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Influence of substance use on the erectile response in a sample of drug users

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Abstract Erectile dysfunction in men may be due to multiple causes, including anxiety and substance abuse. The main objective of this study is to know how it affects the continued use of addictive substances in the erectile response, taking into account not only the type of substances consumed, but also other variables that may influence on sexual response, such as the time of withdrawal, anxiety and sexual attitude. Two samples were used, one for males ($n = 925$) who had a history of substance use and another one for males ($n = 82$) with no history of substance abuse. Both populations were selected by a cluster sampling of 27 Spanish provinces. The GRISS, SOS and STAI questionnaires were used. The results indicate that men with a history of consumption obtained a higher percentage of dysfunction in the erectile dysfunction questionnaire GRISS scale than those who have a history of consumption (36.69% vs.15.85%) who also have higher scores on state anxiety (19.83 vs.11.89) and trait anxiety (25.66 vs.12.39) and lowest in erotophilia (86.85 vs. 97.29) was statistically significant difference. It is also proved that the time of withdrawal does not help ex drug users improve their erectile response.

PALABRAS CLAVE
Disfunción eréctil;
drogas;
ansiedad;
actitudes sexuales;
estudio ex post facto

Influencia del uso de sustancias en la respuesta eréctil en una muestra de consumidores de drogas

Resumen La disfunción eréctil en el hombre puede deberse a múltiples causas, entre ellas la ansiedad y el consumo de sustancias adictivas. El objetivo del presente estudio fue conocer cómo afecta el consumo continuado de sustancias adictivas a la respuesta eréctil, teniendo en cuenta además del tipo de sustancias consumidas, otras variables que pueden influir en la respuesta sexual, como el tiempo de abstinencia, la ansiedad y las actitudes sexuales. La muestra constaba de dos grupos, uno de hombres ($n = 925$) con un historial de consumo de sustancias y otro (n = 82) sin historial de consumo de sustancias adictivas. Ambas muestras fueron seleccionadas, mediante muestreo por conglomerados, en 27 provincias españolas. Se utilizaron

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los cuestionarios GRISS, STAI y SOS. Los hombres con historial de consumo obtuvieron un mayor porcentaje de disfuncionalidad en la escala disfunción eréctil del GRISS que aquellos que no tenían una historia de consumo (36,69% vs. 15,85%), además mostraron puntuaciones mayores en ansiedad estado (19,83 vs.11,89) y ansiedad rasgo (25,66 vs. 2,39) y menores en erotofilia (86,85 vs. 97,29), siendo la diferencia estadísticamente significativa. Asimismo, se descarta que el tiempo de abstinencia ayude a mejorar la respuesta eréctil de los hombres exconsumidores de drogas.

Erectile dysfunction (ED) is the inability to achieve or maintain an erection with the rigidity required to complete satisfactory sexual relations (National Institute of Health Consensus Development Panel on Impotence, NIHCDPI, 1993). ICD-10 (Organización Mundial de la Salud, OMS, 1992) defines it as difficulty to achieve or maintain an adequate erection for satisfactory penetration, including psychogenic impotence and erectile disorders. In the DSM-5 (American Psychiatric Association, APA, 2013) ED is defined as a partial or complete, reoccurring or persistent failure to obtain or maintain an erection through the end of sexual activity.

Years ago ED was considered to be of psychological origin in 75-95% of cases (Abraham & Porto, 1979). However, the emergence of new diagnostic methods revealed organic causes in a majority of them. For this reason, ED was etiologically classified as organic, psychogenic or mixed. Therefore, some authors establish that ED with psychogenic origin is 10% of the total (Stief, Bahren, Scherb, & Gall, 1989). Hanash (1997) found that 20-30% of erectile dysfunctions were purely psychogenic and that mixed cause could reach 66%, while other authors report 37% for organic, 33% for mixed and 30% for purely psychogenic (Farré & Lasheras, 1998). In any case it is necessary to bear in mind that in all cases of ED there is a psychological component, independent of if a possible original organic cause exists.

From a clinical point of view, the most relevant is to determine the predisposing, precipitant and maintaining factors for the dysfunction. In any of the three groups, anxiety and attitudes towards sexuality play fundamental roles. An important, and not very studied, etiological agent that causes ED is substance use. Although, some studies have suggested that substance use may improve sexual functioning in a fleeting way in the short term (Degenhardt & Topp, 2003). It has long term effects on sexual response (Johnson, Phelps, & Cottler, 2004). Thus, people who have used addictive substances have on average a higher number of sexual dysfunctions that people who have not (Blanco, Pérez, & Batista, 2011; Duany, 2013; Groves, Sarkar, Nebhinan, Mattoo, & Basu, 2014; Grover, Shah, Dutt, & Avasthi, 2012; Hernández, 2012; Lèvy & Garnier, 2006; McKay, 2005; Smith, 2007), ED being one of them (Cabello, 2010; Cabello, Díaz, & Del Río, 2013; Díaz, Del Río & Cabello, 2013; Fora, 2013; Jiann, 2009; Labairu, Padilla, Arrondo, & Lorenzo, 2013; Segraves & Balon, 2014; Vallejo-Medina, Guillén-Riquelme, & Sierra, 2009).

The principal objective of this study was to understand how substance use affects erectile response in men with a history of previous addictive substance use, taking into account, in addition to the substances used, other variables that may influence sexual response, such as anxiety and attitudes towards sexuality. The following hypothesis were formed: 1) men who have used addictive substances will present a higher incidence of erectile dysfunction than those who have not used them; 2) the longer the abstinence periods, the better the erectile response will be; 3) men who are substance users will, on average, present more erotophobic attitudes than men who were not consumers; 4) men who are substance users will present higher anxiety than men who have not been consumers; 5) the type of commonly consumed substance (stimulant, depressant or psychedelic) will influence the erectile response differently; and 6) older men will present more difficulties in the erectile response.

Method

Participants

Two samples, one corresponding to males with a history of substance abuse (n = 925) and another formed by men with no history of substance abuse (n = 82) were used. Both samples were selected by cluster sampling in 27 Spanish provinces. Substance users showed an age range between 18 and 61 years (M = 34.56, SD = 7.67), 454 (49.08%) had a partner, with an average of 8.41 years of cohabitation, and 471 (50.92%) did not. Non-users had an age range between 19 and 61 years (M = 36.30, SD = 8.30), 69 (84.15%) had a partner, with a mean of 10.90 years of cohabitation, and 13 (15.85%) were not in a relationship.

For inclusion in the study, participants had to be of legal age, have or have had a sexual partner for more than six months time and voluntarily accept study participation. People who had any mental disease cataloged in the DSM-IV-TR (American Psychiatric Association, APA, 2002), except for substance addiction, impulse control deficits and sexual dysfunction, as well as the people taking any medication were excluded from the study.

The sociodemographic data for the substance user group included the type of substance habitually used before detoxification. Data are presented in Table 1.

Instruments

The validated Spanish version by Aluja and Farré (cited by Blázquez et al., 2008) of the Golombok Rust