

**SEXUAL DYSFUNCTION IN FEMALE PATIENTS WITH DEPRESSIVE DISORDER
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ABSTRACT

Introduction: Female sexual dysfunction is a condition with physical, psychological and personal determinants and hence a multifactorial problem. In India, talking about sex and issues related to sex is taboo and spouses are uncomfortable sharing their problems with each other. **Aims and Objectives:** To study the prevalence and types of sexual dysfunction in females patients suffering from depression and to correlate the association between depression and sexual dysfunction. **Methodology:** Seventy five females diagnosed with depressive disorder according to the DSM-IV-TR were assessed using three different methods which includes the Becks Depression Inventory, Arizona Sexual Experience Scale and Female Sexual Functioning Index. **Results:** In our study around (56%) had clinical sexual dysfunction. The types of sexual dysfunction were as follows; 31 (41%) had lubrication dysfunction, 28 (38%) had orgasmic dysfunction, 35 (47%) had pain, 25 (33.33%) had low desire, while decreased arousal and less sexual satisfaction was seen in 20 patients. There was statistically significant association between sexual dysfunction and depression. **Conclusion:** This study reported high prevalence of sexual dysfunctions in females with depression. All domains of sexual functioning were affected and there was significant association between sexual dysfunction and depression.

INTRODUCTION

Sexual health, once considered as social stigma to be discussed openly have now become a subject which is currently discussed widely. Sexual dysfunction is frequently seen nowadays among the general population with a prevalence of 43% in women and 31% in men.^[1] These data are less reliable because incidence and severity of sexual dysfunctions in females are difficult to obtain, the main reason behind this is patients are often reluctant to discuss the issue of sexual health with health professionals.

Depression is known to hinder sexual relationships with the partner. A cohort study done prospectively had an inference such that the prevalence of sexual problems in depressed subjects was approximately twice that as in controls.^[2] Many researchers have reported different sexual dysfunctions associated with depression.^[3] It is known to have a major impact on personal relationships, physical health and quality of life of individuals.

There are only a few studies done previously about sexual dysfunction among females in India. In the Indian culture, talking about sex and sex related issues is taboo and even spouses are not comfortable in sharing their problems with one another. Hence we aimed at studying the prevalence and types of sexual dysfunction in

depressed females, and attempted to identify the association between depression and sexual dysfunction.

METHODS

This study was conducted in the psychiatry outpatient department of a tertiary care teaching hospital. Women aged 18-45 years, diagnosed with depressive disorder, sexually active and not on any psychotropic medication willing to participate were included in this study. Depressive disorder was diagnosed according to DSM-IV-TR.^[4] The study was conducted over six months from January to June 2018. All patients were explained about the nature of study and informed consent was obtained. Ethical clearance was obtained from the institutional ethics committee. A case report form with socio-demographic details, duration of depression and the presence of sexual dysfunction was prepared were interviewed and administered the following scales in the presence of the female co-investigator or a nurse. Beck's depression inventory (BDI) - This is a 21 item scale which evaluates the key symptoms of depression.^[5] Individuals rate themselves on a 0 to 3 scale [0=least, 3=most] with a score range of 0 to 63. A total score was obtained. Arizona sexual experience scale (ASEX) - This scale is designed to measure five core elements of sexual function.^[6] These core elements are sexual drive, arousal, vaginal lubrication, ability to reach orgasm and satisfaction from orgasm. The items are rated on a six

point scale ranging from 1 (hyper function) to 6 (hypo function). A total score of >18 or a score of >5 on any one item indicates clinical sexual dysfunction. Female sexual functioning index (FSFI) - It is a brief, multidimensional, self-reported instrument, used to assess the key domains of sexual function in females.^[7] It assesses six domains of sexual function; desire, physical arousal-sensation, physical arousal-lubrication, orgasm, satisfaction and pain. The individual domain scores and total score of the FSFI were recorded. These results were analysed using SPSS version 21.

RESULTS

Seventy five patients were included in the study. The mean age of the sample was 32.1 ± 5.02 years. The age range was 21- 48 years and around 51 (68%) were aged 31-40 years. Most of patients were from urban area. Among our study group most of our patients were home makers (n=48) while around 5 patients were employed.

All patients were clinically diagnosed as having Major Depressive Disorder according to DSM-IV-TR criteria. The mean duration of depression was 4.2 ± 1.9 years. According to the BDI scores 29 (38.66%) had moderate depression, 19 (25.33%) had severe depression and 15 (20%) had extreme depression.

The total ASEX score was used to assess the presence of sexual dysfunction clinically. Forty two patients (56 %) had clinical sexual dysfunction. Few patients did not score more than the cut off score for clinical sexual dysfunction, though they had responded positively to certain items in the ASEX scale. Pearson's correlation coefficient was used to analyse relation between depression and sexual dysfunction. There was significant association between ASEX scores with the BDI scores ($r=0.326, p<0.001$).

The types of sexual dysfunction were as follows; 31 (41%) had lubrication dysfunction, 28(38%) had orgasmic dysfunction, 35 (47%) had pain, 25 (33.33%) had low desire, while decreased arousal and less sexual satisfaction was seen in 20 patients (Table 1).

Table 1: Types of sexual dysfunction.

Type of Sexual Dysfunction	NO of patients	Percentage (%)
Low Desire	25	33.33
Low arousal	20	26.67
Low lubrication	31	41
Orgasmic dysfunction	28	38
Low satisfaction	20	26.67
Pain	35	47

DISCUSSION

There are not much studies done in South India which analyses the prevalence of sexual dysfunction in depressed females. Severity of depression in our study was similar to that in other previous studies done similarly. Rush et al reported that 10.4% had mild

symptoms, 38.6% moderate symptoms, 38% severe and 12.9% very severe symptoms of depression.^[8] Some researchers from India has done various studies which had a prevalence of sexual dysfunction varying from 33.3% to 73.2%^[9,10] in non-depressed women. Rates of sexual dysfunction in hospital based studies from other developing countries, especially those which used the FSFI scale, report prevalence rates for female sexual dysfunction ranging from 43% to 69% which is similar to that in our study which is 56%.^[11]

Studies from Western countries, have reported association between sexual dysfunctions and depression.^[12,13] About 42 patients in our study (56%) had clinical sexual dysfunction, which is similar to rates of 35-72% reported in these studies.^[14] Rates of sexual dysfunction spontaneously reported by patients and elicited by direct questioning by psychiatrists differ by as much as 60 %.^[15] Therefore, because of the high prevalence of sexual dysfunctions in depressed females, it is important to question all patients with depression about sexual function. In our sample, 44% of the patients did not have clinical sexual dysfunction according to the ASEX though they reported some areas of sexual dysfunction. This could be due to better understanding of sexuality, awareness and probably a milder form of depression.

Our study revealed a highly significant association between sexual dysfunction and depression. Primary reason behind this is cognitive changes of low self-esteem, feelings of hopelessness and worthlessness, and negative self-evaluation which happens in depressed patients can cause impairment in sexual functioning. Depression is also associated with neurotransmitter changes which may contribute to sexual dysfunction in depression.^[12]

In our study, all constituents of sexual functioning were affected, with majority having lubrication dysfunction followed by difficulty in achieving orgasm, pain, low desire, low arousal and low satisfaction. Kennedy et al¹⁶ found that 50% of women had decreased sexual desire, 40% had poor vaginal lubrication and 15% had problems achieving orgasm among patients with depression. In another study the results were as follows reduced desire (78%), reduced arousal (91%), reduced lubrication (97%), difficulty achieving orgasm (87%), problems with satisfaction (81%) and pain (64%) which was done in India, the prevalence was higher in this study where the number of patients were higher than our study¹⁰. But these findings were in females aged more than 40 years and these patients had comorbid medical illness whereas in our study we excluded patient with co morbidity. A study done by Frohlich and Meston showed that the symptoms of depression reduced the desire for sex, causing inhibitions of arousal, lubrication, plateau, orgasm and satisfaction.^[17] Loss of libido is also known to be associated with depression.^[14] Shah et al found that 30% of depressed patients have loss of libido.^[15] Sexual

dysfunction may be the presenting complaint in some patients, who are later found to have significant depressive symptoms. In others, low sexual desire may precede the onset of depression. Sexual dysfunction is prevalent in depression and it affects nearly all areas of sexual functioning.

This study had several limitations. There was a selection bias as the cases were recruited from a tertiary care teaching hospital and the findings cannot be generalized to the entire population. The sample size in this study was small and this study did not include a control group. So to further evaluate based on this observations a study with bigger sample size and patients included from all levels of community will give an better picture of the problem. Also impact of drugs on these symptoms can be analysed. So a periodical screening and counselling may be required for these patients to reduce the sexual dysfunction in depressive patients.

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