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COMORBID GENERALISED ANXIETY DISORDER AND DEPRESSION IN MEN WITH PREMATURE EJACULATION

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ABSTRACT

The purpose of this study is to assess the presence and prevalence of comorbid generalized anxiety disorder [GAD] and depression in patients presenting primarily with premature ejaculation [PME].
PME was diagnosed according to ICD-10 Criteria, and then they were screened for the presence of GAD and depression using GENERALISED ANXIETY DISORDER -7, [GAD-7] and PATIENT HEALTH QUESTIONNAIRE – 9 [PHQ-9] scales respectively.

KEYWORDS PREMATURE EJACULATION, DEPRESSION, ANXIETY.

INTRODUCTION

The purpose of this study is to highlight the presence of comorbid GAD and Depression in patients presenting with Premature ejaculation [PME]. The term comorbid in medicine can be defined as a disease or condition that occurs at the same time as another illness [1]. The prevalence of PME varies between 20 to 30% in males [2.3,4,5]. Several studies have reported high comorbidity between anxiety, depression and PME.[6,7]. Negative cognitions about not being able to satisfy his partner, free floating anxiety and fears about future sexual performance are the usual accompanying factors in PME patients.[8,9,10,11,12].

The continuum between GAD and PME can be postulated as 1. GAD patients may have PME 2.PME may result in anxiety secondarily 3.GAD is at present not seen to be a primary accepted etiological cause of PME and 4.anxiety and PME may represent two sides of the same coin as there are similarities in both biological mechanisms and treatment of GAD and PME [10,11,12,13,14,15]. Prevalence of comorbid GAD in patients with PME is about 25%[6,16]

Similarly, though there is no definite etiological role for depression in PME, there may be a link, as mind will always share its problems with the human body and the result maybe a disorder like PME.[17,18.]

Depressed persons have a increased risk of developing PME and higher prevalence of depression is found particularly in acquired subtype of PME patients[19]. Further PME patients have decreased self esteem, and decreased satisfaction in sexual life, which may secondarily lead to depression[20,21].

The relationship between GAD ,Depression and PME can be further explained by the fact that serotonin is the key neurotransmitter in all these conditions. [22,23]. The prevalence rate of comorbid depression in PME is also about 25%[24,25].

MATERIALS AND METHODS

This study was carried out in a psychiatric outpatient clinic, between march 2016 to feb 2017, in patients presenting with PME. The total no of patients with PME who participated in the study was 160. The patients who satisfied ICD-10 criteria for PME were selected. At the outset itself GAD-7[26] and PHQ-9 [27] scales were applied to these patients and the results recorded.

INCLUSION CRITERIA

1. Patients satisfying ICD-10 criteria for PME.
2. Heterosexual male patients

EXCLUSION CRITERIA

1. Patients with known psychiatric illness.
2. Patients with associated erectile dysfunction
3. Patients who were on antipsychotics, antidepressants, anxiolytics

Mood stabilizers and phosphodiesterase 5 inhibitors.

In GAD -7 the total score for the seven items ranges from 0 to 21. Scores of 5, 10, 15 represent cut points for mild moderate and severe anxiety respectively.

In PHQ-9 the total score for the nine items range from 0 to 27. Scores of 5, 10, 15 and 20 represent Cut points for mild, moderate, moderately severe and severe depression respectively. Both GAD-7 and PHQ-9 are popular and scientifically validated scales for diagnosing GAD and Depression respectively[26,27, 28,29].

RESULTS AND DISCUSSION

The total no of PME patients in this study was 160. Both GAD-7 and PHQ-9 were applied to these patients and the results tabulated.

TABLE-1

Total no of PME patients	160
No of PME patients diagnosed with GAD	47
Percentage of PME patients with comorbid GAD	29.37%

Out of 160 patients with PME 47 persons were diagnosed as having GAD based on GAD-7.[Table-1]

TABLE-2

Total no of PME patients	160
No of PME patients with mild Symptoms	22
Percentage of PME patients with mild Symptoms	13.75%

TABLE-3

Total no of PME patients	160
No of PME patients with moderate Symptoms	25
Percentage of PME patients with moderate Symptoms	15.62%

Out of the total 47 patients with GAD , 22 belong to mild category and 25 belong to moderate category. [Table2and3]. The prevalence of comorbid GAD in PME patients is 29.37% Of this mild and moderate category amount to 13.75% and 15.62% respectively.

TABLE-4

Total no of PME patients	160
No of PME patients diagnosed with depression	42
Percentage of PME patients with comorbid depression	26.25%

Out of 160 PME patients 42 had comorbid depression [Table-4]

TABLE-5

Total no of PME patients	160
No of PME patients diagnosed with mild depression	17
Percentage of PME patients diagnosed with mild depression	10.62

TABLE-6

Total no of PME patients	160
No of PME patients with moderate depression	13
Percentage of PME patients diagnosed with moderate depression	8.12%

TABLE-7

Total no of PME patients	160
No of PME patients with moderately severe depression	12
Percentage of PME	7.5%

Out of the total 42 patients with depression 17 belong to mild 13 belong to moderate and 12 belong to moderately severe categories of depression respectively [Table4,5,6,7]. The prevalence of comorbid depression in PME patients is 26.25%[Table – 4]. Of this mild moderate and moderately severe categories amount to 10.62%, 8.12% and 7.5% respectively [Tables 5,6,7]

CONCLUSION

This study confirms the presence of comorbid GAD and depression in some patients with PME. The results show that prevalence of comorbid GAD, and depression in PME patients is about 29.37% and 26.25% respectively. The results stress the importance of looking for other comorbid psychiatric disorders in patients presenting with PME, Treating PME alone without treating the comorbid depression or GAD will not lead to expected recovery.

REFERENCES

1. Mc-Graw-Hill concise dictionary of modern medicine [2002]
2. Verma KK, Khaitan BK, Singh OP. The frequency of sexual dysfunction in patients attending a sex therapy clinic in north india. Arch Sex Behav1998 ; 27 :309 – 314
3. .Bagadia VN, Dave KP, PradanPV,ShahLP.Study of 258 male patients with sexual problems. Indian J Psychiatry 1972; 14 : 143 – 51.
4. Carson C, Gunn K. Premature Ejaculation definition and prevalence. Int J Impot Res 2006 ;sep – octsuppl 1: S 5 – 13
5. Theodore Robert Saitz and EgecanSerefoglu. The epidemiology of premature ejaculation. Trans AndrolUrol 2016 Aug ; 5 [4] :409 – 415
6. EjderAkgunYildirim, SengulCavas ,MunevverHacioglu, MedaimYanik. Axis 1 psychiatric comorbidity in heterosexual men Suffering from premature ejaculation. Arch Neuropsychiatry 2011 ; 48 : 16 – 23
7. Coretti G, Pierucci S, De scisciolοM,Nisita C. Comorbidity between social phobia and Premature ejaculation: study on 242 males affected by sexual disorders. J Sex Marital Ther 2006- –Apr ; 32 [2] : 183 – 7
8. Zibergeld B. The new male sexuality NewYork : Bantam Books ; 1993
9. Williams W. Secondary premature ejaculation. Aust NZ J Psychiatry. 1984; 18 : 333-340 10. Dunn KM, Croft PR, Haekett GI, Association of sexual problem with social, psychological and physical problems in men and women : a cross sectional population Survey. J Epedemiol Community Health 1999 ; 53 : 144- 148
11. Barlow DH. The causes of sexual dysfunction : The role of anxiety and cognitive interference. J Consult ClinPsychol1986 ; 54 : 140 – 148
12. Rajkumar PP, Kumaran AK. The association of anxiety with the subtypes of premature ejaculation, A chart review, The primary core companion for CNS disorders.2014;16[4]:10.4088
13. Corona G, Mannuci E, Petrone L etal. Psychobiological correlates of free floating anxiety symptoms in male patients with sexual dysfunction. J Androl2006 ; 27 : 86 – 93
14. Redmond DE, Kustan TR, Reiser MF. Spontaneous ejaculation associated with anxiety , Psychophysiological consideration, Am J Psychiatry. 1983; 140 : 1163 – 1166
15. Althof SE, Leiblum SR, Chevret-Mearson M etal. Psychological and interpersonal dimensions of sexual function and dysfunction. J Sex Med 2005 ; 2 : 793 – 800
16. Carvalho J, Nobre P. Biopsychosocial determinants of men's sexual desires : Testing an integrative model. J Sex Med. 2011 Mar ; 8 [3] : 754 – 63
17. Van Lankveld JJ, Grotjohann Y. Psychiatric comorbidity in heterosexual couples with sexual dysfunction assessed with the composite international diagnostic interview Arch Sex Behav 2000 oct ; 29 [5] : 479 – 498
18. Rowland DL, Patrick DL, Rotham M. The psychological burden of premature ejaculation. J Urol. 2007 Mar ; 177 [3] : 1065 – 70
19. Gao J, Zhang X , Su P, Pengetal. The impact of intravaginal ejaculation latency time and erectile dysfunction on anxiety and depression in the four types of premature ejaculation : a large cross sectional study in chinese population. J Sex Med. 2014 feb ; 11 [2] :521 – 8
20. Zhang X ,Gao J, Liu J, Xinetal. Prevalence rate and risk factors of depression in out patients with premature ejaculation.Biomed ResInt 2013 ; 2013[] : 317468
21. Son H, Song SH, Lee JY, Paicketal. Relationship between premature ejaculation and depression in Korean males. Jour of Sex Med 2011 vol : 8 [7] 2062 – 2070
22. Castiglione F, Alberten M, Hedlund P, Gratzkeetal. Current pharmacological management of premature ejaculation : A systematic review and meta analysis. EurUrol . 2016 May: 69 [5] : 904 – 16
23. Powersmith P. Beneficial sexual side effects from fluoxetine. Br J Psychiatry.1994; 164 : 249 – 250
24. Zemishlany Z, Weizman A. The impact of mental illness on sexual dysfunction. AdvPsychosom Med 2008 ; 29: 89 – 106
25. Rajkumar RP, Kumaran AK.Depression and anxiety in men with sexual dysfunction a retrospective study.Compr Psychiatry 2015 Jul ; 60 : 114 – 118
26. Spitzer RL, Kroenke K, Williams JBW. A brief measure for assessing generalized anxiety disorder : The GAD – 7. Arch Intern Med 2006 ; 166 : 1092 – 1097
27. Kroenke K, Spitzer RL. The PHQ -9 .A new depression diagnostic and severity measure. Psychiatric Annals 2003 ; 32 : 509 – 521
28. Lowe B, Unutzer J, Callahan CM, Perkins etal. Monitoring depression treatmeny outcomes with the Patient Health Questionnaire -9.MedCare2004 ; 42 : 1194 – 1201
29. Spitzer RL, William JBW, Kroenkeetal. Validity and utility of the patient health questionnaire in assessment of 3000 obstetrics –gynaecologic patients. Am J ObstetGynecol 2000; 183 : 759- 769