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A STUDY ON EVALUATION OF SEXUAL DYSFUNCTION IN MALE PATIENTS WITH ALCOHOL DEPENDENCE SYNDROME IN A PERIPHERAL TERTIARY CENTRE OF KARNATAKA

Psychiatry

Dr. Rajat Shubhra Das 3rd year Postgraduate, Department of Psychiatry, Sri Siddhartha Medical College, Tumakuru

Prof. Dr. Sathyanarayana M.T Professor and H.O.D, Department of Psychiatry, Sri Siddhartha Medical College, Tumakuru

Dr. Dhanashree Akshatha H.S Associate Professor, Department of Psychiatry, Sri Siddhartha Medical College, Tumakuru

ABSTRACT

Background: Conflicting to the popular belief concerning the erogenous effects of alcohol, there exists scientific evidence which conclude on sexual dysfunction caused by chronic alcohol use, which leads to marked distress and interpersonal difficulty. **Aim:** To estimate the relationship between sexual dysfunction in male patients with alcohol dependence syndrome. **Materials and Methods:** The study employed a cross-sectional descriptive design and recruited 47 male patients who came for de-addiction in a tertiary care centre. The evaluation was conducted using a specially designed intake proforma and tools such as Severity of Alcohol Dependence Questionnaire, Arizona Sexual Experience Scale, and International Classification of Disease 10 DCR. **Results:** 74.5% of the patients had sexual dysfunction – the most common type being dysfunction in achieving orgasm (74.5%), followed by unsatisfied sexual pleasure (66%), difficulty in sexual arousal (53.2%), and erectile dysfunction (46.8%). Sexual dysfunction was found to be significantly associated with the duration of alcohol dependence, amount of alcohol consumed per day, and severity of alcohol dependence. **Conclusions:** The study highlights the detrimental effects of alcohol on sexual function that we can use in motivational interviewing of patients with alcohol dependence syndrome.

KEYWORDS

INTRODUCTION

Alcohol Dependence Syndrome (ADS) is defined as a cluster of behavioural, cognitive and physiological phenomena that develop after repeated alcohol use and that typically include -

- a strong desire to consume alcohol,
- difficulties in controlling its use,
- persisting in its use despite harmful consequences,
- a higher priority given to alcohol use than to other activities and obligations,
- increased tolerance and
- a physiological withdrawal state

Proper sexual functioning provides a sense of psychological, physical, and social well-being and is one of the most important elements of quality of life. Although alcohol may foster the initiation of sexual activity by relieving anxiety and inhibitions,[1] persistent and chronic use of alcohol is known to induce sexual dysfunction. Sexual disorders ranging from 8% to 95.2% have been reported in men who have chronic alcohol use.[2-8] The common dysfunctions reported were lack of sexual desire,[2-4] and erectile dysfunction.[6,8]

The spectrum of sexual dysfunction encompasses:

1. Decreased sexual desire—persistent or recurrent deficiency or absence of desire for sexual activity giving rise to marked distress and interpersonal difficulty
2. Sexual aversion disorder—persistent or recurrent aversion and avoidance of all genital sexual contact leading to marked distress and interpersonal difficulty
3. Difficulty in erection—recurrent or persistent, partial or complete failure to attain or maintain an erection until the completion of the act
4. Difficulty in achieving orgasm—persistent or recurrent delay in or absence of orgasm, following a normal sexual excitement phase

The present study was undertaken with the aim of assessing the prevalence of sexual dysfunction in male patients with ADS to explore the relationship between amount of alcohol consumed as well as severity of alcohol dependence and sexual dysfunction, to find the correlates of sexual dysfunction in patients with alcohol dependence syndrome.

The exclusion of female population was necessitated by the fact that the prevalence of ADS among female subjects was found to be very few (male:female ratio was 57:1) [14]

Inclusion Criteria:

Male patients-

1. who are married (21 years of age and above) or in a stable sexual relationship and who give informed consent.
2. referred to Dept of Psychiatry by physician after evaluation for medical causes
3. who are diagnosed to have ADS or alcohol harmful use by Consultant Psychiatrist of Dept. of Psychiatry, SSMC, according to ICD-10.
4. Aged between 21 and 60 years of age

Exclusion Criteria:

Patients-

1. who are diagnosed in the past or currently of any other psychiatric disorders (other than Tobacco Dependence Syndrome or any listed in section F52.9 in ICD-10, past adjustment disorder) as evaluated by the consultant psychiatrists.
2. who are suffering from gender identity disorder, disorders of sexual preference or others mentioned from F64 to F66
3. who are not having sexual intercourse with their wives/or sexual partners due to any other reason other than sexual dysfunction (religious, cultural, interpersonal, legal)
4. who have organic sexual dysfunction, the presence of life-threatening or functionally severely limiting medical illness (eg. Diabetes mellitus, Hypertension, neoplasm, asthma, etc.)
5. with any neurological deficit (d/t head injury, CVA etc.)
6. taking medications causing sexual dysfunction (eg. cimetidine, bethanidine, etc)
7. Medical, psychiatric or surgical ailments in the wife which has hampered the regular sexual intercourse

MATERIALS AND METHODS:

This cross-sectional study was conducted in the Department of Psychiatry, SSMC, Tumakuru, over a period of 3 months. A total of 47 consecutive male patients who were diagnosed with ADS according to the ICD-10 DCR, who also fulfilled the inclusion and exclusion criteria were included in the study. To avoid bias, the ratings were sought after the withdrawal period was completely over and ensuring that the patients were detoxified with benzodiazepines.

1. Instruments:

1. Semi-structured proforma:

This is to elicit information on various socio-demographic details like

age, education, occupation, religion, socioeconomic status, etc., and various clinical details related to alcohol use and sexual dysfunction.

2. Severity of Alcohol Dependence Questionnaire (SADQ):
It is a 20-item clinical screening tool designed to measure the presence and level of alcohol dependence. Each item is scored on a 4-point scale giving a scoring range of 0 to 60.(15)

3. Arizona Sexual Experience Scale (ASEX):
This scale is intended for assessment of sexual dysfunction in psychiatric patients and people with health problems. It is made up of 5 items rated on 6-point Likert scale. (7)

Statistical analysis
Data was analysed using descriptive statistics such as frequency and percentage for categorical variables and median values for continuous variables. Chi-square test and Analysis of variance (ANOVA) were used to evaluate the statistical significance of bivariate associations. For all the tests, the statistical significance was fixed at 5% level ($P < 0.05$)

RESULTS:
The mean age of the patients was 41.72 years (range: 28–58 years). Out of the 47 patients in our study sample, 34% educated up to primary school, 36% up to middle school, 17% up to high school, intermediate & graduation up to 4.3% each. All of them were employed, of which 46.8% were unskilled workers & 40.4% were semi-skilled workers.

Table1: Descriptive statistics

Variable	Mean	Median	Std. Deviation	Minimum	Maximum
Duration of Marriage	14.9	12	8.3	4	33
Age at Marriage	27.2	27	3.0	22	41
Age at 1st Drink	28.6	29	3.6	17	36
Duration of Dependence	12.7	11	7.7	1	30
Quantity consumed	266.2	270	77.3	180	450

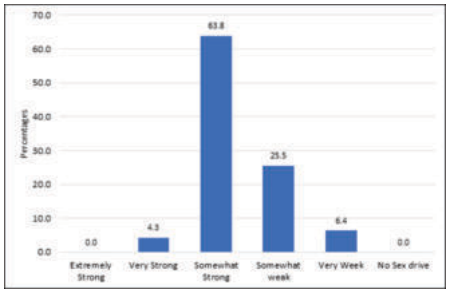

Figure1: SEX DRIVE

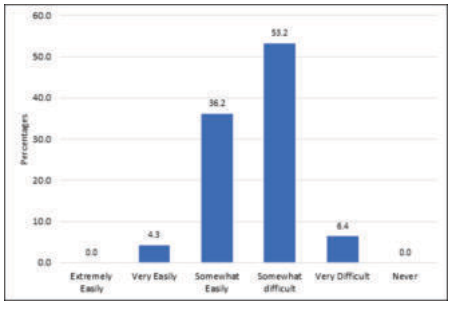

Figure2: SEXUAL AROUSAL

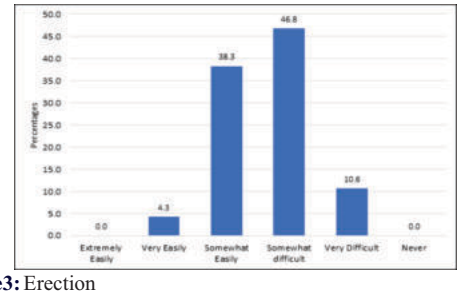

Figure3: Erection

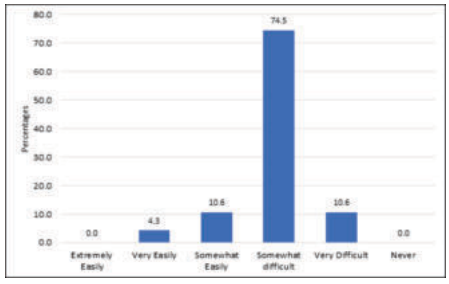

Figure4: Orgasm

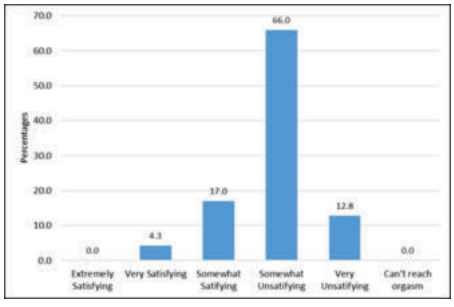

Figure5: Satisfaction

Table2: ASEX and SADQ scales

	Mean	Median	Std. Deviation	Minimum	Maximum
ASEX	18.4	19	3.1	10	25
SADQ	24.8	27	7.7	8	50

Table3: Correlation Between Asex And Continuous Variables

Variable	Correlation	P-value
Age	-0.055	0.716
Duration of Marriage	-0.082	0.585
Age at Marriage	0.042	0.781
Type of Marriage	0.128	0.391
Age at 1st Drink	0.168	0.259
Onset of Dependence	-0.193	0.193
Duration of Dependence	0.046	0.757
Quantity/Day	.701**	0.000

DISCUSSION:
In this study, appropriate inclusion and exclusion criteria were followed to ensure that the reported sexual dysfunctions were exclusively due to deleterious effects of alcohol on reproductive system The mean age of our study sample was 41.72 years. It was close to the findings of other similar studies by Arackal and Benegal,[10] where the mean age was approximately 37 years, whereas it was 39 years, in the study conducted by Saha.[16]

The mean quantity of alcohol consumed per day was 266.2ml IMFL. 34% had family history of alcohol consumption. About 72% had moderate alcohol dependence when SADQ was administered. The mean duration of alcohol dependence was 12.7 years that reflected the use of alcohol for a fairly long duration In our study, we found that sexual dysfunction was present in 74.5% of the patients, replicating the previous study findings [9-11].There was a notable difficulty in sex drive in sexual arousal in 25 patients (53.2%), erection in 22 patients (46.8%) and orgasm in 35 patients (74.5%) with 31 patients (66%) having an unsatisfied sexual pleasure.Sexual dysfunction was present in 72% of the study population as reported by Arackal and Benegal.[10]

Sexual dysfunction had a significant association with the duration of alcohol dependence.In the study done by Saha,[16] the chance of developing sexual dysfunction appears to increase with increasing years of alcohol consumed. This finding was different from the study of Arackal and Benegal,[10] in which no significant association was found with factors such as duration of alcohol consumption, age at first drink, pattern of drinking, type of alcohol consumed, or with family history of alcohol use. In a pilot study conducted by Mandell and Miller [15] the quantity, frequency, and duration of drinking, from

onset of regular drinking to present, were related to sexual dysfunction. As the duration of dependence increases, the cumulative effects of alcohol on CNS, gonadal systems will result in the greater severity of sexual dysfunction.

The results of this study show the need to regularly assess sexual function in ADS patients. Sensitization programs at schools and colleges highlighting this aspect, as well as interventional programs and treatment effectiveness studies, comparing the various methods to correct alcohol-induced sexual dysfunction, can be tried

CONCLUSION:

Our study highlights the hazardous effects of alcohol on the sexual functioning of alcohol dependent males. This can be used in terms of awareness creation, improvising de-addiction services and hence convince the physician for the need for regular assessment of sexual dysfunction in patients of ADS.

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No

Conflict of Interest:

No conflict of interest

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