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SEXUAL PROBLEMS IN WOMEN WITH MAJOR DEPRESSION OR ANXIETY DISORDER

MAJÖR DEPRESYON VEYA ANKSİYETE BOZUKLUĞU TANILI KADIN HASTALARDA SEKSÜEL PROBLEMLER

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Abstract

Although Sexual Dysfunction (SD) is included in classification systems as a diagnostic of its own, it may both be associated with other medical conditions and often accompany other psychiatric disorders. SD is more common in females than males and the decrease in sexual desire is the most common sexual problem in females. In our country, vaginismus takes the first place unlike the western societies. Major comorbid psychiatric disorders are major depression (MD) and anxiety disorders (AD). A total of 68 female patients admitted to the psychiatry clinic were included in the study. Of these, 24 were with MD and 44 patients with AD (7 OCD, 16 PD, 20 GAD, 1 SAD). The diagnosis was made by a psychiatrist using SCID-I / CV. All patients were non-medicated. After the diagnostic interviews, detailed interviews were conducted by the psychiatrist in order to evaluate the sexual function. Arizona Sexual Experiences Scale Female Form (ASEX) test was performed to all patients, and our study was performed retrospectively with file screening. When the MD and AD patients were compared in terms of demographic and clinical characteristics, it was found that MD patients were significantly younger than the patients with AD in terms of age. All items of ASEX had statistical significance between the two groups. In our study, the most frequently observed sexual problem in patients with MD and AD was found to be a decrease in sexual desire and it seems to support the studies done in the past. Although sexual dysfunction is common in both groups, sexual life in MD patients is more negatively affected than AD patients.

Keywords: sexual dysfunction; major depression; anxiety disorders

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Özet

Cinsel İşlev Bozuklukları (CİB) başlı başına bir tanı olarak sınıflandırma sistemlerinde yerini almakla birlikte hem başka tıbbi durumlara bağlı ortaya çıkabilmekte hem de sıklıkla diğer psikiyatrik hastalıklara eşlik edebilmektedir. CİB kadınlarda erkeklerden daha sık görülmekte olup, yurtdışında yapılan çalışmalarda cinsel istekte azalma kadınlarda en sık görülen cinsel sorundur. Ülkemizde ise batı toplumlarından farklı olarak vajinusmus ilk sırayı almaktadır. CİB'na sık eşlik eden psikiyatrik bozukluklar arasında major depresyon (MD) ve anksiyete bozuklukları (AB) dikkati çekmektedir. Çalışmamıza psikiyatri polikliniğine gelen toplam 68 kadın hasta alındı. Bunların 24'ü MD'li ve AB 44 hastası (7 OKB, 16 PB, 20 YAB, 1 SAB) idi. Tanı SCID-I / CV kullanarak psikiyatrist tarafından konuldu. Bütün hastalar ilaçsızdı. Tanısal görüşmelerden sonra cinsel işlevin değerlendirilmesi için ek olarak psikiyatrist tarafından detaylı görüşmeler yapılmıştır. Tüm hastalara Arizona Cinsel Yaşantılar Ölçeği Kadın Formu (ASEX) testi yapıldı ve çalışmalarımız dosya tarama ile retrospektif olarak yapılmıştır. MD ve AB tanılı hastalar demografik ve kinik özellikleri olarak karşılaştırıldıklarında hasta yaşı açısından MD hastalarının, AB hastalarına göre istatistiksel olarak anlamlı şekilde daha genç yaşta oldukları bulundu. ASEX' in tüm maddeleri iki grup arasında istatistiksel anlamlılık içeriyordu. ASEX'in tüm maddeleri iki grup arasında istatistiksel anlamlılık içeriyordu. Çalışmamızda hem MD hem AB tanılı hastalarda en sık gözlenen cinsel sorun cinsel istekte azalma olarak bulunmuş olup geçmişte yapılan çalışmaları destekler görünümdedir. Cinsel disfonksiyon her iki grupta da sık olsa da, MD hastalarında cinsel yaşam AB hastalarına göre daha olumsuz etkilenmektedir.

Anahtar Kelimeler: *cinsel işlev bozuklukları; major depresyon; anksiyete bozuklukları*

1. Introduction

Sexual dysfunctions (SD) are one of the most common mental disorders (Laumann, Paik, and Rosen, 1999). Although SD is included in classification systems as a diagnostic of its own, it may both be associated with other medical conditions and often accompany other psychiatric disorders. However, mental health impairment has been shown to be the most important risk factor for sexual problems in women (Basson and Gilks 2018). The fundamentals of the current classification of SD are based on the sexual response cycle, which is consisted of excitement, plateau, orgasm, and resolution defined in the 1950s (Masters and Johnson 1966). Disorders associated with the first three of these phases are defined in DSM-5 (American Psychiatric Association 2013).CIB is more common in women than men, and in studies conducted abroad, sexual desire is the most common sexual problem in women (Burri and Spector 2011; Dunn, Croft, and Hackett 1998; Laumann et al. 1999). In our country, vaginismus takes the first place unlike western societies (Yıldırım et al. 2011).

The relationship between SD and other psychiatric disorders is more complex than thought and includes a causal relationship. Comorbid diseases vary also according to the type of SD. Lack of sexual desire is associated mainly with depression (Casper et al. 1985), erectile dysfunction and premature ejaculation mostly with anxiety disorders and within this group, erectile dysfunction in particular is associated with generalized anxiety disorder (Corona et al. 2006), premature ejaculation with social phobia (Corretti et al. 2006) and vaginismus is associated with specific phobia (Yildirim et al. 2009).

Major comorbid psychiatric disorders include major depression and anxiety disorders (Yıldırım, Hacıoglu and Tukel 2014). In patients diagnosed with depression, SD was 2-3 times more common than those without depression (Baldwin 2001).The causes of this prevalence include the existence of a bi-directional relationship that can be both a cause and a result of depression, as well as the side effects of anti-depressant drugs used in the treatment of depression (Baldwin, Manson, and Nowak 2015). Decrease in interest and decreased ability to feel pleasure, decrease in energy, thoughts of worthlessness and decrease in self-esteem, which are included in diagnostic criteria for Major Depression lead to not being able to establish and maintain a close relationship and to sexual problems.

In a study investigating the relationship between depression and drug therapy with SD, the incidence of sexual problems were found to be 45% in patients with depression without drug use, 62% in patients with depression under treatment and 26% in the control group.

However, no relation was found between the type of sexual treatment and drug treatment (Angst 1998).

The relationship between SD and anxiety disorders has been demonstrated by studies, whereas panic disorder in this group had a prevalence of 25% in people who applied for treatment with sexual problems and it was the most studied disease (Kaplan 1988). On the other hand, Panic Disorder patients describe sexual problems with a high rate of 75% (Kaplan 1988). The reason for this high rate is that Panic Disorder patients feel similar sensations between sexual arousal and panic attack and avoid it for fear of panic attack during sexual activity (Dattilio 1994). On the other hand, a 30% of comorbidity was found between Social Phobia and SD, with arousal and orgasm being most common in males and characterized in women with a decrease in sexual desire (46%) and pain during sexual intercourse (Bodinger et al., 2002; Figueira et al., 2001).

2. Method

A total of 68 female patients admitted to the psychiatry clinic were included in the study. Of these, 24 were with MD and 44 patients with AD (7 OCD, 16 PD, 20 GAD, 1 SAD). The diagnosis was made by a psychiatrist using SCID-I / CV. All patients were non-medicated. After the

diagnostic interviews, detailed interviews were conducted by the psychiatrist in order to evaluate the sexual function. Arizona Sexual Experiences Scale Female Form (ASEX) test was performed to all patients, and our study was performed retrospectively with file screening.

2.1. Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I)

SCID-I is the structured clinical interview for DSM-IV axis I disorders. It was developed to allow for a standard administration of the diagnostic assessment, thereby increasing the diagnosis validity and reliability, making it easier to evaluate DSM-IV diagnosis criteria, and studying symptoms in a systematic manner (First et al.1997). SCID-I was adapted to Turkish and tested for reliability by Corapcıoglu et al (Çorapçıoğlu et al. 1999).

2.2. Arizona Sexual Experiences Scale (ASEX) Woman Form

Arizona Sexual Experiences Scale (ASEX) Woman Form is a 5-item, six-point Likert-type self-assessment scale developed by McGahueyve et al. (2000) to evaluate the five basic components of sexual function (arousal, vaginal lubrication, ability to reach orgasm and satisfaction from orgasm). In woman form, there are questions about sexual impulse, psychological arousal, physiological arousal (vaginal lubrication), capacity to reach orgasm and feeling of satisfaction from orgasm. The total score varies from 5 to 30 with each score ranging from 1 to 6. The validity and reliability study of the scale was performed by Soykan (2004).Patients with a total scale score of ≥19 or any sub-dimension score of 5 or more (6) or three or more sub-dimension scores of 4 are likely to experience sexual dysfunction. According to the cut-off point of the Turkish version of the scale, the total score of the scale is ≥11 and the probability of sexual dysfunction is high (Soykan 2004).

2.2.1. Statistical Evaluation

In this study, statistical analysis was done by SPSS (Statistical Package for Social Sciences) Version 11 package program. The profile of responses of patients with MD was compared with those of patients with AD by means of the Student t test and the chi-square/Ficher's exact test. The results were evaluated at p <0.05 level.

3. Results

When the patients with major depression and anxiety disorder were compared in terms of demographic and clinical characteristics, it was found that MD patients (30.4 years (7.6)) were significantly younger than patients with AB (35.5 years (9.4)). No statistically significant difference was found in terms of education, number of children, number of pregnancies, first gestational age and frequency of weekly sexual intercourse (Table 1).

All items of ASEX were statistically significant between the two groups.

Tablo 1. Demographic and clinical characteristics of the study sample.

	MD (SD)	AD (SD)	P
Age	30.4 (7.6)	35.5 (9.4)	0.026*
Education (year)	7.5 (2.9)	6.7 (2.7)	0.912
Sexual intercourses per week	1.3 (1.7)	1.9 (1.3)	0.105
Number of pregnancies	2.9 (1.2)	3.0 (1.3)	0.508
Number of children	2.0 (0.6)	2.3 (0.9)	0.566
Age of first pregnancy	20.9 (2.3)	21.6 (3.4)	0.467

Major Depression (MD), Anxiety Disorders (AD)
*p<0.05

Of the 68 patients, 38 (55.9%) had SD (any sexual dysfunction). The frequency of SD was significantly higher in the MD group (79.2%, 19/24 patients) than in the AD group (43.2%; 19/44 patients) (p = 0.004). Low desire was the most frequently reported dysfunction in both groups (62.5% in MDD, 25% in AD patients) (Table 2).

Tablo 2. The frequency of SD in individual ASEX items: subjects scoring ≥5 on individual ASEX items or ≥19 on total score.

ASEX	MD n=24 (%)	AD n=44 (%)	P
Sex drive (A1)	15 (62)	11 (25)	0.003*
Arousal (A2)	10 (42)	8 (18)	0.036*
Vaginal lubrication (A3)	7 (29)	4 (9)	0.043*
Ability to reach orgasm (A4)	11 (46)	11 (25)	0.079
Satisfaction from orgasm (A5)	8 (33)	5 (11)	0.05*
Total score ≥19	14 (58)	13 (29)	0.02*
Any SD	19 (79)	19 (43)	0.004*
Age of first pregnancy	20.9 (2.3)	21.6 (3.4)	0.467

Major Depression (MD), Anxiety Disorders (AD)
*p<0.05

When two groups were evaluated in terms of MD and AD, all items of ASEX were statistically significant between the two groups (Table 3).

Table 3: Comparison of the severity of SD between patients with MDD and AD

ASEX	MD (SD)	AD (SD)	P
Sex drive (A1)	4.5 (1.3)	3.5 (1.3)	0.003*
Arousal (A2)	4.2 (1.3)	3.4 (1.3)	0.017*
Vaginal lubrication (A3)	3.8 (1.1)	2.8 (1.1)	0.002*
Ability to reach orgasm (A4)	4.1 (1.2)	3.5 (1.2)	0.067
Satisfaction from orgasm (A5)	3.6 (1.4)	2.7 (1.2)	0.009*
Total score	20.4 (5.4)	16.1 (4.7)	0.001*

Major Depression (MD), Anxiety Disorders (AD)
*p<0.05

4. Discussion

In our study, the most common sexual problem in patients with major depression and anxiety disorder was found to be decreasing sexual desire and it seems to support the studies done in the past (Burri and Spector 2011; Dunn et al. 1998; Laumann et al. 1999).

In our study, we found a significant comorbidity of SD in patients with MD and AD. However, the incidence of SD in women with AD was lower than in women with MD. In addition, patients with MD seem to be more affected by sexual problems than those with AD, in terms of satisfaction in the areas of desire, arousal, lubrication and orgasm.

The SD rate of 79% in MD is almost the same as that reported in other studies (Kendurkar and Kaur 2008). Kendurkar and Kaur (2008) reported that SD rate was 50% in OCD and 64% in GAD.

These rates are higher than ours (43%). In addition, due to the lack of a control group in our study, the frequency of these problems could not be compared with those who do not have these diseases and previous studies showed that the decrease in sexual desire was significantly higher in patients with depression than in the normal population, but the frequency of problems related to erectile dysfunction, orgasm and ejaculation did not differ significantly with the control group (Mathew and Weinman 1982). The studies investigating the frequency of SD may vary widely according to the sample selection and the way in which the complaints are questioned. While only 14% of the patients diagnosed with depression mention SD during the outpatient visits, this rate increases to 58% if the clinicians are directly inquiring (Montejo-gonzàlez et al. 1997).

In addition, the intercultural variation in expectations of individuals from sexual life and the subjective nature of the terms used in defining SD can be counted among the reasons for the difference between studies. In our study, the frequency of the sexual problems described by the participants who did not receive drug treatment coincide with the studies showing that the loss of sexual desire and satisfaction in depression was independent from the use of anti-depressants (Laurent and Simons 2009). Although the effect of drug use on sexual functions was not evaluated in our study, it has been shown that 27-65% of the patients diagnosed with depression had worsening of their sexual problems prior to drug treatment or new sexual problems started (Williams et al. 2006, 2010).

Studies showing that the damage caused by the depression process and the recurrent feature of depression can cause permanent damage to sexual functions reveal the importance of the questioning and treatment of sexual functions in patients presenting with depression for the clinicians (Cyranowski et al. 2004; Vanwesenbeeck, ten Have, and de Graaf 2014).The importance of sexual problems be evaluated by mental health professionals in all age groups has been demonstrated in a study showing that psychiatric problems in women in the 50-99 age group are associated with sexual health rather than physical functions, stress, or age itself (Wang et al. 2015). Embarrassment and hesitation of patients and health professionals in speaking on sexuality, expressing their complaints and recognizing these symptoms also lead to a low rate of intervention (Nazareth, Boynton, and King 2003; Read, King, and Watson 1997).

As shown in our study, the prevalence of sexual problems in persons presenting with other mental problems indicates the importance of investigating more in this area, supporting the evaluation of sexual problems before and after treatment with the scales as much as possible.

Limitations: Lack of healthy control group. There were age differences between the groups. The AD group consists of different anxiety disorders. The cross-sectional nature of this study, the cause and effect relationship between SD (sexual dysfunction) and psychiatric diagnosis limits our research.

5. Conclusion

SD is common in both groups. Patients with MDD have more SD than patients with AD in terms of both number and severity. In MDD patients, low desire is the most prominent SD. The low desire and ability to achieve orgasm, is the most prominent SD in patients with AD.

References

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (DSM-5®). American Psychiatric Pub.

Angst, J. (1998). Sexual problems in healthy and depressed persons. International clinical psychopharmacology.

Baldwin, D. S. (2001). Depression and sexual dysfunction. British medical bulletin, 57(1), 81-99.

Baldwin, D. S., Manson, C., & Nowak, M. (2015). Impact of antidepressant drugs on sexual function and satisfaction. CNS drugs, 29(11), 905-913.

Basson, R., & Gilks, T. (2018). Women's sexual dysfunction associated with psychiatric disorders and their treatment. Women's Health, 14, 1745506518762664.

Bodinger, L., Hermesh, H., Aizenberg, D., Valevski, A., Marom, S., Shiloh, R., ... & Weizman, A. (2002). Sexual function and behavior in social phobia. The Journal of clinical psychiatry.

Burri, A., & Spector, T. (2011). Recent and lifelong sexual dysfunction in a female UK population sample: prevalence and risk factors. The journal of sexual medicine, 8(9), 2420-2430.

Casper, R. C., Redmond, D. E., Katz, M. M., Schaffer, C. B., Davis, J. M., & Koslow, S. H. (1985). Somatic symptoms in primary affective disorder: presence and relationship to the classification of depression. Archives of General Psychiatry, 42(11), 1098-1104.

Çorapçıoğlu, A., O. Aydemir, M. Yildiz, A. Esen-Danaci, and E. Koroglu. (1999). "DSM-IV Eksen I Bozuklukları (SCID-I) İçin Yapılandırılmış Klinik Görüşme, Klinik Versiyon."

Corona, G., Mannucci, E., Petrone, L., Ricca, V., Balercia, G., Giommi, R., ... & Maggi, M. (2006). Psycho-biological correlates of free-floating anxiety symptoms in male patients with sexual dysfunctions. Journal of andrology, 27(1), 86-93.

Corretti, G., Pierucci, S., De Scisciolo, M., & Nisita, C. (2006). Comorbidity between social phobia and premature ejaculation: Study on 242 males affected by sexual disorders. Journal of sex & marital therapy, 32(2), 183-187.

Cyranowski, J. M., Bromberger, J., Youk, A., Matthews, K., Kravitz, H. M., & Powell, L. H. (2004). Lifetime depression history and sexual function in women at midlife. Archives of Sexual Behavior, 33(6), 539-548.

Dattilio, F. M. (1994). SAEB: A method of conceptualization in the treatment of panic attacks. Cognitive and Behavioral Practice, 1(1), 179-191.

Dunn, K. M., Croft, P. R., & Hackett, G. I. (1998). Sexual problems: a study of the prevalence and need for health care in the general population. Family Practice, 15(6), 519-524.

Figueira, I., Possidente, E., Marques, C., & Hayes, K. (2001). Sexual dysfunction: a neglected complication of panic disorder and social phobia. Archives of Sexual Behavior, 30(4), 369-377.

First, M. B., Spitzer, R. L., Gibbon, M., & Williams, J. B. (1997). User's guide for the Structured clinical interview for DSM-IV axis I disorders SCID-I: clinician version. American Psychiatric Pub.

Hacıoglu Y., Tukel M., & Tukel A. (2014). "Ektanıdan Tedavi Yan Etkisine Psikiyatrik Bozukluklar ve Cinsel Işlev Bozuklukları: Nasıl Başedebiliriz?" Psikiyatride Güncel 4(4):317–28.

Kaplan, H. S. (1988). Anxiety and sexual dysfunction. The Journal of clinical psychiatry.

Kendurkar, A., & Kaur, B. (2008). Major depressive disorder, obsessive-compulsive disorder, and generalized anxiety disorder: do the sexual dysfunctions differ?. Primary care companion to the Journal of clinical psychiatry, 10(4), 299.

Laumann, E. O., Paik, A., & Rosen, R. C. (1999). Sexual dysfunction in the United States: prevalence and predictors. Jama, 281(6), 537-544.

Laurent, S. M., & Simons, A. D. (2009). Sexual dysfunction in depression and anxiety: conceptualizing sexual dysfunction as part of an internalizing dimension. Clinical psychology review, 29(7), 573-585.

Masters, William H., and Virginia E. Johnson. (1966). Human {Sexual} {Response}. [1st ed.]. Boston: Little, Brown and Company.

Mathew, R. J. and M. L. Weinman. (1982). "Sexual Dysfunctions in Depression." Archives of Sexual Behavior 11(4):323–28.

Montejo-gonzàlez, A. L., Llorca, G., Izquierdo, J. A., Ledesma, A., Bousono, M., Calcedo, A., ... & Derecho, J. (1997). Fluoxetine, paroxetine, sertraline, and fluvoxamine in a prospective, multicenter, and descriptive clinical study of 344 patients. Journal of Sex & Marital Therapy, 23(3), 176-194.

Nazareth, I., Boynton, P., & King, M. (2003). Problems with sexual function in people attending London general practitioners: cross sectional study. Bmj, 327(7412), 423.

Read, S., King, M., & Watson, J. (1997). Sexual dysfunction in primary medical care: prevalence, characteristics and detection by the general practitioner. Journal of Public Health, 19(4), 387-391.

Soykan, A. (2004). The reliability and validity of Arizona sexual experiences scale in Turkish ESRD patients undergoing hemodialysis. International Journal of Impotence Research, 16(6), 531.

Vanwesenbeeck, I., ten Have, M., & De Graaf, R. (2014). Associations between common mental disorders and sexual dissatisfaction in the general population. The British Journal of Psychiatry, 205(2), 151-157.

Wang, V., Depp, C. A., Ceglowski, J., Thompson, W. K., Rock, D., & Jeste, D. V. (2015). Sexual health and function in later life: a population-based study of 606 older adults with a partner. The American Journal of Geriatric Psychiatry, 23(3), 227-233.

Williams, V. S. L., Edin, H. M., Hogue, S. L., Fehnel, S. E., & Baldwin, D. S. (2010). Prevalence and impact of antidepressant-associated sexual dysfunction in three European countries: replication in a cross-sectional patient survey. Journal of Psychopharmacology, 24(4), 489-496.

Williams, V. S., Baldwin, D. S., Hogue, S. L., Fehnel, S. E., Hollis, K. A., & Edin, H. M. (2006). Estimating the prevalence and impact of antidepressant-induced sexual dysfunction in 2 European countries: a cross-sectional patient survey. The Journal of clinical psychiatry, 67(2), 204-210.

Yildirim, E. A., Akyüz, F., Hacioglu, M., Essizoglu, A., Çakmak, A. C., Çakmak, E., & Erdiman, S. (2011). Cinsel Islev Bozukluklari Klinigine Basvuran Olgularda Basvuru Yakinmasi ile Klinik Tani Arasindaki Iliski/Relationship Between Presenting Complaint and Clinical Diagnosis in Outpatients Applying to the Sexual Dysfunction Clinic. Noro-Psikyatri Arsivi, 48, 24.

Yildirim, E. A., Cavas, S., Hacioglu, M., & Yanik, M. (2009). P. 8. a. 012 Psychiatric comorbidity in females with vaginismus. European Neuropsychopharmacology, (19), S700-S701.

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