

SEXUAL DYSFUNCTION IN MALE PATIENTS TAKING ANTIPSYCHOTICS

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Background: Antipsychotics drugs are known to cause sexual dysfunction and are said to be a major cause of non-compliance /poor compliance. There is no local data on the subject although clinical observations indicate that sexual dysfunction in patients on neuroleptics is relatively common. This study was carried out to ascertain the frequency of sexual dysfunction in patients taking antipsychotics medications as no study has been done locally on the subject. **Methods:** Sexual dysfunction was assessed in fifty patients receiving antipsychotic medication and fifty normal controls using Arizona Sexual experience scale (ASEX). **Results:** Erectile dysfunction (48%) and ejaculatory dysfunction (45%) are the two most prominent sexual dysfunction affecting patients taking antipsychotics and the difference from controls is statistically significant. **Conclusions:** Sexual dysfunction among male patients on antipsychotic medications is relatively common.

Key Words: Erectile dysfunction, ejaculatory dysfunction, orgasmic dysfunction, sexual dysfunction, Antipsychotics.

INTRODUCTION

Antipsychotic medications are thought to cause various degrees of sexual dysfunction.¹ Sexual dysfunction is thought to major cause of non-compliance and studies have shown an association between sexual dysfunction and antipsychotics. Schizophrenics taking neuroleptics have more sexual dysfunction compared to unmedicated patients.²⁻⁴ The prevalence of Sexual dysfunction in groups treated with antipsychotics is 60% in men and 30-93 % in women.^{5,6} No local data is available on the subject. So the study was done to assess the frequency of sexual dysfunction in the local hospital based population taking antipsychotic medications.

MATERIAL AND METHODS

The study started in November 2004 and was done at Ayub teaching hospital. Data was collected from November 2004 to January 2005. Inclusion criteria included patients giving informed consent, stabilized on antipsychotics, age range between 18-60 years and being married. Exclusion criteria included Diabetes mellitus, Hypertension, cardiovascular disease, gonadal injury, endocrine disorder/medication, substance abuse, inability to give informed consent or answer questions and use of medications other than antipsychotics. (antidepressants, anticonvulsants, lithium, and beta-blockers). Female patients were excluded because of cultural reasons. Fifty consecutive male patients attending psychiatric outpatients department and receiving neuroleptic medications were included in the study. Another fifty patients attending general male outpatients department of the same hospital for minor ailments acted as normal controls.

Patients sexual functioning was assessed using Arizona sexual experience scale (ASEX) for men developed by McGahuey et al.⁷ Patients were interviewed by a trained interviewer who translated /explained questions to patients. Subjects were recorded to have sexual dysfunction as measured by a total score of 19 or higher on ASEX or any individual item score greater than 5 or any 3 individual item score equal to 4. Apart from sexual function the following information was also collected in more details.

Demographic information, history of mental illness and drug compliance were recorded. Statistical analysis was done. Standard error difference between two proportions was calculated. P-value was then obtained using normal distribution table.

RESULTS

The percentage of sexual dysfunction in patients and controls is shown in Table 1. The levels of libido reported by patients taking antipsychotics didn't differ significantly from normal controls. However, patients taking Antipsychotics reported more than twice as much erectile dysfunction (48%) than normal controls (22%). Similarly ejaculatory dysfunction was 3.2 times more common in subjects taking antipsychotics than normal controls. The difference in erectile and ejaculatory dysfunction between patients and controls were statistically significant. Orgasmic dysfunction (lack of enjoyment) was slightly less than twice as common in the patients group (14%) than normal controls (8%). The different types of antipsychotics medications taken by patients included depot clopenthixol, depot fluphenazine, haloperidol, trifluoperazine, thioridazine and risperidone. The

doses of different medications used are given in Table 2. Majority of the patients 37 (74 %) had acute or chronic schizophrenia while 13 patients (26 %) were suffering from bipolar affective disorder with most recent episode being manic.

Table 1: Sexual Dysfunction in Patients and Normal Controls

Sexual dysfunction	Patients	Controls	P-value
Reduced Libido	8 %	6 %	N.S*
Erectile Dysfunction	48 %	22 %	P<.01**
Ejaculatory Dysfunction	46 %	14 %	P<.01**
Orgasmic Dysfunction	14 %	8 %	N.S*

*: Not Significant, **: Highly Significant

Table 2: Medications and dosage Causing Sexual Dysfunction

Drugs Used	Dosage
Depot Clopenthixol	200 mg
Fluphenazine Depot	25 mg
Haloperidol	10-20 mg
Trifluoperazine	10-20 mg
Thioridazine	600mg
Risperidone	4-6 mg

The dosage for clopenthixol and fluphenazine was Given once every three weeks while for others daily dosage are mentioned.

DISCUSSION

Studies to assess sexual dysfunction in schizophrenia have used different methodologies: open interview⁸ review of medical record⁹ semi structured interview⁶ self-rating questionnaire completed in the presence of interviewer² structured interview and questionnaire.¹⁰ The best way of finding out whether antipsychotics medication has a negative effect on sexual function is to compare subjects before and after they start medication.¹¹ However, drug free patients are too unwell to answer intimate questions about sexual functioning. In this study as ASEX is in English, questions had to be translated and explained to the responders in local language. The advantage of this approach is that responders were able to understand any points they do not within the questionnaires. However the disadvantage of this method is responders don't have privacy, which they would have in case of questionnaires. This leads to embarrassment during interview; some interviewer's bias and responders may be less honest in answering

some questions. However in the current circumstances this was the best possible option. The results are consistent with other studies. All previous studies on the subject^{2,3,5,6} have reported higher level of sexual dysfunction in patients on neuroleptics medications. The most prominent problem was E.D. (48%). This percentage is similar to Teusch et al⁶ (47 %) and more than 38 % reported by Gharidian et al.⁵ About 80% of patients reported at least one sexual dysfunction. This is comparable with 82 % reported by Nithsdale schizophrenia survey.¹² Only male patients were included in the study because an earlier pilot study showed reluctance of female patients to answer questions about sexual problems or give informed consent and lack of trained female interviewer.

Arizona Sexual Experience Scale (ASEX) is brief, contains questions about all aspects of sexual cycle that is, libido, erection, orgasmic, and ejaculatory functions. However, it does not address aspects of relationship between partners. Therefore only married patients were included in the study. Although questionnaires does not include questions about relationship, patients were asked about the level of relationship between spouses and patients with strained relationship with spouses were not included in the study.

CONCLUSIONS AND IMPLICATIONS

The study suggests that sexual dysfunctions in male patients on Antipsychotic medications are relatively common.

- The majority of patients on antipsychotic medications had at least one sexual dysfunction with erectile dysfunction being the most common.
- Sexual dysfunction should be routinely inquired from patients with schizophrenia and bipolar affective disorder receiving antipsychotics medications during follow up and dosage adjusted accordingly.

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