Indian Journal of Psychiatry, April 1987, 29(2), pp. 139-141

A STUDY OF PSYCHIATRIC MORBIDITY IN MARRIED MALES WITH SEXUAL DYSFUNCTION

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SUMMARY

Thirty married males with sexual dysfunction were first examined by the venereologist in the STD clinic. Then they were assessed with General Health Questionnaire-36 items (Physical illness items removed) (GHQ-36P) and Hamilton Rating Scale for depression (HRS-D). Results were compared with properly matched controls. 53% of the patients belonged to age group of 25-34 years. Erectile importence was the most common type of sexual dysfunction. 80% of the patients scored high ($\geq$ 5) in GHQ-36P. Depression of moderate to severe degree were present in more than 75% of the high scorers.

Introduction

Sexual dysfunction is a well known problem. Catalan et al. (1981) have found that 30% of the males attending the STD clinic had complaints of sexual dysfunction and 40% of the males attending the STD department for the first time had non-psychiatric morbidity by using GHQ-30. Pedder and Goldberg (1970) found that 24% of the male new attenders in STD department were morbid (as per GHQ-30). However, such studies are rare in Indian setting. The present study is an attempt to determine different aspects of sexual dysfunction and its association with psychiatric morbidity.

Material and Methods

The study group consisted of thirty consecutive married male patients within the age group 25-54 years attending the STD clinic for the first time. Those patients had one or more of the following types of sexual dysfunction e.g. (i) Inhibition or loss of sexual desire (ii) Inhibition or loss of sexual excitement (erectile-impotence) (iii) Inhibition or absence of orgasm (iv) Premature ejaculation. Any or more of these complaints had to be present persistently for at least one month for inclusion in the study. Patients referred from the psychiatric OPD were not included. Cases of diabetes, hypertension, epilepsy, alcohol and drug addiction, venereal disease (e.g. Syphilis, Gonorrhoea) and patients presenting with overt psychotic symptoms were also excluded.

The patients were examined clinically by the venereologist. They underwent laboratory investigations to exclude aforesaid diseases. The venereologist diagnosed these cases as sexual dysfunction of probable functional origin. The following instruments were used in the study:

(a) GHQ-36P (Goldberg 1972)

(b) HRS-D (Hamilton 1960)

An informal clinical examination of these (high scorers) patients revealed that the overwhelming majority had one or more clinically significant depressive

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symptoms. Hence the HRS for depression was administered to assess the severity of depression. All the cases in the study group were given the GHQ-36P. The high scorers($\geq$ 5)in GHQ were tested with HRS for depression. Also, the GHQ-36P was administered to thirty control subjects matched with the patients for age, domicile, and education. These subjects were either relatives or associates of patients attending ENT OPD. Those having psychiatric morbidity either in their families or among their blood relations were excluded.

Results of both the control and study groups were compared and evaluated statistically.

Results and Discussion

53% of the patients belonged to the age group of 25-34 years. The mean age of the patients was 34 years. The majority (77%) came from urban area and 57% had education upto standard X.

Most of the patients (90%) with sexual dysfunction had the complaints of erectile importence. This finding was contrary to the finding of Catalan et al. (1981) where 24% of the patients with sexual dysfunction had complaints of erectile importence. This difference might be attributable to the difference in the nature of the sample in these two studies. In our type of sexual dysfunction and 53% of the patients had more than one type of sexual dysfunction. More than half (53%) of them were suffering for less than a year.

We found 80% of the patients were high scorer in GHQ-36P (cut score being 4/5, Goldberg 1972). Whereas in the controls only 20% were GHQ-36P high scorer. Catalan et al.'s (1981) sample consisted of all patients with a diagnosis of STD while the present sample included only those whose complaints were diagnosed to be of functional origin. Hence, it is not surprising that high proportion of the present sample (80%) turned to be high scorers on the GHQ-36P in contrast to Catalan's finding of 40% GHQ-30 high scorer.

Table 1
Percentage of high and low scorers in GHQ-36P in the study and control groups

GHQ Score	Upto 4		5 and above		Total	
Study Group	24	80	6	20	30	100
Control	6	20	24	80	30	100

$X^2 = 21.6$ df = 1 $P < 0.001$

79% of the patients who scored 5 or more in GHQ-36P also scored more than 15 in HRS-D. The cut score 15/16 was considered optimal in a study on clinical evaluation of depression in West Bengal by Nandi et al. (1976). Out of these 19 patients, eight (42%) patients scored 30 and the above, with the maximum individual score being 35. Frequency of items scored by those 19 patients, who scored more than 15 in HRS-D were examined. Here it was found that items of biological symptoms of depression e.g. "retardation" (100%), "loss of weight" (95%), "diurnal variation (89%), items of "anxiety psychic" (100%) and 100%) and "anxiety somatic" (79%) were present in most of the patients.

Table 2
Number and percentage of HRS-D positive ($\geq$ 16) and negative ($\leq$ 15) scorers among 24% patients who scored high ($\geq$ 5) in GHQ-36P

	Upto 15		16 and above		Total	
	N	(%)	N	(%)	N	(%)
Study Group	5	(20.8)	19	(79.2)	24	(100)

It was decided to investigate whether the GHQ-36P could be used to assess the severity of depression. The result of this investigation is shown in Table 3. The product moment correlation co-efficient was r = 0.92.

Table 3 suggests that the GHQ-36P is an useful instrument in this report.

Table 3
Showing product moment correlation co-efficient of GHQ-36P & HRS-D scores of 24 patients

	Mean ± SD	S.E	95% C.I of Mean
GHQ	22.16 ± 8.3	1.69	22.16 ± 3.31
HRS-D	23.21 ± 7.7	1.57	23.21 ± 8.08

Conclusion

Majority of the patients represented younger age group and alos, reported within a year of onset of symptoms. That the majority of the patients (80%) were high scorers on the GHO-36P and 75% were diagnosed to be suffering from depression is an interesting though not unexpected, finding. A more detailed study of psychiatric morbidity of the sample has also been carred out and is being prepared for publication.

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