcohol and opioid dependent male patients with sexual dysfunction than those without sexual dysfunction (P< 0.05). [13-17]

CLINICAL RELEVANCE-

Early recognition of sexual dysfunction will lead to better choice of medication , behaviour therapy and treatment plan with a favourable side effect profile and use of pharmacologic interventions whenever necessary to improve the overall quality of life in alcohol and opioid dependent male populations.

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