

ORIGINAL RESEARCH—MEN'S SEXUAL HEALTH

Sexual Dysfunction in Men Suffering from Genital Warts

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ABSTRACT

Introduction. Human papillomavirus (HPV) infection can present clinically as genital warts (GWs) in both males and females. Much less is known about the psychosexual consequences of GW, and the studies on patients in this group are still quite limited.

Aims. The aim of this study was to test two hypotheses: (i) sexual dysfunction (SD) is likely to occur in male patients suffering from GWs; (ii) if male SD exists, it may be associated with depression or anxiety.

Methods. This was a pilot study with a prospective cross-sectional design. Male patients with GW (N for patient group = 116) were compared with male control cases (N for control group = 71) using the Arizona Sexual Experience Scale (ASEX), Beck Depression Inventory (BDI), and Beck Anxiety Inventory (BAI). The participants were evaluated by a dermatologist and a psychiatrist, respectively.

Main Outcome Measures. The associations between sexual dysfunction, depression, and anxiety among the participants were examined.

Results. There was no difference between the groups in terms of sociodemographic changes. Sexual dysfunction was found to be significantly more common in the patients than controls ($P = 0.000 < 0.001$). When the subscores of ASEX were evaluated, they were found to be statistically significant between the two groups ($P = 0.000 < 0.001$). BDI and BAI scores were statistically higher in the patient group than in controls, and there was a positive correlation between BDI and BAI scores with ASEX total and subscores ($P = 0.000 < 0.001$).

Conclusions. Male patients with GW have higher rates of sexual dysfunction, depression, and anxiety when compared with the normal population. Men suffering from GW should be evaluated for possible sexual problems, besides depression and anxiety. **Kucukunal A, Altunay IK, and Mercan S. Sexual dysfunction in men suffering from genital warts. J Sex Med 2013;10:1585–1591.**

Key Words. HPV; Genital Warts; Sexual Dysfunction; Psychological; Depression; Anxiety; Skin Diseases and Sexual Function

Introduction

Sexual dysfunction (SD) is common among men of all ages, ethnicities, and cultural backgrounds [1]. A variety of medical, psychological, and lifestyle factors that negatively impact self-esteem, quality of life, and interpersonal relationships has been implicated in the etiology [2]. Major advances have been made within the last few years with regard to understanding the possible underlying organic and psychological factors for male SD. However, it is still a prevalent health problem

in men, and it is currently underestimated in the society [3]. In the field of dermatovenerology, skin diseases and their association with sexual dysfunctioning are a very new subject [2].

Genital human papillomavirus (HPV) infections are the most commonly diagnosed sexually transmitted infections (STIs) worldwide [4–7]. Genital HPV infection can present clinically as genital warts (GWs) in both males and females [8]. Most studies have focused only on women because of the association between HPV infection and cervical cancer; but approximately 3–4 million cases

of GWs in men occur each year worldwide [9] and it brings an important concern, both for the disease burden in men and for the risk of transmission to women. Despite the fact that GWs occurring in men are usually due to rarely carcinogenic types of HPV [10] and not life threatening, they are associated with high morbidity: psychological effects, psychosocial stigma, psychosexual dysfunction, and lower quality of life. It has been suggested that the psychological effects of GWs have much greater impact on well-being than the physical effects; people with anogenital warts may display anxiety, depression, and sexual difficulties [11]. In the literature, it has been reported that STIs may result in psychiatric problems and SD. Yet there are only a few reports (Catalan et al.; Mandal et al.; Guaraldi et al.) which reveal that little is known about the psychosexual impact of GWs [12–14]. To our knowledge, there is no conclusive evidence of a specific correlation between GWs and male sexual functioning.

Aims

This study was designed to test two hypotheses: (i) SD is likely to occur in male patients suffering from GWs; and (ii) if male SD exists, it may be associated with depression or anxiety.

Methods

A pilot study with a prospective cross-sectional design was performed in the dermatology outpatient clinic of Sisli Etfal Training and Research Hospital, Istanbul between August 2011 and October 2012. Following the local ethics committee approval, 187 male participants were enrolled in the study, including 116 patients with GWs as the patient group (admitted to the outpatient clinic) and 71 healthy volunteers as a control group (selected from the hospital staff and also from the relatives of the patients who came to visit them).

After informed consents were obtained from all subjects and the aim of the study was explained to them, they were evaluated by a dermatologist and a psychiatrist, respectively. The exclusion criteria were the following: for both groups, the presence of any comorbid psychiatric disorder and/or medical conditions such as endocrinal, muscular, neurologic, or cardiovascular diseases, renal dysfunction, or hypogonadism; past pelvic or abdominal surgeries (known to cause SD); smoking; use of any medication that could affect sexual functioning; and the existence of any sexual problems

before the manifestation of the dermatologic disorder; for the control group, the presence of any dermatologic disorder.

Sociodemographic information, including age, education, marital status, profession, sexual history, and current sexual functioning (patient's age at first sexual intercourse, presence of a sexual partner at the current time), as well as the presence of any sexual, physical, or psychological problem in the partner, was obtained, and dermatologic examination findings were recorded. The groups were compared for homogeneity by using statistical analysis. Three validated questionnaires—the Arizona Sexual Experience Scale (ASEX), Beck Depression Inventory (BDI), and Beck Anxiety Inventory (BAI)—were used to assess the sexual health of the participants.

ASEX

This scale evaluates sexual functioning in both men and women. It is a brief scale designed to assess the core elements of sexual functioning: drive, arousal, penile erection/vaginal lubrication, ability to reach orgasm, and satisfaction with orgasm. Possible total scores range from 5 to 30, with the higher scores indicating more SD. Items are rated on a six-point Likert system. The study for Turkish reliability and validity of this test was performed by Soykan [15].

BDI

This is a 21-item inventory assessing symptoms of depression as specified in the *Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition*. Items are scored on a four-point Likert scale ranging from 0 (absent) to 3 (severe). The total score may range from 0 to 63. Hisli developed the reliability and validity of the Turkish version of this test [16].

BAI

This is a 21-item inventory; each item has four statements describing increasing levels of severity and questions that quantify the physiological aspect of anxiety. The total score may range from 0 to 63. The Turkish reliability and validity of this test was performed by Ulusoy et al. [17].

Statistical Analysis

Sociodemographic characteristics and medical data were analyzed statistically by Windows SPSS 20.0 program (IBM, Armonk, NY, USA). Mean, standard deviation, rate, and frequency values were used as the statistical descriptions. Distribution of

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