PROFILE OF MALE PATIENTS PRESENTING WITH
PSYCHOSEXUAL DISORDERS

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ABSTRACT
Only few studies have been conducted on patients with psychosexual problems in India. But these constitute a sizeable chunk of total OPD patients. In the present study, an attempt was made to study the clinical profile of male patients attending the Skin OPD for psychosexual problems. Out of one hundred and fifty patients studied, majority were between 20 – 30 years of age, belonging to lower middle class, 60 per cent, were unmarried and 46.6 per cent had premarital or extramarital sexual contact. 42.6 per cent patients indulged in masturbation and only one patient had homosexual contact. Erectile impotence (34 per cent) was the commonest psychosexual problem followed by Premature ejaculation (16.6 per cent); Dhat syndrome (15.3 per cent); Nocturnal emission (14 per cent) and 14.6 per cent patients had more than one psychosexual complaint. 4.6 per cent patients complained of small size of penis and 0.66 per cent patients complained of pain on erection.

INTRODUCTION
Psychosexual disorders (PSD) are quite common all over the world. But the exact prevalence of PSD is very difficult to measure because of the very nature of the problem and its psychological consequences. Various hospital studies done in the west suggest prevalence of PSD in perhaps 20 per cent of the hospital attenders. In India accurate figures are difficult to estimate as large number of male patients suffering from psychosexual problems tend to visit "quacks" and all kinds of "sex clinics" rather than to the hospital setting. There are few Indian studies available on psychosexual problems in patients attending hospital clinics. According to Nakara et al nearly 10 per cent of all males attending psychiatry OPD in a general hospital and 1 per cent of all the male patients in medical OPD attend hospital primarily for psychosexual problems. A study conducted by RV Ramana Rao have indicated that 13.3 per cent of the total male patients attending the STD clinic came with sexual complaints.

The common sexual problems for which male patients seek consultation include premature ejaculation; nocturnal emission; erectile impotence; Dhat syndrome etc. Premature ejaculation is a common sexual dysfunction with an incidence of about 13 per cent in heterosexual males. There is lot of controversy regarding the precise definition of premature ejaculation.

According to American Psychiatric Association ("Diagnostic and Statistical Manual of Mental Disorders" system of classification) diagnosis of premature ejaculation is made when a male regularly (on a recurrent or persistent pattern) ejaculates on minimal sexual stimulation before or soon after entering the vagina. According to ICD-10 system of classification and Masters and Johnson it is defined in terms of an inability of the man to control ejaculation for sufficient period during intravaginal containment to satisfy the female partner in 50 per cent of the sexual contacts. In early age group common causes include inexperience, performance anxiety and fear while in later life long abstinences or relation deterioration with the partner may be the main causes. 'Dhat syndrome', a term given by Wig is a collection of many physical and psychological symptoms which the patient attributes to the involuntary passage of semen or semen like fluid per urethra either during micturition, forced defecation or otherwise also. It is
usually seen in young adults having no sexual outlet. In later age group it may happen when regular sexual outlet is deprived due to wife’s illness or long separation. The disorder has been subjected to clinical research and now also finds acceptance in the current ICD - 10 classification system\(^9\). Nocturnal emission first occurs between the age of 12\(\frac{1}{2}\) – 14 years. Discharge occurs periodically at an average frequency of once in 10 – 35 days and may occur throughout sexual life span if the individual’s voluntary sexual activity is scant or nil\(^12\). This can lead to psychological disturbances due to feelings of guilt. “Erectile Impotence” refers to the inability of a man to achieve a quality of phallic erection sufficient to enable him to have a successful coitus. It may be primary or secondary. In primary the man has never been able to achieve a satisfactory erection for intercourse while secondary impotence is labelled when the erectile failure becomes a frequently repetitive pattern i.e. failure in 25 per cent of coital attempts\(^13\). Impotence may be organic, iatrogenic or psychogenic etiology. The problem is likely to be psychogenic if erection occurs normally in certain situations like during masturbation, in sleep or with a different partner. Ignorance, misinformation regarding sexual act, feeling of guilt, fear of venereal diseases, economical or occupational tension, marital discord or loss of attraction for partner or specific traumatic experience, religious orthodoxy of condemnation by society may be precipitating factors.

Though psychosexual problems have great relevance to the dermatovenerologists, however, some apathy prevails amongst us towards this neglected field. Thus the present study was undertaken to study the clinical profile of male patients attending the Skin and VD OPD of Pt BD Sharma PGIMS, Rohtak for their psychosexual problems.

**MATERIAL & METHODS**

One hundred and fifty male patients attending OPD of the SKin and VD department, Pt BD Sharma PGIMS, Rohtak for their psychosexual problems were included in the study. We assessed these patients coming to us with self reported complaints regarding their sexual problems.

Complete demographic information including age, marital status, occupation and educational status was elicited. Patients were asked questions regarding their sexual development and experience and enquiry was made about any sex education patient’s had received and its source (friends, relatives, literature, audiovisual media etc). Assessment of the patients understanding about sexuality; their knowledge, beliefs, attitude, myths and pattern of sexual behaviour was made. History of extramarital or premarital sexual exposure and indulgence in activities like masturbation was taken. Information was sought regarding the exact nature and duration of onset of the problem, associated problems in different phases of sexual response cycle; liking of the sexual partner and the attitude towards her; the sexual understanding and attitude of the partner; previous sexual experience (with spouse or partner, casual, commercial, paraphilic) and presence of performance anxiety or feeling of guilt with respect to masturbation or previous sexual experiences. A detailed history regarding substances abuse like intake of addictive drugs was extracted. A detailed medical history for associated co-morbid physical ailments and history of spinal surgery or trauma was taken. For further assessment of functioning, history of early morning erections and whether problem was primary or secondary was elicited. History of any indigenous medicines taken by these patients for the treatment of their psychosexual problem was asked.

A complete physical examination including detailed clinical examination of the secondary sexual characters and genitalia (penile shaft, testicular size etc.) was done in each case. Relevant investigations were done to rule out organic causes for their sexual complaints. The standard definitions and criteria as per globally recognized were followed to make the diagnosis of the psychosexual disorder\(^8\)-\(^10\).
OBSERVATIONS

The study comprised of total one hundred fifty male patients who attended the OPD of Department of Skin and VD for psychosexual problems. All the cases were self referred.

The age distribution of these patients is shown in Table 1. Out of the total 150 patients, majority of the

| TABLE 1 : Age Distribution of Different Psychosexual Disorders in Males |
|--------------------------|----------------|----------------|----------------|
| Type of PSD              | <20 Years      | 20-30 Years    | 31-40 Years    | >40 Years      |
| Premature ejaculation    | 4              | 29             | 3              | 0              |
| Nocturnal emission       | 17             | 17             | 1              | 0              |
| Dhat syndrome            | 8              | 19             | 0              | 0              |
| Erectile impotence       | 5              | 35             | 8              | 3              |
| Pain on erection         | 0              | 1              | 0              | 0              |
| Total                    | 34             | 101            | 12             | 3              |

patients i.e.67.3 per cent were in the age group of 20-30 years followed by patients below 20 years of age which constituted 22.6 per cent of cases. Only 2 per cent were more than 40 years of age. Out of the total 150 patients 90 (60 per cent) patients were unmarried and 60 (40 per cent) patients were married. Most of the patients (118 i.e. 78.66 per cent) were educated and 57 (38 per cent) patients were students. Most of the patients belonged to lower middle class. Only 28 per cent of the patients admitted that they acquired some knowledge about human sexual behaviour, the main source being cheap literature in two-thirds of these cases and in the remaining one-third it was through friends and close relative (e.g. older brothers). History of extramarital or premarital exposure was present in 70 (46.6 per cent) patients. History of homosexuality was given only by one patient. A positive history of masturbation could be elicited only in 64 (42.6 per cent) cases. One patient gave history of bestiality.

The duration of onset of the psychosexual complaints of the patients ranged from 1–2 months to 4 – 5 years. Most of the patients expressed a mutual positive attitude in the relationship with their sexual partner. Only 14 (9.33 per cent) patients gave history suggestive of strained relationship with their sexual partner. There was a feeling of guilt about masturbation in 56 (37.3 per cent) of patients. History of intake of any addictive drugs was denied by all the patients. There was no suggestive history of spinal surgery or trauma or associated physical ailments in all these cases. Out of 150 cases 108 (72 per cent) gave history on intake of indigenous for treatment of their psychosexual problems from local 'vaids', 'hakims' or 'quacks'. Complete clinical examination of patients including examination of secondary sexual characters and genitalia, did not reveal any abnormality. Relevant investigations done to rule out organic causes for patients' sexual complaints were within normal limits.

Out of total 150 patients who attended the OPD of Skin and VD department for psychosexual complaints, the commonest psychosexual problem was Erectile impotence which was observed in 51 (34 per cent) patients followed by premature ejaculation in 25 (Ramadasan 16.6 per cent); 23 (15.3 per cent) had 'Dhat' syndrome and 21 (14 per cent) had Nocturnal emission. 22 (14.6 per cent) patients had more than one psychosexual complaints which included nocturnal emission with 'Dhat' syndrome in 8 (5.3 per cent) patients, premature ejaculation with Erectile impotence in 7 (4.6 per cent); Premature ejaculation with Nocturnal emission in 3 (2 per cent) cases; Nocturnal emission with erectile impotence in 2 (1.3 per cent); Dhat syndrome with erectile impotence in 1 (0.66 per cent) and premature ejaculation with 'Dhat' syndrome in 1 (0.66 per cent) case. 7 (4.6 per cent) patients had complaint of small size of penis while 1 patient (0.66 per cent) complained of pain on erection (Table 2).

On comparing different psychosexual problems in different age groups, we found that in the age group of less than 20 years of age the most common sexual complaint was Nocturnal emission. In
patients between 20 - 30 years age group premature ejaculation and erectile impotence were the main psychosexual problems seen. Majority of patients in age group of 31 - 40 years and above 40 years of age had erectile impotence.

Out of 51 cases of erectile impotence studied 25 (49.01 per cent) were married, 24 (47.05 per cent) were unmarried, 1 was widower (1.96 per cent) and 1 (1.96 per cent) was divorcee 27 (52.94 per cent) had premarital or extramarital sexual contact and 24 (47.05 per cent) indulged in masturbation. 19 (37.25 per cent) had feeling of guilt about masturbation and 23 (45.09 per cent) felt guilty about their extramarital or premarital sexual experience. Out of 25 cases of premature ejaculation studied, 14 (56 per cent) were married and 11 (44 per cent) were unmarried. 11 (44 per cent) had premarital or extramarital sexual contact, 11 (44 per cent) indulged in masturbation, 8 (32 per cent) felt guilty about masturbation and 10 (40 per cent) had guilt about their extramarital or premarital sexual involvement. Out of 23 cases of 'Dhat' syndrome seen, 18 (78.26 per cent) were unmarried, only 5 (21.73 per cent) were married, 6 (26.08 per cent) had extramarital or premarital sexual contact while 1 (4.34 per cent) had homosexual contact and 10 (43.47 per cent) gave history of masturbation. Masturbatory guilt was present in 8 (34.78 per cent). Out of 21 cases with complaint of nocturnal emission, 16 (76.19 per cent) were unmarried, 5 (23.80 per cent) were married, majority were students; 9 (42.85 per cent) had premarital or extramarital sexual contact and 7 (33.33 per cent) did masturbation. Guilt feeling about sexual activities like masturbation and previous sexual experience was present in 9 (42.85 per cent) patients. In patients with more than one psychosexual problems like premature ejaculation with erectile impotence, nocturnal emission with erectile impotence and 'Dhat' syndrome with erectile impotence, the complaint of erectile impotence developed after the initial primary problem. All the 7 patients with complaint of small size of penis were unmarried, indulged in masturbation and their genital examination did not reveal any abnormality. The patient with complaint of pain on erection was 20 years of age, unmarried and had history of bestiality prior to onset of complaint.

**DISCUSSION**

Psychosexual problems are very common in our population but there are very few studies available on psychosexual disorders especially in the Indian context. Indian society is deep rooted in traditions and several misconceptions, myths, prejudices and social taboos are attached to sex which makes the problem very difficult to tackle.

The findings of the present study show that majority of the patients with psychosexual problems were in the age group of 20-30 years which is different from the findings of RV Ramana Rao who has reported maximum number of cases in age group of 16 – 20 years. However, our finding correspond with the finding of Verma et al who have also reported majority of patients in the age group of 21 - 30 years.

There was slight preponderance of unmarried patients in our study which is in contrast to study by Verma et al. This may be due to the fact that social and attitudinal changes, socio-economic development and emergence of consumer culture has led to the rising age at marriage. In our study
most of the patients did not receive any sex education. Only 28 per cent of patients admitted that they had acquired some knowledge about sexuality, main source of which was cheap literature. This very cheap literature was responsible for various misconcepts and myths which these patients had in their mind regarding human sexual behaviour leading to psychological stress. Formal sex education is very important and can help patients with psychosexual complaints to overcome their psychological problems or their physiological problems like nocturnal emission.

The commonest male psychosexual problem observed in our study was erectile impotence which is in contract to the findings by Verma et al6 and Catalan et al14, both studies have reported premature ejaculation as the commonest psychosexual problem in males. But our findings are similar to the study by Nakara et al conducted at Chandigarh2. They have reported the incidence of erectile impotence as 35 per cent while the incidence of premature ejaculation as 25 per cent. This may be due to the fact that erectile impotence in males is considered to be very serious inadequancy in our Indian society and poses higher degree of psychological stress on the patient due to which most of the patients having erectile impotence come for consultation and professional help to the hospital setting while other sexual complaints sometimes go neglected. Many patients in our study had more than one psychosexual complaint. This has also been reported in earlier studies6. premature ejaculation is commonly associated with erectile dysfunction and sexual desire problems. Performance anxiety, performance in haste, guilt about previous sexual experience like masturbation, and premarital and extramarital sexual contact, misconcepts about sexuality are some factors that can lead to development of multiple psychosexual problems.

Most of the cases in our study gave history of taking treatment from 'quacks' which had created confusion in the minds of these patients. This is mainly due to the fact that these patients have feeling of guilt and being afraid of social condemnation, they try to be secretive about their sexual problems and do not go to hospital settings and rather consult 'quack's. Hence, it seems mandatory that such patients must be persuaded to consult qualified medical practitioners.

So, it can be concluded that formal sex education and timely consultation by qualified medical practitioners can got a long way to effectively deal with these problems.

REFERENCES