

Co-morbid Psychiatric Disorder among the Female Patients with Sexual Dysfunction in a Tertiary Hospital of Bangladesh

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The proportion of psychiatric co-morbidity in female patients with sexual dysfunction investigated in this study. Female patients who attended in Outpatient Department (OPD) of BSMMU, Dhaka complaining of sexual dysfunction were recruited for study purposes. Types of sexual dysfunction were evaluated according to DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders 4th Edition, Text Revision). The psychiatric diagnosis was established on the basis of DSM-IV-TR by the structured instrument SCID-CV (Structured Clinical Interview for DSM- IV Axis-1 Disorders- Clinician Version). The study included 68 Female patients of 18-56 years old (mean age \pm SD 30.57 \pm 13.32) with sexual dysfunction. Most patients (67.6 %) were classified with Dyspareunia. A detectable psychiatric condition was present in 66.2 % of the patients, including anxiety disorder in 29.4%, depressive disorder in 26.5%, panic disorder without agoraphobia in 10.3 %. There was no significant association between psychiatric disorder with age, habit, religion and occupation ($p > 0.05$). However, statistical association was found among psychiatric disorder with education and marital status ($p < 0.05$). Psychiatric co-morbidity is highly prevalent in Female patients with sexual dysfunction, potentially affecting treatment outcome

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Introduction

Sex is one of the basic biological drives. All grown up and healthy individual have this drive. But for some strange reasons in many cultures, including Bangladesh, sex is viewed as something not to be talked about. Even the word sex is tabooed. As a result many female patient of Bangladesh do not have correct knowledge on sexuality which in turn paves the way to the development of misconceptions, fear, anxiety and many other psychological problems related to sex. We know very little about what is healthy sexuality and what is its problem.

In DSM-IV-TR, a sexual dysfunction is characterized by disturbance in sexual desire and in the psychophysiological changes that characterize the sexual response cycle or by pain associated with sexual intercourse and cause marked distress and interpersonal difficulty. Seven major categories of sexual dysfunction are listed in DSM-IV-TR. Sexual desire disorders, sexual arousal disorders, orgasmic disorders, sexual pain disorders, sexual dysfunction caused by a general medical condition, substance induced sexual dysfunction and sexual dysfunction not otherwise specified.¹

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Based on the community study, sexual dysfunctions are highly prevalent in both sexes, ranging from 25% to 63% of women. In the United States a national probability sample of 1749 women between 18 to 59 years at the time of survey conducted by Laumann et al. (1999) was found 43% of women were suffering from sexual dysfunction.² In the United Kingdom, Read et al. (1997) carried a survey of sexual dysfunction that found 42% of women reported some form of specific sexual dysfunction: vaginismus (30%) & anorgasmia (23%) in female.³

Sexual dysfunctions are frequently associated with other mental disorders, such as depressive disorders, anxiety disorders, schizophrenia and personality disorders. In India Banerjee et al. (1987) revealed depression of moderate to severe degree was present in more than 75% of cases.⁴ In Netherlands, psychiatric co-morbidity in heterosexual couple with sexual dysfunction assessed with the Composite International Diagnostic Interview conducted by Jacques et al. (2000) found life time anxiety disorder (20.4%) and affective disorder (38.3%) in female.⁵

A series of visits to the outpatient department (OPD) of Gynaecology and Obstetrics, of Bangabandhu Sheikh Mujib Medical University (BSMMU) and interacting to the treating doctor it is evident that a substantial number of female patients have some psychiatric co-morbidity. Among them significant number of the female patients are suffering from anxiety and depression.

Methods

This was a descriptive, cross sectional, analytical and comparative study carried out in BSMMU, Dhaka, Bangladesh from January 2008 to December 2008. Sample size of the study was 68 female patients. Purposive sampling technique was applied for the target population. Data were collected from OPD of Gynaecology and Obstetrics of BSMMU. Patients register of OPD were taken as sampling frame. Those patients who complained of sexual problems were identified by consultant of OPD. The diagnosis of sexual dysfunction was done by a psychiatrist as per DSM-IV-TR. Patients were interviewed next face to face by using a structured questionnaire for socio-demographic and relevant variables. The psychiatric diagnosis was established on the basis of DSM-IV-TR by the structured instrument SCID-CV (Structured Clinical Interview for DSM-IV Axis-1 Disorders-Clinician Version). Data analysis was performed by Statistical Package for Social Science (SPSS), version-11.5. Then the prevalence of psychiatric disorder of female patients with sexual dysfunction was estimated and Chi-square test was applied.

Results

A total number of 68 female patients with sexual dysfunction were evaluated with using SCID-CV. Among the respondents, 45 patients were found to have associated psychiatric disorders in Axis-I diagnosis of DSM-IV. Therefore, prevalence of psychiatric co-morbidity was found 66.2 %.

Table I: Distribution of female patients by co-morbid psychiatric disorder

Co-morbid Psychiatric disorder	Frequency	Percent
Present	45	66.2
Absent	23	33.8
Total	68	100

66.2 % of the patients with sexual dysfunction had co-morbid psychiatric disorders whereas 33.8% patients did not have co-morbid psychiatric disorder.

Table II: Socio-demographic characteristics of the female patients (n=68)

Characteristics	Frequency	%
Age in years		
18-27	12	17.6
28-37	43	63.2
38-47	13	19.2
Education		
Literate	65	95.6
Illiterate	3	4.4
Marital status		
Unmarried	1	1.5
Married	67	98.5
Habitat		
Urban	26	38.2
Rural	42	61.8

A total of 68 patients attended in the respective OPD were interviewed. The mean age of the patients was 30.57 ± 13.32 , ranging from 18 to 56 years. Most of the patients were in the age group 28 - 37 years (63.2%) followed by in the range of 38-47 years (19.2%), 18 - 27 years' age group having 17.6 %. It was found that a few patients were illiterate (4.4 %). Most of the patients were married (98.5%). Regarding the residence, 61.8 % were residing in the rural area and 38.2 % were in the urban area.

Table III: Distribution of female patients by types of sexual dysfunction (n=68).

Types of sexual dysfunction	Frequency	%
Dyspareunia	46	67.6
Vaginismus	5	7.4
Hypoactive sexual desire disorder	17	25.0

Above table shows that highest number of patients were Dyspareunia (67.6%), followed by hypoactive sexual desire disorder (25.0 %) and Vaginismus (7.4%) .

Table IV: Distribution of female patients by pattern of co-morbid psychiatric disorders (n=68)

Pattern of co-morbid psychiatric disorder	Frequency	Percent
Major Depressive Disorder (MDD)	18	26.5
Generalized anxiety Disorder (GAD)	20	29.4
Panic Disorder without Agoraphobia (PD)	07	10.3
Without psychiatric co-morbidity	23	33.8

Table no. IV shows that 66.2% had psychiatric disorders, 33.8% had no psychiatric disorder. Among the psychiatric disorders 26.5 % was suffering from MDD followed by GAD (29.4 %), panic disorder without agoraphobia (10.3%).

Discussion

The objectives of the study were to assess the proportion of psychiatric disorders among the female patients with sexual dysfunction and to explore the association between psychiatric disorders with socio-demographic variables of female patients with sexual dysfunction.

In this study 66.2 % of patients with sexual dysfunction had psychiatric disorders and 33.8 % were healthy in terms of psychiatric morbidity. Our findings were close to the study by Mallis et al. (2005) where

psychiatric disorders were 63.1%⁶ but Pankhurst et al. (2005) found 42% which were lower from our study results.⁷

Generalized anxiety Disorder was most common (29.4%) psychiatric disorder in our series. Pankhurst et al. (2005) found anxiety disorders (21%) which was closer to our study, but Mallis et al. (2005) found lower (11.7%) prevalence of anxiety disorder in their series. This difference might be due to difference in the nature of instruments. Another study by Jacques et al. (2000) found life time anxiety disorder (19%) which was closer to our study. In our study a small number of patients were suffering from panic disorders without agoraphobia (10.3%). Firoz et al. (2002) found panic disorder (2.5%) which was closer to our study.⁸

In this Study 26.5% of female patient with sexual dysfunction were sufferings from Major Depressive Disorder. Pankhurst et al. (2005) reported 35% prevalence of depressive symptoms which was near similar to our study. These findings were contrary to the findings of Banarjee et al. (1987) where 75% of patients with depressive symptoms. This difference might be attributable to the difference in the nature of sample in these two studies. In another study Mallis et al. (2005) found depressive disorder (25.2%) which was closer to our study.

In our study most of the female patients were in the age ranges 28-37 years (63.2%) followed by age range 38-47 years (19.2%) and 18-27 years (17.6%). Rahman et al. (1993) in a study in Bangladesh found maximum cases were age ranges 26-35 years which was consistent to our study results.⁹ Another study in India by Banerjee et al. (1987) found 53% of the patients belonged to the age group 25-34 years which was nearly similar to our study. Probably the people of younger age group were more concerned

about their problems or they consider it more seriously.

In this study 61.8 % were residing in the rural areas and 38.2 % of the respondents were from urban areas. This finding was consistent with the finding of Firoz et al. (2002). Among the respondents' level of education, very few patients were illiterate (4.4%) and 95.6% were literate. Studies on marital status, 98.5% were married and 1.5% was unmarried. Pankhurst et al. (2005) was found 75% patients were married and 14% patients were unmarried.

Regarding types of sexual dysfunction, highest number of patients were Dyspareunia (67.6%) followed by hypoactive sexual desire disorder (25.0 %), and vaginismus (7.4%). Lahmann et al. (1994) found 13-17% of the patients were low sexual interest which was closer to our study.¹⁰

Co-morbid psychiatric disorders were found significantly high ($p < 0.05$) among educated female patients and married patients. However, no statistical association was found among psychiatric disorder and age, religion, occupation groups ($p > 0.05$). The high prevalence (66.2%) of psychiatric disorder in female patients with sexual dysfunction emphasis the necessity to evaluate and address psychiatric disorder in female patients with sexual dysfunction.

Conclusion

A substantial number of female patients with sexual dysfunction present psychiatric co-morbidity. Early recognition of the problem through proper assessment in an integrated manner is very much warranted in order to provide multidisciplinary treatment approach to these patients. Co-morbid psychiatric disorders specially Anxiety and Depression was prominent, might result in a negative treatment outcome. Further research is needed

in future to assess the belief and awareness level regarding sexual dysfunction among the Female patients in Bangladesh.

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