(e) ISSN Online: 2321-9599

(p) ISSN Print: 2348-6805

ORIGINAL ARTICLE

Assessment of psychosocial profile of patients with sexual dysfunction

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ABSTRACT:
Background: A sexual dysfunction can arise as a result of biological problems, relationship problems, intra psychic conflicts, lack of proper sexual knowledge or a combination of any or all of these. The present study was conducted to assess psychosocial profile of patients with sexual dysfunction in males. **Materials & Methods:** 86 male patients with sexual dysfunctionwas screened using Arizona sexual experiences scale for clinical sexual dysfunction. They were assessed using a semi-structured proforma, Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision criteria, Mini-International Neuropsychiatric Interview, and Dyadic Adjustment Scale. **Results:** Age group 20-30 years had 54 and 30-40 years had 32 male patients. Parental attitudewas conservative in 66 and open in 20. Parenting was father dominant in 42 and mother dominant in 20 and equal-dominance in 24. Parent conflict was seen among 24 and parental substance use among 28. Sexual dysfunction on DSM-IV-TR showed PME in 38, ED in 28 and ED+PME in 20 cases. **Conclusion:** Premature ejaculation was the most common sexual dysfunction among males.
Key words: Premature ejaculation, Psychosocial, Sexual dysfunction

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This article may be cited as: Saxena R, Singh M, Mishra P. Assessment of psychosocial profile of patients with sexual dysfunction. J Adv Med Dent Scie Res 2016;4(2):224-227.

INTRODUCTION

The sexual act is a psychobiological response. It is much more than the mechanical process of peno-vaginal intercourse and involves the formation of a special bond between the two partners.[1] The sexual process is influenced by the biological and psychological framework of both the partners along with societal influences. Besides these environmental factors, emotional bonding, the perceived image of the self and partner and sexual preferences also play a pivotal role in experiencing the quality of the sexual act. A problem or mismatch in any of the aforementioned variable scan leads to sexual dysfunction.[2]

A sexual dysfunction can arise as a result of biological problems, relationship problems, intra-psychic conflicts, lack of proper sexual knowledge or a combination of any or all of these. They can be frequently associated with other psychiatric and/or medical disorders, personality types and disorders. Sexual dissatisfaction and sexual dysfunctiontoday occur with a frequency that would overwhelm the health services if they all presented for help.[3] Unfortunately, this aspect of human development and functioning has received very little attention from researchers in India. Sexual problems, despite being prevalent have been accorded low priority; physicians either show no interest or tend to ignore patients' psychosexual complaints.[4]

An individual's sexuality is influenced to a large extent by his or her personality traits, the biological makeup, by life circumstances, by one's relationship with others and by the culture in which one lives.[5] Man's evolution and progress have brought along with it, a variety of stresses.[6]The present study was conducted to assess psychosocial profile of patients with sexual dysfunction in males.

MATERIALS & METHODS

The present study comprised of 86male patients with sexual dysfunction. The consent was obtained from all enrolled patients.

Data such as name, age, gender etc. was recorded. Sexual dysfunction was screened using Arizona sexual experiences scale for clinical sexual dysfunction. They were assessed using a semi-structured proforma, Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision criteria, Mini-International Neuropsychiatric Interview, and Dyadic Adjustment Scale.Data thus obtained were subjected to statistical analysis. P value < 0.05 was considered significant.

RESULTS

Table I Distribution of patients

Age group (years)	Number	P value
20-30	54	0.05
30-40	32	

Table I, graph I shows age group 20-30 years had 54 and 30-40 years had 32 male patients. The difference was significant (P< 0.05).

Graph I Distribution of patients

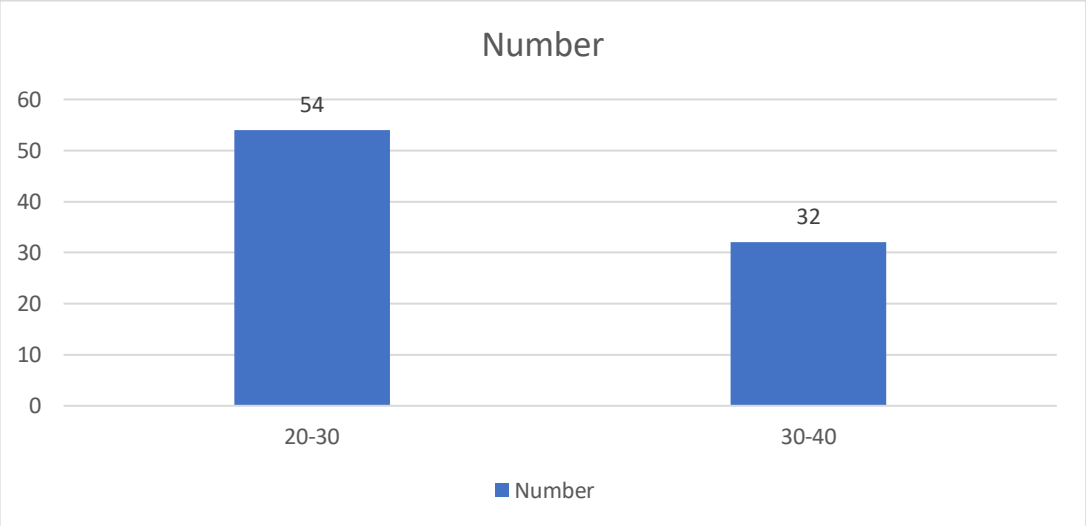


Table II Parental variables

Parameters	Variables	Number	P value
Parental attitude	Conservative	66	0.01
	open	20	
Parenting	Father dominant	42	0.05
	Mother dominant	20	
	Equal-dominance	24	
Parent conflict	Yes	24	0.02
	No	62	
Parental substance use	Yes	28	0.01
	No	58	

Table II, graph I shows that parental attitude was conservative in 66 and open in 20. Parenting was father dominant in 42 and mother dominant in 20 and equal-dominance in 24. Parent conflict was seen among 24 and parental substance use among 28. The difference was significant (P< 0.05).

Graph I Parental variables

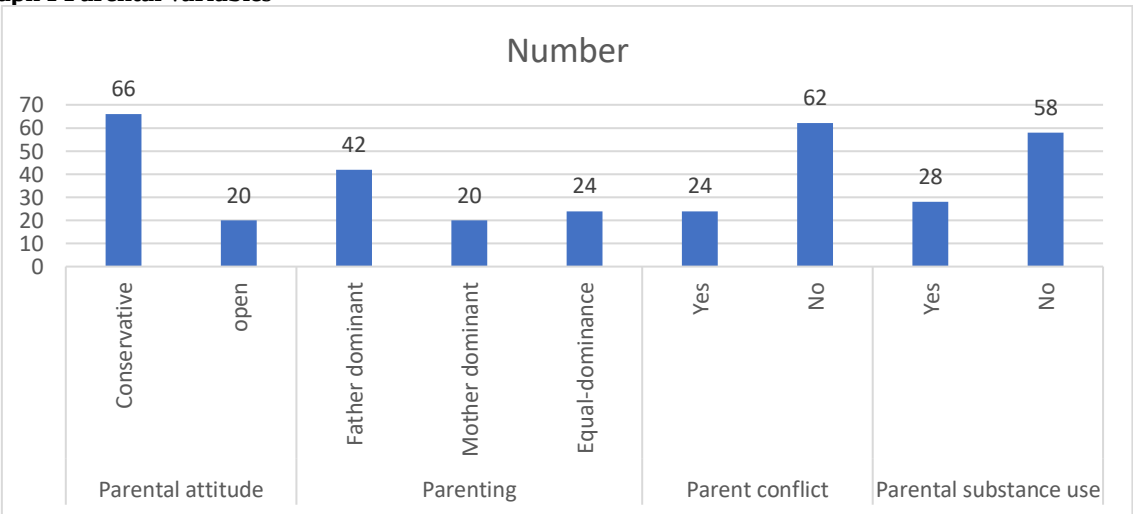
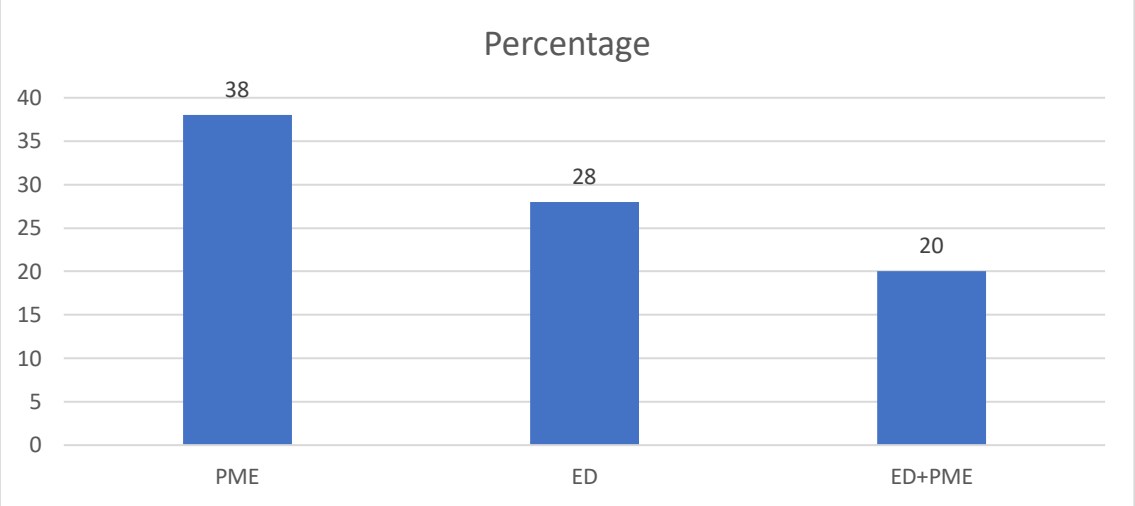


Table III DSM-IV-TR diagnosis

Sexual dysfunction on DSM-IV-TR	Percentage	P value
Premature ejaculation (PME)	38	0.94
ED	28	
ED+PME	20	

Table III, graph II shows that sexual dysfunction on DSM-IV-TR showed PME in 38, ED in 28 and ED+PME in 20 cases. The difference was non- significant (P>0.05).

Graph II DSM-IV-TR diagnosis



DISCUSSION

It is known that sexual functioning is often influenced by marital functioning or quality of relationship with the partner.[7] In recent times, with the increase in the use of technology, pornography is also been shown to influence the various aspects of sexual relationships.[8,9] Clinicians providing care to patients presenting with different aspects of problems in a sexual relationship are expected to evaluate all these aspects, before formulating a treatment plan.[10] Due to the availability of multiple scales to assess the sexual problems, clinicians and researchers are often on the cross-roads while selecting a scale for use.[11]The present study was conducted to assess psychosocial profile of patients with sexual dysfunction in males.

We found that age group 20-30 years had 54 and 30-40 years had 32 male patients. Parental attitude was conservative in 66 and open in 20. Kalra et al[12] in their study 100 consecutive male patients presenting with sexual dysfunction were screened using Arizona Sexual Experiences Scale for clinical sexual dysfunction were included. They were assessed using a semi-structured proforma, Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision criteria, Mini-International Neuropsychiatric Interview, and Dyadic Adjustment Scale. Majority of our respondents were in the 18–30 years age group and were married. The main source of sex knowledge for 69% of them was peer group. Age of onset of masturbation was 11–13 years for 43% of them. Premature ejaculation was the most common sexual dysfunction seen in the respondents. Marital discord was seen in significantly lesser number of respondents (32.35%) as also major depressive disorder that was seen in only 16%

We observed that parenting was father dominant in 42 and mother dominant in 20 and equal-dominance in 24. Verma et al[13] in their study 1000 consecutive patients with sexual disorders were included. The majority of patients were educated males between 21 and 30 years of age, belonging to the middle class. There was a slight preponderance of married patients. Fifty-two percent of patients had premarital or extramarital sexual contact; less than 5% had had homosexual contact; 10% had no sexual contact. Most patients had more than one complaint. Premature ejaculation (77.6%) and nocturnal emission (71.3%) were the most frequent problems followed by a feeling of guilt about masturbation (33.4%) and small size of the penis (30%). Erectile dysfunction was a complaint of 23.6%. Excessive worry about nocturnal emission, abnormal sensations in the genitals, and venereophobia was reported in 19.5, 13.6, and 13% of patients, respectively. Only 36 female patients attended the clinic with their spouses.

We found that parent conflict was seen among 24 and parental substance use among 28. Sexual dysfunction on DSM-IV-TR showed PME in 38, ED in 28 and ED+PME in 20 cases. Rowland et al[14] in their study men with PE often suffer from significant psychological distress including anxiety, depression, lack of sexual confidence, poor self-esteem, impaired quality of life, sexual dissatisfaction, and interpersonal difficulties were enrolled. Due to various reasons, however, most men do not seek

treatment for PE. Many physicians are unaware of the distressful nature of PE and might be reluctant to ask patients about their sexual function. Nevertheless, increasing clinical research on pharmacologic treatment of PE, and the use of on-demand orally administered short-acting selective serotonin reuptake inhibitors or topically applied local anesthetics, appears promising. Although few rigorous studies assessing psychotherapeutic treatments have been conducted, many clinicians report the success of psychological treatments for PE.

CONCLUSION

Authors found that premature ejaculation was the most common sexual dysfunction among males.

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