

## ORIGINAL RESEARCH—MEN'S SEXUAL HEALTH

# Sexual Dysfunction in Men Seeking Treatment for Opioid Dependence: A Study from India

Kandappan Venkatesh, MD, Surendra K. Mattoo, MD, and Sandeep Grover, MD

Department of Psychiatry, PGIMER, Chandigarh, India

DOI: 10.1111/jsm.12588

### ABSTRACT

**Introduction.** There is limited literature on opioid dependence patients for the prevalence of sexual dysfunction as assessed by validated questionnaires.

**Aim.** To study the prevalence and specified demographic and clinical correlates of sexual dysfunction in men seeking treatment for opioid dependence by using multiple validated instruments.

**Methods.** Men with opioid dependence for at least 1 year as per DSM-IV (confirmed by Mini International Neuropsychiatric Interview) (OD group, N = 100) and matched healthy controls (HC group, N = 50) were evaluated for sexual dysfunction.

**Main Outcome Measures.** Arizona Sexual Experience Questionnaire (ASEX), International Index of Erectile Function (IIEF) and Changes in Sexual Functioning Questionnaire Short-Form (CSFQ-14).

**Results.** In men seeking treatment for opioid dependence sexual dysfunction was recorded in 48% by ASEX, and in at least one of the domains in 92% by IIEF and in 90% by CSFQ; in comparison with the healthy controls, the prevalence of sexual dysfunction in patients with opioid dependence was significantly higher by each measure.

**Conclusions.** Compared with healthy controls, sexual dysfunction rates are higher in patients seeking treatment for opioid dependence. **Venkatesh K, Mattoo SK, and Grover S. Sexual dysfunction in men seeking treatment for opioid dependence: A study from India. J Sex Med 2014;11:2055–2064.**

**Key Words.** Opioid Dependence; Sexual Dysfunction

### Introduction

The relationship between opioid use and sexuality is complex. People may use opioids to either enhance sexual performance, or overcome sexual dysfunction. However, in the long run opioid abuse impacts on sexual functioning negatively and may lead to the onset of sexual disorders [1].

Sexual dysfunction in opioid dependence (OD) has received limited research attention. Compared with the general population studies with heroin addicts or methadone maintenance treatment (MMT) or bupronorphine maintenance treatment subjects have shown higher rates of sexual dysfunction [2–7], ranging 34–85% for heroin addiction [3–15] and 90% for naltrexone maintenance

[8,14]. However, most of this research suffered from limitations. Either their focus was limited to either premature ejaculation [3,5,13,16,17] or the frequency of sexual intercourse and masturbatory activity [2,7], or they did not use standardized instrument for sexual dysfunction assessment [2,7,10,16]. Consequently, there is no consensus on the most common dysfunction. While erectile dysfunction [5,6,8,13,18], premature ejaculation [14,17], orgasmic dysfunction [6,12,19], and low libido [2,5,7] have all been implicated as most common, dysfunction across all the domains has been reported more often [6,7,11,14,19,20]. Studies correlating altered hormonal levels (testosterone, prolactin, luteinizing hormone) and sexual dysfunction have generally reported negative findings [6,9,18,20]. Some studies refute any

correlation between methadone dose and sexual dysfunction [10,21,22] while others relate erectile dysfunction to higher doses of methadone [5,18,23]. Higher methadone dose has been correlated negatively with ejaculation frequency [22] and positively with orgasmic dysfunction in men on MMT [11]. While some studies suggest no correlation between sexual dysfunction and depression [12,13,18], others report sexual dysfunction to be affected by comorbid depression [15] and number of psychological symptoms [23].

This brief review suggests that most of the available research is from the West, and mainly focuses on sexual dysfunction with heroin and methadone. Also, that the conclusions about the nature, degree, and the significance of association between opioids and sexual dysfunction suffer due to methodological limitations like heterogeneous populations, unsystematized or incomplete information, lack of matched controls, and lack of validated instruments to assess sexual dysfunction. In this background our research aimed to study in opioid-dependent men the prevalence and specified demographic and clinical correlates of sexual dysfunction by using multiple validated sexual dysfunction instruments.

## Methods and Setting

The study was conducted at the Drug De-addiction and Treatment Centre (DDTC) of the Postgraduate Institute of Medical Education & Research, Chandigarh, a tertiary care multispecialty teaching hospital in North India. It was approved by the Institute Research Ethics Committee, and the subject participation was based on a written informed consent.

The study sample consisted of men seeking treatment for OD of at least 1 year duration as per DSM-IV (confirmed by MINI) (OD, N = 100) and a matched healthy control group (HC, N = 50). The HC subjects were non-blood-related caregivers/visitors of patients attending the hospital, who were not regular users of any psychoactive substance except tobacco (using substances twice or less often per week, and  $\leq 60$  mL of standard spirits/alcohol v/v 42.7% on each occasion).

The OD group was selected by purposive random sampling. Between July 2012 and June 2013, 50% of the patients meeting the inclusion and exclusion criteria were recruited using a randomization table.

The inclusion criteria for both OD and HC groups were: men aged 21–50 years who were

married or having a stable heterosexual sexual partner. OD subjects were recruited after at least 6 days of abstinence, which was confirmed by urine thin layer chromatography and his partner, and/or other family members, and were excluded if they were in acute withdrawal state.

OD subjects were also excluded if they had history of sexual dysfunction prior to the onset of substance use (confirmed by retrospective application of International Index of Erectile Function [IIEF]), history of trauma or surgery in the pelvic area, organic brain syndrome, mental retardation, comorbid axis-1 psychiatric disorders (as per *Mini International Neuropsychiatric Interview* [MINI] [24]). Subjects with chronic comorbid medical illness like hypertension, diabetes mellitus, thyroid dysfunction, cardiovascular disorders (angina, myocardial infarction); renal dysfunctions; neurological disorders (stroke, spinal cord lesions, peripheral neuropathy) were also excluded as it was considered that these illnesses can contribute to sexual dysfunction. These illnesses were ruled out by the needed history, physical examination and investigations. Those using any substance regularly except for nicotine and those taking naltrexone continuously for more than 2 weeks prior to assessment for the study were also excluded. Those regularly using any medication, which could improve/decrease the desire or the level of sexual functioning (e.g., phosphodiesterase inhibitors), were also excluded.

All opioid-dependent patients attending the DDTC were approached. They could be actively using opioids or into opioid abstinence for at least 6 days. OD, other substance dependence/abuse, and other psychiatric comorbidities were confirmed by using MINI.

*Clinical Opiate Withdrawal Scale* (COWS) [25] which is a clinician-administered instrument was used to rate the withdrawal, and *Severity of Opioid Dependence Questionnaire* (SODQ) [26] was used to assess the severity of OD.

Participants of both the OD and HC groups were evaluated on Arizona Sexual Experience Questionnaire (ASEX) [27], International Index of Erectile Function (IIEF) [28], Changes in Sexual Functioning Questionnaire Short-Form (CSFQ-14) [29], Dyadic Adjustment Scale (DAS) [30], Hamilton Depression Rating Scale (HDRS) [31], and State Trait Anxiety Inventory (STAI) [32,33]. For all the scales assessing the sexual dysfunction, patients were asked to take into account and rate their sexual functioning in the preceding 1 month excluding the period of opioid withdrawal, if any.

Download English Version:

<https://daneshyari.com/en/article/4269970>

Download Persian Version:

<https://daneshyari.com/article/4269970>

[Daneshyari.com](https://daneshyari.com)