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Full Length Article

Sleep disturbances and sexual function among men aged 45–75 years in an urban area of Iran



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ABSTRACT

Background and aims: Aging in men is associated with various physical and mental symptoms, including sleep problems and sexual dysfunction. The aim of this study was to determine the status of sleep disorders and sexual dysfunction in men aged 45–75 years in Ilam, Iran.

Materials and methods: In this population-based cross-sectional study, 390 men aged 45–75 years were selected by cluster randomization in Ilam–Iran. Data were collected using 0–100 brief sexual function inventory and the sleep disorder questionnaires.

Results: Totally, 34.6% of men complained about sleep disorders: 17.4% about falling asleep, 12.8% about frequent nocturnal awakenings, 12.8% about waking up in the early hours in the morning and problem in falling asleep again, and 24.9% about fatigue and tiredness despite getting enough sleep. There was a significant relationship between all aspects of sexual function and the common problems related to sleep ($p < 0.001$). The older, unemployed, illiterate men, those with inadequate income, those affected by chronic diseases, and/or urinary incontinence had significantly inferior sexual function compared with the others.

Conclusion: According to the high prevalence of sleep disorders in men as well as its association with sexual dysfunction, adopting health measures in this regard is necessary.

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1. Introduction

Increase in life expectancy in the recent decades has resulted in the increase in the population of the middle-aged and the elderly men. As they get older, men experience some changes in their physical and mental status due to decrease in androgen; changes like sleep disorders and sexual dysfunction [1,2]. Sleep, constituting one third of the people's whole lifetime, has a significant role in the rate of testosterone secretion, studies show that the maximum testosterone secretion rate occurs during sleep mainly rapid eye movement (REM). So, having adequate and high quality sleep is important for having satisfiable erection [3].

Sleep disorder is one of the problems that appears or intensifies with age. As people get older, the advantageous and desirable sleep decreases in them and this matter is associated with decrease in the rate of testosterone and its complications like a decrease in sexual function. The rate of testosterone in half of the healthy men aged 50-70 years is less than that in those aged 20-40 years [2].

Some people get involved with the middle age crisis as a result of the changes due to the decrease of androgen, the symptoms of which usually appear in middle age period and afterward. This crisis appears with sudden and obvious changes like severe depression, increase in taking some drugs, change in lifestyle, changes in working and matrimony relations, and some disorders related to sexual function [4].

Some sources engaged in stating the relationship between the incidence of sleep disorders, and fatigue and tiredness despite getting enough sleep, and also the relationship between sleep disorders and hypo-gonadotropism and eventually decrease in free testosterone and the consequent decrease in sexual function and its related complications [2,5,6].

The results of the studies show that people who have trouble in sleeping for any reason and those who do not feel satisfied with their nightly sleep resulted from various chronic diseases such as apnea, have inferior sexual function compared to others [1,7]. However, there is not a consensus among researchers in this relation [8].

Despite considerable decrease in the mean hours of the normal sleep in recent years due to various reasons [9,10], especially in old ages [11,12], the results of the studies on the relationship between sleep disorders and sexual function are contradictory [8,13,14]. Hitherto no study has been conducted in this relation in Iran on the middle-aged men. So, this study was performed aiming at determining the state of sleep disorders and sexual dysfunction and its relation with aging in the men aged 45-75 years in Ilam located in the west of Iran.

2. Methods

In this is cross-sectional study, 390 middle-aged and older men were studied from the late June to the late July 2011. After approval of Ethic Committee of Tabriz University of Medical Sciences, sampling was done through cluster randomization from Ilam-Iran. Given that this paper is a part of a

study in which the lifestyle of the wives are examined too, 80 women residing in Ilam, aged 45-54 years in the statistics of 2006, were selected randomly with the cooperation of Iran Statistic Center. The address of these people was considered to be the head in each cluster, sampling was started from the cluster head and continued from right side to the point that 5 eligible people were accessed. 400 people were selected to participate in the study. Finally, 10 men were excluded because of the inadequacy of the number of subjects in the age groups, and 390 people were selected as the sample. The sample size was calculated by considering the power 0.9, $\alpha=0.05$, $\sigma=22$ [15].

The exclusion criteria were those who had a surgery operation during the last three months; past record of suffering from chronic diseases except in heart; diabetes; hypertension; urinary incontinence; backache; and also the past record of taking a special drug except the drugs related to the aforementioned diseases; past record of hamocardiorrhagia or cerebral apoplexy, less than 6 months living with the present spouse; existence of any kind of sore or lump in genital tract; suffering from any mental disease and appearance of any sever stress like occurrence of an accident or losing one of the main body limbs during the last three months.

So, with respect to the exclusion criteria, 13 people were excluded from the study because of their unwillingness, and 25 people because of some problems like suffering from some diseases like dermal disease, birth defects, mental disorders, multiple sclerosis, advanced rheumatoid arthritis, hamocardiorrhagia or cerebral apoplexy (9 people), passing less than three months since surgery (3 people), bigamy (10 people), missing a family member (sister, brother, father, mother, child) during the last three months (3 people). These people were replaced by the next person in their cluster.

The data were collected by a trained interviewer man through the interview. Going to their doors and ensuring that they had the criteria of the study, the interviewer completed the questionnaires. The subjects were assured that the gathered information would be confidential and that they could leave the study if they intend to. Written consent was obtained from all the samples. If the samples were not home at the two repetitive times of the interrogator's coming to their house, at the time that the subject was likely to be home, the next questionnaire would be completed. The questionnaires were anonymous and included demographic information and the questionnaire related to the assessment of sexual function of men (Brief sexualfunction inventory) and the questionnaire related to the evaluation of sleep disorders [16]. The demographic information questionnaire would examine some variables, including age, level of literacy, employment status, and income status, being affected by chronic heart diseases, hypertension, diabetes, and past record of prostate surgery.

To use the questionnaire, firstly, permission was obtained by the TRUST Organization Then, it was translated into Persian and re-translated by two people who were proficient in both English and Persian. After that, the translators met the members of the research team and examined the differences between the re-translation and the original questionnaire. Finally, the experts confirmed that the Persian copy

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