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Assessment Of Male Sexual Dysfunction In OCD And Depression

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Abstract

Background: Sexual dissatisfaction, as well as sexual dysfunction (SD) at present, occur at such a high rate that those who come for help represent only the tip of the iceberg. The present study was conducted to assess male sexual dysfunction in OCD and depression.
Materials & Methods: 150 male subjectswere divided into 3 groups of 50 each. Group I comprised of patients with OCD, group II with depression and group III was control group. Severity of psychopathology for OCD was assessed with YBOCS and for depression by HAM-D scale.Sexual dysfunction was assessed by ASEXscale in all groups. For measurement of testosterone level early morning sample was taken.
Results: ASEX 1 (desire) had sexual dysfunction in 5, 7 and 1, ASEX 2 (arousal) had 6, 6 and 2, ASEX 3 (erection) had 8, 7 and 1, ASEX 4 (orgasm) had 3, 5 and 1 and ASEX 5 (satisfaction with orgasm) had 3, 5 and 2 in group I, II and III respectively. The difference was significant ($P< 0.05$). The mean serum testosterone level in group I in yes subjects was 401 ng/dl and among no was 435 ng/dl. In group II was 410 ng/dl and 462 ng/dl and in group III was 502 ng/dl and 487 ng/dl in yes and no subjects respectively. The difference was significant ($P< 0.05$).
Conclusion: Sexually dysfunctions is frequently seen in drug naïve OCD and Depression patients

Keywords: OCD, Depression, Sexually dysfunctions.

Introduction

World Health Organization defined sexuality asa central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction.[1] Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships.[2]
While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.[3] It is one of the important aspects of human life, and sexual health determines the overall quality of human life. Sexual dissatisfaction, as well as sexual dysfunction (SD) at present, occur at such a high rate that those who come for help represent only the tip of the iceberg.[4]Various studies conducted worldwide mentioned that the prevalence of SD has been around 10%–25% among men. In males, SD usually presents with premature ejaculation (PE), erectile dysfunction (ED), and lack of sexual desire.[5,6]

OCD is recognized as one of the most serious causes of disability and impaired quality of life in family and social relationships and it is associated with considerable economic costs to the individual, healthcare services, and informal caregiver.[7,8]The present study was conducted to assess male sexual dysfunction in OCD and depression.

Materials & Methods

The present study comprised of 150male subjects.All gave their written consent for the participation in the study.

Data such as name, age etc. was recorded. All were divided into 3 groups of 50 each. Group I comprised of patients with OCD, group II with depression and group III was control group. Severity of psychopathology for OCD was assessed with YBOCS and for depression by HAM-D scale.Sexual dysfunction was assessed by ASEXscale in all groups. For measurement of testosterone level early morning sample was taken. Data thus obtained were subjected to statistical analysis. P value < 0.05 was considered significant.

Results

Table I Distribution of subjects

Groups	Group I (50)	Group II (50)	Group III (50)
Status	OCD	Depression	Control

Table I shows distribution of subjects in 3 groups of 50 each.

Table II Pattern of sexual dysfunction

Domain of sexual dysfunction	Sexual dysfunction	Group I	Group II	Group III	P value
ASEX 1 (desire)	Yes	5	7	1	0.04
	No	45	43	49	
ASEX 2 (arousal)	Yes	6	6	2	0.05
	No	44	41	48	
ASEX 3 (erection)	Yes	8	7	1	0.01
	No	42	40	49	
ASEX 4 (orgasm)	Yes	3	5	1	0.02
	No	47	44	49	
ASEX 5 (satisfaction with orgasm)	Yes	3	5	2	0.03
	No	47	45	48	
Total	Yes	25	30	7	0.01
	No	50	20	43	

Table II shows that ASEX 1 (desire) had sexual dysfunction in 5, 7 and 1, ASEX 2 (arousal) had 6, 6 and 2, ASEX 3 (erection) had 8, 7 and 1, ASEX 4 (orgasm) had 3, 5 and 1 and ASEX 5 (satisfaction with orgasm) had 3, 5 and 2 in group I, II and III respectively. The difference was significant (P< 0.05).

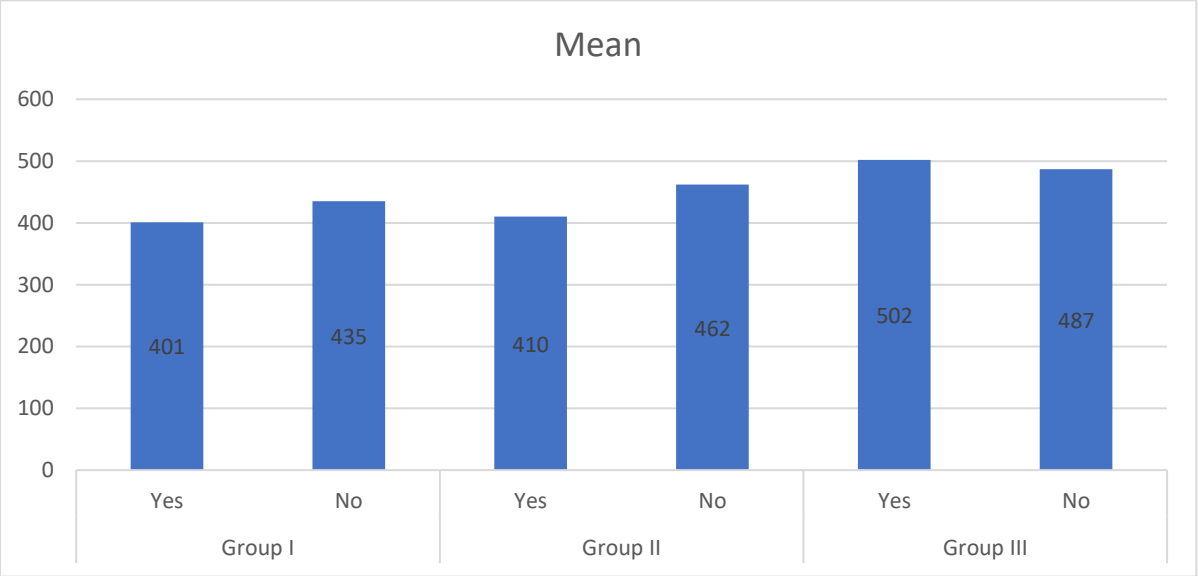
Table III Comparison of testosterone level in groups

Groups	Variable	Mean	P value
Group I	Yes	401	0.05
	No	435	
Group II	Yes	410	0.02
	No	462	

Group III	Yes	502	0.03
	No	487	

Table III, graph I shows that mean serum testosterone level in group I in yes subjects was 401 ng/dl and among no was 435 ng/dl. In group II was 410 ng/dl and 462 ng/dl and in group III was 502 ng/dl and 487 ng/dl in yes and no subjects respectively. The difference was significant (P< 0.05).

Graph IComparison of testosterone level in groups



Discussion

Erectile dysfunction (ED) has many possible etiologies, including vascular insufficiency as a result of atherosclerosis, neurologic disorders, hormonal imbalances, and has been found to be associated with many long-lasting conditions such as metabolic syndrome (MetS), obesity, diabetes mellitus (DM), cardiovascular disease (CVD), hypogonadism, lower urinary tract symptoms as well as psychiatric or psychological disorders, specifically depression.[9] ED is also a well-known indicator of CVD as both may share the same etiology like endothelial dysfunction, especially in the case of coronary artery disease. Metabolic disorders may act as triggers for increased inflammatory conditions leading to endothelial dysfunction as a result of chronic immune system activation.[10,11] The present study was conducted to assess male sexual dysfunction in OCD and depression.

We found that ASEX 1 (desire) had sexual dysfunction in 5, 7 and 1, ASEX 2 (arousal) had 6, 6 and 2, ASEX 3 (erection) had 8, 7 and 1, ASEX 4 (orgasm) had 3, 5 and 1 and ASEX 5 (satisfaction with orgasm) had 3, 5 and 2 in group I, II and III respectively. Dixit et al[12] included total 80participants in each group of OCD,Depression and Healthy control diagnosed by ICD-10. Arizona sexual experience scale (ASEX) was applied for sexual dysfunction. Total 240 responses were recorded. Sexual dysfunction reported in OCD and Depression were 39% and 46% respectively.Decreased sex drive was most common sexual dysfunctions.Depressive patients have slightly higher desire dysfunction.Significant comparison reported on comparing severity of disease in between patients with or without sexual dysfunction. Mean serum testosterone level was slightly lower in both OCD and depression than control. Serum testosterone significantly negatively correlated with sexual dysfunction in both OCD and Depression group.

We found that mean serum testosterone level in group I in yes subjects was 401 ng/dl and among no was 435 ng/dl. In group II was 410 ng/dl and 462 ng/dl and in group III was 502 ng/dl and 487 ng/dl in yes and no subjects respectively. Dixit et al[12]assessed the pattern of sexual dysfunction among male OCD patients. Total 40 responses were recorded. Sexual dysfunction was seen 37 % of total participants. Decreased sex drive and dissatisfaction with orgasm were most common sexual dysfunctions. orgasmic dysfunction was least among the OCD patients, only 20 % show orgasmic dysfunction. Out of 40 OCD patients only 2 patients have below normal level of serum testosterone. out of them only one OCD patient with sexual dysfunction have subnormal testosterone level.

Das J et al[13]included all male patients aged between 18 and 60 years reporting with sexual problems. Among 104 males diagnosed as cases of SD according to the ASEX scale in 1 year period only 75 patients completed all the biochemical and hormonal assessments. It was observed that 38.67% were diagnosed as SD without any comorbidity, 25.33% had biochemical or hormonal or physical comorbidities, 21.33% had psychiatric comorbidities and 14.67% had psychiatric as well as biochemical or hormonal or physical comorbidities (n = 75). The severity of SD was higher in the patients with comorbidity and the age of the patients predicted its severity.

The limitation the study is small sample size.

Conclusion

Authors found that sexually dysfunctions is frequently seen in drug naïve OCD and Depression patients

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