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TO STUDY THE PSYCHOSEXUAL DISORDERS IN MALE PATIENT WITH PSYCHIATRIC ILLNESS ATTENDING PSYCHIATRIC OUTPATIENT CLINIC IN TERTIARY CARE HOSPITAL

Psychiatry

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ABSTRACT

One of most prevalent signs in depression is sexual dysfunction. Although decreased libido is the most prevalent symptom, other possible symptoms include trouble achieving or maintaining an 'orgasm', 'male erectile dysfunction', and issues with 'sexual desire'. 'Anxiety' is usually common mechanism via which biological, psychological', social, and moral factor contribute to the weakening of the 'sexual response'. The 'neurobiological expression' of anxiety is a complicated subject, although it mostly includes the release of adrenergic neurotransmitters.Arousal, orgasms, and sexual performance can all be adversely affected by sympathetic dominance.100 male subjects were included for the study which were aged between 18-55 years of age and diagnosed with depression and anxiety disorders. The patients were evaluated and Detailed Proforma of psychosexual disorder including socio-demographic details, marital history, relationship with partner, sexual history, present sexual functioning, physical examination, mental status examination,libido/interest, arousal/ performance and ejaculation/orgasm satisfaction will be recorded for every case. Using the 'Hamilton Anxiety Rating Scale' (HAM-A) and 'Hamilton Depression Rating Scale' (HAM-D), the cases will be evaluated for the intensity of their anxiety and/or depression symptoms. The 'Arizona Sexual Experiences Scale' (ASEX) will be used to measure the cases 'sex drive', 'arousal', 'penile erection', 'orgasmic ability', & 'orgasmic satisfaction'. The findings indicate moderate levels of sexual dysfunction, with orgasm satisfaction being the most affected domain. In our study sex drive dysfunction, arousal dysfunction, erection dysfunction, orgasm dysfunction, and orgasm satisfaction dysfunction were 70%,70.8%,71%,72.2% and 77.8% respectively. Pearson correlation between 'Hamilton Anxiety Rating Scale score' & ASEX [Total] was r=0.2614 (P=.008615) there is strong positive correlation between HAM-A and ASEX Total score and Pearson correlation between 'Hamilton Depression Rating Scale score' & ASEX [Total] was r value 0.3813(p value .000091)there is strong positive correlation between HAM-D and ASEX Total score

KEYWORDS

Psychosexual Disorders, Anxiety Disorders, Depression Disorders, Arizona Sexual Rating Scale

INTRODUCTION:

A mental condition called depression results in enduring emotions of melancholy, worthlessness, and hopelessness. There is much more to depression than just sadness. It can be severe enough to cause low energy and loss of interest, which can disrupt relationships, job, school, college, and other everyday activities. A mix of biological, environmental, and psychological variables can lead to depression.[1]

'Post-traumatic stress disorder' PTSD, 'obsessive and compulsive disorder' OCD, 'social anxiety disorder', 'panic disorder', 'generalized anxiety disorder' GAD, and different phobias are examples of 'anxiety disorders'. Anxiety, worry, and fear are hallmarks of certain mental diseases. It is estimated that 3.6percent of people globally suffered from anxiety disorders in year 2015. Similar to prevalence of depression, Women are more likely than men to suffer from anxiety disorders. (4.6% versus 2.6% globally). An estimated 264 million people worldwide are thought to suffer from anxiety disorders. Due to the increase in the world's population and people ageing, this amount for 2015 represents a 14.9% increase since 2005.[2]

Human sexuality is multifaceted and intricate, encompassing social, cultural, psychological, and pleasure dimensions. Sexual issues that arise from psychological causes rather than clinical conditions are referred to as psychosexual disorders. They are frequently brought on by environmental, psychological, or physical reasons. [3]

One of most prevalent signs in depression is sexual dysfunction. Although decreased libido is the most prevalent symptom, other possible symptoms include trouble achieving or maintaining an 'orgasm', 'male erectile dysfunction', and issues with 'sexual desire'.[4]

'Anxiety' is usually common mechanism via which biological, psychological', social, and moral factor contribute to the weakening of the 'sexual response'. The 'neurobiological expression' of anxiety is a complicated subject, although it mostly includes the release of adrenergic neurotransmitters, particularly Norepinephrine and adrenaline. Arousal, orgasms, and sexual performance can all be adversely affected by sympathetic dominance.[5][6]

Anxiety, which is triggered by various stressors, can detract from sensual sensations and reduce sexual arousal, mostly by raising the sympathetic tone. Male erection problems may result from this [7][8]

MATERIALAND METHODS:

The cases will be included from outpatient unit (OPD) of department of Psychiarty, Muzaffarnagar Medical College And Hospital.100 subjects will be included for the study

The patients were evaluated and Detailed Proforma of psychosexual disorder including socio-demographic details and marital history, relationship with partner, sexual history, present sexual functioning, physical examination &mental status examination, libido/interest, arousal/ performance and ejaculation/orgasm satisfaction will be recorded for every case.

Using the 'Hamilton Anxiety Rating Scale' (HAM-A) and 'Hamilton Depression Rating Scale' (HAM-D), the cases will be evaluated for the intensity of their anxiety and/or depression symptoms.

The 'Arizona Sexual Experiences Scale' (ASEX) will be used to measure the cases 'sex drive', 'arousal', 'penile erection', 'orgasmic ability', and 'orgasmic satisfaction'.

The results obtained will be evaluated using appropriate statistical analyses tools

TOOLS:

1.Semi-structured interview Performa: will be used to collect

- Socio-demographic data patient name, age, gender, religion, martial status, occupation, qualifiaction, domicile, number of family, family type.
- clinical details regarding onset, duration, progression, severity of depression and or anxiety symptoms, including details regarding medication, other relevant clinical information including time since first contact with mental health service, knowledge and understanding about diagnosis significant past/personal/family history/substance use history.
- Psychosexual data marital history, relationship with partner, sexual history, present sexual functioning, physical examination & mental status examination, libido/interest, arousal/performance and ejaculation/orgasm satisfaction.

2. Hamilton Depression Rating Scale (HAM – D)- One popular clinical instrument for determining a person level of depression. Depending on the edition, it has 17–24 items that measure several aspects of depression, including mood, hunger, anxiety, insomnia, and suicidal thoughts.

3. Hamilton Anxiety Rating Scale (HAM –A)- A popular clinical instrument for determining intensity of 'anxiety symptoms' has 14

items with ratings ranging from 0 to 4. These items cover physiological (such as muscle tension, dizziness, palpitations, and nausea) and psychological (such as anxious mood, tension, fears, and difficulties concentrating) symptoms of anxiety.

4. Arizona Sexual Experiences scale (ASEX)- is used to evaluates how well females and males function sexually. five basic domains of sexual function that are assessed are 'arousal', 'penile erection/vaginal lubrication', 'orgasm ability', 'orgasm satisfaction' & 'sex drive'.

RESULTS:

Regarding sexual functioning, 'Arizona Sexual Experience Scale' (ASEX) total mean score was 18.05 (SD = 7.70). The specific ASEX domains were measured as follows:

1. Sex Drive at 70% (mean = 3.5, SD = 1.68)
2. Arousal at 70.8% (mean = 3.54, SD = 1.66)
3. Erection at 71% (mean = 3.55, SD = 1.56)
4. Ability to Reach Orgasm at 72.2% (mean = 3.61, SD = 1.59)
5. Orgasm Satisfaction at 77.8% (mean = 3.89, SD = 1.64)

These findings indicate moderate levels of sexual dysfunction, with orgasm satisfaction being the most affected domain. In our study sex drive dysfunction, arousal dysfunction, erection dysfunction, orgasm dysfunction, and orgasm satisfaction dysfunction were 70%,70.8%,71%,72.2% and 77.8% (Respectively).

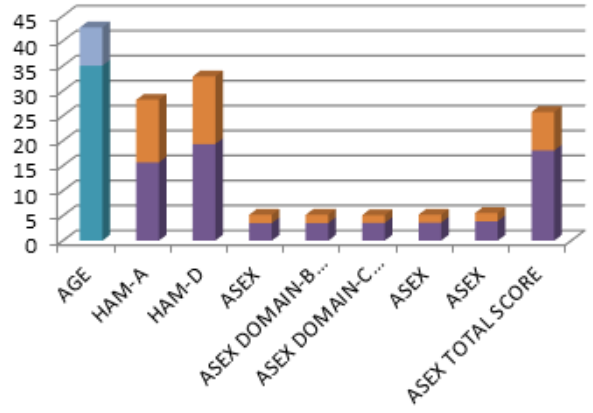

Figure 1. Observational Sheet Composite Table

CORRELATION BETWEEN HAM-A and 'ARIZONA SEXUAL EXPERIENCE SCALE' [ASEX] TOTAL

TABLE 1.

X – Mx	Y - My	(X - Mx)2	(Y - My)2	(X - Mx) (Y - My)	R Value	p Value	Remarks
Mx: 15.670	My: 18.050	Sum: 15760.110	Sum: 5930.750	Sum: 2527.650	0.2614	.008615	Significant (at p < .05)

Pearson correlation between 'Hamilton Anxiety Rating Scale score' & ASEX [Total] was r=0.2614 (*P*=.008615).

CORRELATION BETWEEN HAM-D and 'ARIZONA SEXUAL EXPERIENCE SCALE' [ASEX] TOTAL

TABLE 2.

X – Mx	Y - My	(X - Mx)2	(Y - My)2	(X - Mx) (Y - My)	R Value	p Value	Remarks
Mx: 19.350	My: 18.050	Sum: 18310.750	Sum: 5930.750	Sum: 3973.250	0.3813	.000091	Significant (at p < .05)

Pearson correlation between 'Hamilton Depression Rating Scale score' & ASEX [Total] was r value 0.3813(*p value* .000091).

CONCLUSION:

The specific ASEX domains were measured as follows: Sex Drive at 70% (mean = 3.5, SD = 1.68), Arousal at 70.8% (mean = 3.54, SD = 1.66), Erection at 71% (mean = 3.55, SD = 1.56), Ability to Reach Orgasm at 72.2% (mean = 3.61, SD = 1.59), and Orgasm Satisfaction at 77.8% (mean = 3.89, SD = 1.64). These findings indicate moderate levels of sexual dysfunction, with orgasm satisfaction being the most affected domain. Thus this study highlights that symptoms of depression and anxiety disorders can negatively impact specific areas including sexual functioning, libido, arousal, erectile function and the overall sexual satisfaction. The results also reinforce the hypothesis that individuals diagnosed with depression and anxiety disorders tend to exhibit lower sexual functioning in certain domains compared to those without these type of mental health conditions.

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