Remitted Male Schizophrenia Patients with Sexual Dysfunction

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ABSTRACT

Introduction. Despite the high prevalence of sexual dysfunction among male schizophrenia patients, there is still a paucity of research on this area.

Aims. The study aims to determine the prevalence of sexual dysfunction and any association between male patients with schizophrenia in remission and the sociodemographic profile, medication, depression, anxiety, psychopathology of illness, body mass index, and waist circumference.

Methods. A cross-sectional study with nonprobability sampling method was conducted in a psychiatric outpatient clinic in Taiping Hospital (Perak, Malaysia) over a 7-month period. A total of 111 remitted male schizophrenia patients were recruited. The validated Malay version of the International Index of Erectile Function (Mal-IIEF-15) was administered to the patients and assessed over 4-week duration in the domains of erectile function, orgasmic function, sexual desire, intercourse satisfaction, and overall satisfaction. Logistic regression analysis was employed.

Main Outcome Measures. Prevalence and associated factors for sexual dysfunction in each domain are the main outcome measures.

Results. All five domains of sexual functioning in patients showed a high prevalence of dysfunction ranging from 78.4% to 97.1% with orgasmic dysfunction being the least impaired and intercourse satisfaction the worst impaired. Among the domains, only orgasmic dysfunction was significantly associated with race, i.e., Chinese at lower risk for impairment than the Malays (OR = 0.23; 95% CI: 0.07, 0.76; $P = 0.018$); education, i.e., patients with education higher than primary level were at higher risk for dysfunction (OR = 6.49; 95% CI: 1.32, 32.05; $P = 0.022$); and Positive and Negative Syndrome Scale (PANSS)-positive subscale, i.e., higher PANSS-positive score was a protective factor for orgasmic dysfunction (OR = 0.54; 95% CI: 0.33, 0.89; $P = 0.015$).

Conclusions. The prevalence of sexual dysfunction was generally high. Malay patients and those with education higher than primary level were at higher risk for orgasmic dysfunction whereas higher PANSS-positive score was protective against the impairment. The high rate of sexual dysfunction in schizophrenia patients warrants a routine inquiry into patients' sexuality and the appropriate problems being addressed. **Ong KY, Muhd Ramli ER, and Che Ismail H. Remitted male schizophrenia patients with sexual dysfunction. J Sex Med 2014;11:956–965.**

Key Words. Male Schizophrenia in Remission; Sexual Dysfunction; Prevalence; Psychopathology; Validated Malay Version of the International Index of Erectile Function (Mal-IIEF-15)

Introduction

Sexual dysfunction in patients with schizophrenia is a common phenomenon but the issue has been relatively neglected [1]. This lack of attention to the sexual matters was portrayed in both clinical care as well as in research [2]. On one hand, patients may lack the comfort to raise their sexual problem due to cultural barriers or mistrusts toward the clinicians. On the other hand, clinicians may not be willing to discuss such sexual concerns with their patients for fear of worsening the symptoms of schizophrenia or slowing the remission rate [3]. Furthermore, some clinicians

may regard sexual-related complaints as relatively insignificant or inappropriate compared with the devastating positive symptoms of schizophrenia [4].

From a research perspective, studying sexual dysfunction in schizophrenia patients is methodologically complex and challenging. Such previous studies suggested high rates of sexual problems, but these studies had several limitations including small and unrepresentative sample sizes and the inclusion of only inpatients [5–7]. The focus was on patients on antipsychotic, and they failed to assess male and female patients separately [8,9]. The studies had also failed in giving consideration to the effect of medical illness on sexual functioning. Some studies did not employ validated rating scales [10,11]. As there is no single rating instrument or method routinely used to assess sexual functioning in schizophrenia patients, interpreting published data and determining the effects of various factors on sexual functioning are often difficult. Currently, only the Psychotropic-Related Sexual Dysfunction Questionnaire (PRSexDQ) has been particularly validated for patients treated with antipsychotic [12]. As such, the validity of studies that used scales other than the PRSexDQ may be doubtful. Other studies solely relied on the use of medical records or only self-administered questionnaires, with no opportunity for patients to clarify meanings or doubts of the questions or the choices of answers. Finally, not much attention was given as to whether a clinician's recognition and understanding of the presence of a sexual dysfunction were similar to patient's perception of suffering from a sexual problem [13].

Kelly & Conley in their review paper stated that approximately 50% of patients with schizophrenia reported sexual dysfunction in the course of their treatment with conventional antipsychotic [2,14–19]. Most schizophrenia patients regard sexual dysfunction as more devastating than other adverse effects of medication [20,21]. Such sexual problems significantly affect the patient's quality of life, with consequent negative view and attitude toward pharmacotherapy and poor adherence to treatment [19,21]. Patients are more willing to open up and share their difficulties in their sexual life when the issue is raised [22]. Most patients will not spontaneously report their sexual problems, and as such, the true occurrence may be underestimated. Thus, clinicians' awareness and recognition of these sexual matters is of utmost important. Initiating a routine and sensitive inquiry on patients' sexual function had further improved their therapeutic outcome [2,23].

Aims

Therefore, the purpose of this study was to determine the prevalence of sexual dysfunction among male patients with schizophrenia in a clinic setting. The focus was only on male schizophrenia patients due to limited resources and time constraint. The specific objectives of the study were to determine (i) the prevalence of sexual dysfunction with its various sexual domains, and (ii) any association between the domains of sexual functioning and patient's sociodemographic profile, medication, depression, anxiety, psychopathology of illness, body mass index (BMI), and waist circumference.

Methods

The study was a cross-sectional design conducted in Taiping Hospital, a district hospital located in the Taiping town of the Perak state, in Malaysia. Taiping Hospital covers psychiatric services for three other large districts in Perak. The psychiatric outpatient clinic operates 3 days per week and all patients are 18 years old and above. Each clinic day could have a load of approximately 90 patients, of which 10 of them were male schizophrenia patients. Malays accounted for about 70% of the total schizophrenia patients whereas 20% of them were Chinese, and about 9% were Indians. The ethnic distribution reflected the proportion of schizophrenia patients in Malaysia [24]. The racial proportion for the district of Taiping was 152,090 for Malays and 123,374 for non-Malays [25].

The study duration was 7 months, from June 2011 to December 2011. The study sample included male patients with schizophrenia who fulfilled the following *inclusion criteria*:

1. patients who attended the psychiatric outpatient clinic in Taiping Hospital and were diagnosed with schizophrenia based on the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* criteria;
2. schizophrenia patients who were in remission, i.e., the core symptoms of schizophrenia had been reduced substantially for at least 6 months' duration (with Positive and Negative Syndrome Scale [PANSS] item scores of 3 or less) in such a way that these core symptoms did not influence patient's behavior and that the diagnosis of schizophrenia would not be further justified [26]; and