

## EPIDEMIOLOGY &amp; RISK FACTORS

## Sexual Functions in Male and Female Patients With Bipolar Disorder During Remission

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## ABSTRACT

**Introduction:** Bipolar disorder is an episodic mood disorder that causes unusual shifts in mood and affects the ability to carry out day-to-day tasks.

**Aim:** Evaluation of the sexual function in men and women with bipolar disorder during remission.

**Methods:** 60 men and women with bipolar disorder and 60 age-matched control subjects were included. A Structured Clinical Interview of *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* was performed to confirm the diagnosis, and Hamilton Depression Rating Scale (HAM-D) to assess the depressive symptoms and Young Mania Rating Scale (YMRS) to assess the manic symptoms. We assessed sexual function in both sexes using international indices of erectile function for men and sexual function of women.

**Main Outcome Measures:** Scores of HAM-D, YMRS, Arabic versions of International Index of Erectile Function (IIEF) and female sexual function (FSFI).

**Results:** Depressive symptoms showed insignificant adverse correlation with the IIEF in men, whereas they revealed adverse significant correlations with the items of female sexual function index (FSFI) except pain (correlation coefficients [ $r$ ] = 0.349 [ $P$  = .059],  $r$  = 0.680 [ $P$  < .001],  $r$  = 0.574 [ $P$  = .001],  $r$  = 0.517 [ $P$  = .003],  $r$  = 0.569 [ $P$  = .001],  $r$  = 0.532 [ $P$  = .002],  $r$  = 0.609 [ $P$  < .001],  $r$  = 0.342 [ $P$  = .065], respectively). Interestingly, the manic symptoms were associated with sexual hyperfunctioning in the men and were insignificantly correlated with the different items of FSFI in the women ( $r$  = 0.414 [ $P$  = .023],  $r$  = 0.043 [ $P$  = .821],  $r$  = 0.100 [ $P$  = .601],  $r$  = 0.108 [ $P$  = .571],  $r$  = 0.183 [ $P$  = .332],  $r$  = 0.086 [ $P$  = .651],  $r$  = 0.022 [ $P$  = .907],  $r$  = 0.109 [ $P$  = .565], respectively). There was a positive correlation between the affected women's satisfaction and their partners' score ( $r$  = 0.374,  $P$  = .042). Finally, the mean score of pain was statistically higher in the female cases than the normal ones (mean  $\pm$  SD = 3.6  $\pm$  0.4, 3.4,  $\pm$  0.6;  $P$  = .036).

**Clinical implications:** A different approach may be mandatory for manic female patients.

**Strengths & Limitations:** This study is one of the few studies that evaluated the sexual function in patients with bipolar disorder especially during remission. Some limitations of this study must be mentioned. We failed to evaluate the female partners of the diseased males. Quality of life of the recruited patients was not assessed. Finally, the study included patients who were not drug free.

**Conclusion:** Manic symptoms in female bipolar I patients are associated with sexual hypofunctioning. **Elkhayat YI, Seif AFA, Khalil MAF, et al. Sexual functions in male and female patients with bipolar disorder during remission. J Sex Med 2018;XX:XXX–XXX.**

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**Key Words:** Bipolar Disorder During Remission; Female Sexual Function Index (FSFI); Validated Arabic Version of International Index of Erectile Function (IIEF); Manic Symptoms in Bipolar Male and Female Patients; Depressive Symptoms in Bipolar Male and Female Patients

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## INTRODUCTION

The overall health and well-being of an individual necessitate normal sexual activity.<sup>1</sup> The sexual response cycle includes excitement, plateau, orgasm, and resolution phases.<sup>2</sup> Desire and arousal are both part of the excitement phase of the sexual response. Sexual dysfunction refers to a problem occurring during any phase of the sexual response cycle that prevents the individual or couple from experiencing satisfaction from the sexual activity. Sexual dysfunction is a common problem with detrimental effects on men's quality of life together with economical and societal impact.<sup>3</sup> Also, sexual dysfunction results in negative effects on interpersonal and social relationships, and on the quality of life of women.<sup>4</sup>

Bipolar disorder, also known as manic-depressive illness, is an episodic mood disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks. There are four basic types of bipolar disorder; all of them involve clear changes in mood, energy, and activity levels. These moods range from periods of extremely "up" elated and energized behavior (known as manic episodes) to very sad, "down" or hopeless periods (known as depressive episodes). Less severe manic periods are known as hypomanic episodes.<sup>5</sup>

Bipolar I disorder is defined by manic episodes that last at least 7 days, or by manic symptoms that are so severe that the person needs immediate hospital care. Usually, depressive episodes occur as well, typically lasting at least 2 weeks. Episodes of depression with mixed features (having depression and manic symptoms at the same time) are also possible.<sup>5</sup> We aimed in this study to determine the sexual function of men and women with bipolar I disorder during remission phase and its impact on their partners.

## PATIENTS AND METHODS

### Sample Recruitment

This was an observational case control study that was done in the Psychiatry and Addiction Medicine Hospital, Faculty of Medicine at Cairo University. It included 2 groups: the first group consisted of 60 patients—30 men and 30 women—with bipolar disorder in remission. The control group consisted of 60 subjects matched to the patients group. All the participants were given informed consents before joining this study and this study was approved by the Andrology Department and Ethics Committee of the Faculty of Medicine, Beni Suf University that conforms to the Helsinki Declaration of 1964.

### Inclusion Criteria of the Patients

Included patients were aged 18 to 45 years with bipolar I disorder during remission phase at least 2 months after the last episode.

### Exclusion Criteria of the Patients

We excluded patients with major systemic disease (hepatic, renal, cardiovascular, and neurologic), patients who received any

medication that may interfere with normal sexual activity or ejaculatory function, and patients with past history of sexual dysfunction. We also excluded patients with low desire (for men, total testosterone [TT] < 12 nmol/L and/or calculated free testosterone cFT 9.0–40.0 pg/mL; for women, testosterone 1.3 nmol/L and prolactin [>18 ng/mL in men and >30 ng/mL in women]), and obese or overweight patients (body mass index > 25 kg/m<sup>2</sup>).

### Inclusion Criteria of the Controls

The control group included 60 healthy subjects without any history of major systemic disease (eg, hepatic, renal, cardiovascular, and neurologic), receiving no medication that may interfere with normal sexual activity or ejaculatory function, or past history of sexual dysfunction. The male controls were healthy individuals who attended our clinic complaining of testicular pain or hydrocele, and the female controls were healthy individuals who attended the gynecology outpatient clinic complaining of genital discharge.

### Exclusion Criteria of the Controls

We set the exclusion criteria of the controls to be the same as that of the patients. All the patients and the controls were subjected to the following: A structured interview was conducted ensuring patients confidentiality and privacy. During this interview, all the patients were subjected to psychiatry history-taking, Structured Clinical Interview (SCID-I) of *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* to confirm the diagnosis of the remission phase of the bipolar disorder, Hamilton Depression Rating Scale (HAM-D) to assess the depressive symptoms, and Young Mania Rating Scale (YMRS) to assess the manic symptoms. Additionally, we evaluated the testosterone level of the men and controls using 5 mL venous blood that was withdrawn at 11 AM.

For female cases and control subjects, venous blood 5 mL was drawn at the fifth or sixth day from the beginning of menses in fertile women. Serum testosterone (total) was measured using the electrochemiluminescence immunoassay, and testosterone (free) was measured using radioimmunoassay. (The hormones were measured using the ADVIA Centaur CP Immunoassay System [Siemens Healthcare, Munich Germany], and the kits were supplied by the manufacturer). Free and bioavailable testosterone were calculated.<sup>6</sup> Also, prolactin level was evaluated in the cases and control subjects using the same blood sample. It was measured by enzyme-linked immunosorbent assay technique (for men = 2–18 ng/mL and for women [non-pregnant] = 3–30 ng/mL). Finally, we used the validated Arabic versions of the International Index of Erectile Function for men (IIEF, the abridged 5-item version) and FSFI to assess the sexual function of both sexes (they have the same cut-off scores of the English versions of both indices).<sup>7,8</sup> Finally, all the healthy subjects and the partners of the patients were subjected to the validated Arabic versions of the IIEF for men and FSFI to evaluate their sexual function.<sup>7,8</sup>

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