

Impact of Nonorganic Erectile Dysfunction on Spouses: A Study from India

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ABSTRACT

Introduction. The overall outcome of men with erectile dysfunction (ED) depends a lot on participation in treatment of their partners/spouses. However, psychosexual functioning of partners/spouses has received scant attention.

Aim. To study the psychosexual functioning of spouses of men with nonorganic ED in terms of their sexual satisfaction, psychological problems, marital adjustment, quality of life, and level of dysfunction.

Main Outcome Measures. The main outcome measures for the partners of men with ED were symptom questionnaire, marital questionnaire (KDS-15 marital questionnaire), sexuality scale, quality of life enjoyment and satisfaction questionnaire, dyadic adjustment scale, and dysfunction analysis questionnaire.

Method. Spouses of men with ED (n = 50) and spouses of men without any psychosexual dysfunction (n = 50) were compared for sexual and marital function, quality of life, and dyadic adjustment. The psychological impact was assessed by symptom questionnaire.

Results. Spouses of men with ED have significantly lower levels of marital and sexual satisfaction and higher levels of psychiatric symptoms than controls. Furthermore, the spouses of men with nonorganic ED also report poor quality of life in most domains of life and had higher level of dysfunction.

Conclusion. Our findings support the Western data with regard to the psychosexual functioning of spouses/partners of men with ED and suggest that spouses/partners of men with ED should also be assessed thoroughly. **Avasthi A, Grover S, Kaur R, Prakash O, and Kulhara P. Impact of nonorganic erectile dysfunction on spouses: A study from India. J Sex Med 2010;7:3666–3674.**

Key Words. Female Partners of Men with Erectile Dysfunction; Erectile Dysfunction; Marital Satisfaction; Sexual Satisfaction; Quality of Life; Partner

Introduction

Erectile dysfunction (ED) is a common condition occurring in men throughout the world [1]. The presence of ED in men not only leads to lower sexual and overall life satisfaction in sufferers [2,3], but also leads to lower relationship satisfaction, increased distress and depression, poorer quality of life, and lower self-esteem compared with healthy people [4–6].

Despite the recent increase in the awareness and research on ED, very few studies have evaluated psychosexual functioning of partners of men with ED. It is noted by some researchers

that sexual dysfunction frequently leads to initiation of a number of physical and emotional interactions between partners and has a detrimental effect on the intimacy among the partners. This leads to further maintenance of sexual dysfunction [7]. It is seen that ED in men leads to poor sexual drive and sexual dysfunction [8–11], lower sexual satisfaction, and general life dissatisfaction [11] in their partners. In addition, sexual dysfunction in men also makes the partner feel unattractive, rejected, lonely, guilty, and anxious about the sexual relationship [7]. Furthermore, the ED in men also leads to development of thoughts about separation

between the partners [12] and may contribute to marital problems.

Studies have also shown that there is high level of concordance between the men with ED and their partners on perceptions of the specific functional impairments characterizing the man's ED and also in many of their attitudes, beliefs, and experiences regarding ED [13]. Furthermore, partner's attitude, level of sexual satisfaction prior to onset of ED, and perception of the impact that her partner's ED was having on their life is also associated with help seeking for ED [14]. Considering the impotence of role of the heterosexual partners in ED, recently an instrument has been developed for detection of ED by the partners [15].

Most of the literature about psychosexual functioning of partners of men with ED has emerged from Western countries. It is well known that sexual behavior and practices are influenced by culture, and, findings from one culture cannot be generalized to the other. Hence, it is important to understand transcultural differences in sexual behavior.

India is a country where marriage has traditionally been considered a natural developmental phenomenon with highly stable marital relationships. Till recently, discussing sexual matters was considered a taboo and most females would hesitate to discuss their sexual life, particularly, with regard to their desires and satisfaction [16]. Although male sexual functioning is given a lot of importance in Indian culture, effect of ED on partners is hardly discussed.

For the last two or three decades, there has been an apparent transition in India in the attitude of people toward sexuality. Expressions and feelings that otherwise would have been termed as scandalous and in the need of being tamed to adhere to socially accepted rules, values, and practices, are now being accepted as natural. Many females now accept sex as an important aspect of life and they are able to communicate the same to their partners [16]. In this changing scenario, this exploratory study was undertaken to study the impact of ED on spouses in terms of their sexual satisfaction, psychological problems, marital adjustment, quality of life, and level of dysfunction.

Methods

Setting

This cross-sectional study was conducted at the Department of Psychiatry of a tertiary care multi-

speciality hospital in India, which provides services to a major area of North India.

The Department of Psychiatry runs a marital and psychosexual clinic (MPC), which provides services to the subjects presenting with sexual dysfunction or marital problems. All cases are clinically assessed through a detailed semistructured interview and based on all the available information and investigation findings; a final diagnosis is made and the treatment plan is formulated. Appropriate pharmacological and nonpharmacological management is provided to patients/couples.

Study Design and Sample

The subjects for this study were recruited on the basis of a written informed consent assuring confidentiality and freedom of choice of participation. The written informed consent was obtained from both the patients/sexually healthy controls and their spouses who participated in the study. The sample comprised two groups: *Index Group* (spouses of males with nonorganic ED of at least 6 months without any other comorbid sexual dysfunction/disorder, $n = 50$) and *Control Group* (spouses of sexually functional males, selected from among relatives or friends of patients coming to the Psychiatry OPD, $n = 50$). Consecutive sampling was done for the index group and for the control group; purposive sampling method was used. Both the groups were matched on age and level of education. The diagnosis of failure of genital response as per ICD-10 [17] criteria was based on the information provided by the couple to the Consultant Psychiatrist (AA, PK), investigation findings if any, and opinion of other specialists (endocrinologist and urologist).

In both the groups, patients/controls and their spouses were in the age range of 18–45 years and the couples were living together for at least 6 months in order to ensure an opportunity for their regular sexual contact. The upper age limit of 45 years was kept to avoid taking subjects with age-related changes in sexual function. The minimum duration of 6 months of living together provided enough time for the wife to experience distress and disruption in daily functioning, if any. To be included in the study, both the partners were required to be free from any chronic physical illness, major psychiatric disorders including drug dependence and other sexual disorders. The Research and Ethics Committee of the Institute had cleared the study.

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