



SEXUAL FUNCTIONING IN MEN AND WOMEN IN MAJOR DEPRESSION: A COMPARATIVE STUDY

Psychiatry

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ABSTRACT

Objective: Normal sexual expression is an integral part of physical, social as well as psychological well-being of a person, and major depression is one of the many illnesses that has the high propensity of disrupting it. Much have been studied about male sexual dysfunction in depression, but stigmata of depressive disorder on female sexuality are less studied. Our aim was to study the prevalence and nature of this dysfunction in both the sexes in depression.

Method: 117 sexually active adult consenting drug-naïve patients (74 male and 43 female) diagnosed with severe depressive episode without psychotic symptoms (as per ICD-10) without any addiction, comorbidities or chronic medication were selected, and assessed using Changes in Sexual Functioning Questionnaire (CSFQ) in our Psychiatry OPD.

Results: Prevalence of sexual dysfunction was 71.6% & 90.7% for male and female patients respectively. Majority of women (90.7%) suffered from orgasmic difficulties, whereas most of the men (70.3%) had lack of desire/interest.

Conclusion: Our study showed that sexual dysfunction is highly prevalent in depressive disorder, and women bear its brunt more than men. Its prompt recognition and management should lead to better care.

KEYWORDS

Major Depression, Sexual dysfunctions, Sexual disorders, Sexual health

INTRODUCTION

Adequate sexual expression is essential in human life and enhances the physical, social and psychological well-being and quality of life. Studies have reported sexual dysfunction to be highly prevalent among depressed individuals.¹⁻³ Although, it is not included in the diagnostic criteria for depressive disorders in ICD-10 or DSM-5.^{4,5}

Changes in Sexual Functioning Questionnaire (CSFQ) developed by Clayton et al. is a 14-item structured interview with good reliability and validity to assess sexual activity/function in both clinical and research settings.⁶ It is available in both male and female clinical versions (CSFQ-F-C or CSFQ-M-C). Each of the 14 items/questions are rated from 1 to 5; higher score denoting better sexual function, and a total CSFQ score of 14 to 70 can be generated. For both the versions, item 1 denotes pleasure, items 2 & 3 denotes frequency, items 4, 5 & 6 denotes desire/interest, items 7, 8 & 9 denotes arousal/excitement, and items 11, 12 & 13 denotes orgasm/ejaculation. Standardized cut-off scores have been provided below which sexual dysfunction is indicative. The cut-off scores for females and males are – 41 & 47 for total CSFQ score, 6 & 8 for sexual desire/frequency score, 9 & 11 for sexual desire/interest score, 4 & 4 for sexual pleasure, 12 & 13 for sexual arousal/excitement score, and 11 & 13 for orgasm/completion scores respectively.^{7,8}

Numerous studies have been done to assess sexual dysfunction in men, but in females the numbers are limited.⁹ In the era of gender equality, we found it compelling to study the prevalence and nature of sexual dysfunction in both men and women in depressive disorders in Indian population.

MATERIALS & METHODS

This cross-sectional study was conducted in the Psychiatry OPD of a tertiary care hospital of Eastern India from January, 2019 to June, 2019 after obtaining ethical clearance from the institutional ethics committee. Drug-naïve, sexually active adult patients (both male and female) between the age group of 18 to 35 years who came to our OPD and were clinically diagnosed with Severe Depressive Episode without Psychotic symptoms (F32.2) by ICD-10¹ were selected for our study using simple random sampling after obtaining valid written consent from them. Seventy-seven male and fifty female patients, who did not have history of sexual dysfunction prior to the depressive episode, had no addiction, were not on any long-term medications, did not have any comorbidities and gave valid consent were included in our study. Pre-tested questionnaire for obtaining socio-demographic profile was obtained, and then Changes in Sexual Functioning Questionnaire (CSFQ)⁶ was administered (CSFQ-M-C for males and CSFQ-F-C for females). Eventually, three males and seven females were found to be suffering from general medical condition on routine

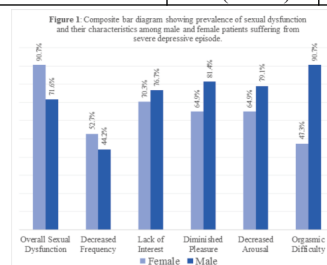
work-up (thyroid disorder, diabetes); their data was not included in analysis. Results from 74 male and 43 female patients was analyzed and results published.

RESULTS

Mean age of our study population was 29.66 ± 1.07 years for males and 26.65 ± 1.48 years for females. Among females, 23 were Hindus, 17 Muslims and 3 were Christians, whereas among males there were 42 Muslims, 30 Hindus and 2 Christians. Table 1 shows prevalence of sexual dysfunction among patients of both genders in our study population, and Figure 1 graphically represents side by side comparison of the same data.

Table 1: Prevalence of Sexual Dysfunction in patients according to CSFQ score and sub-score (numbers denote number of cases; percentages are in brackets).

CSFQ Items	Male (n=74)	Female (n=43)
Overall Low Total Score	53 (71.6%)	39 (90.7%)
Low Desire/Frequency score	39 (52.7%)	19 (44.2%)
Low Desire/Interest score	52 (70.3%)	33 (76.7%)
Low Pleasure score	48 (64.9%)	35 (81.4%)
Low Arousal score	48 (64.9%)	34 (79.1%)
Low Orgasm/Excitement score	35 (47.3%)	39 (90.7%)



DISCUSSION

Although depressive disorders are more prevalent in women than in men, the gender ratio of patients in our study was reversed (approximately 2:1 male-female ratio).¹⁰ The reason seems to be the underlying overall negative attitude and lack of openness about sexual expression in women of our country.¹¹

Out of the 43 female patients, 39 (90.7%) had sexual dysfunction; all 39 (90.7%) had difficulty with orgasm, followed by diminished sexual pleasure (81.4%), decreased arousal/excitement (79.1%), low sexual desire/interest (76.7%), and lower frequency of sexual act (44.2%). Among the males, 53 out of 74 (71.6%) had sexual dysfunction; majority had lack of interest (70.3%), followed by lack of pleasure and

arousal (both 64.9%), decreased frequency (52.7%), and orgasmic difficulty (47.3%).

It is evident from our study that females had a greater prevalence of sexual dysfunction than men in depressive disorders (90.7% vs 71.6% in males). Most females had orgasmic difficulty (nearly 2 times compared to male patients), which is the norm even in our normal population.¹¹ Another contrast among these results is the lesser decrease in frequency of sexual act in women than men (44.2% in females compared to 52.7% in males). This may be attributed to the male-dominated sphere of sexual functioning, where males are more proactive as well as decisive in the act of coitus.¹²

One landmark study by Thakurta et al. in 2012 reported over 66.67% of men and 75% women of major depressive disorder suffered from sexual dysfunction, among which decreased desire/interest was the most common finding in both the genders. This prevalence was slightly lower than our study, possibly because the age criteria for their study was more lenient (18-65 years), and ours focused on much younger group (18-35 years). Also, the said study was published seven years ago, and importance of and openness about sexual functioning has further grown in the recent years.¹³

Other studies have reported similar results. Roy et al. reported sexual dysfunction in 70% female patients and Thakurdesai et al. reported 62.5% male patients suffered from sexual dysfunction in major depression.^{14,15} The general trend followed in all of these studies including ours showed that sexual dysfunction is more prevalent in women than men in major depression.

Despite limitations like small sample size, non-inclusion of comorbidities and effect of treatments, our study was able to clearly show that sexual dysfunction is highly prevalent in depressive disorders, and women bear the brunt more than men.

CONCLUSION

Depression disrupts many aspects of healthy living, and sexual dysfunction is one very important area that gets affected. This highly prevalent problem should be recognized & explored more in details and might be included in diagnostic criteria for depressive disorders. Prompt recognition and management of this issue should lead to better patient management.

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