

EPIDEMIOLOGY & RISK FACTORS

Sexual Activity, Sexual Dysfunction, and Sexual Life Quality Among Psychiatric Hospital Inpatients With Schizophrenia



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ABSTRACT

Background: Sexual dysfunction occurs commonly in patients with psychiatric illness and may be related to the primary mental disorder, comorbidity with sexual disorders or medical illness, or medications used for mental disorders treatment, but the magnitude of this problem is unknown.

Aim: To estimate the prevalence of current sexual activity, sexual dysfunction, and sexual attitude and influence of factors on patients with schizophrenia.

Methods: This study used a cross-sectional design with a total of 317 patients diagnosed with schizophrenia. The subjects completed a demographic questionnaire, sexual attitude scale, sexual dysfunction scale, and sexual behavior scale. Descriptive analysis, difference analysis, and logistic regression model were used to identify relevant variables that may affect sexual life quality.

Outcomes: Age, sexual satisfaction, and patient symptoms may predict sexual life quality on patients with schizophrenia.

Results: The mean age of patients was 47.71 ± 9.54 years old. About the sexual activities, 53% of subjects had sexual intercourse experience, and 41.3% reported currently having sexual intercourse. The mean \pm SD age for first sexual intercourse was 20.83 ± 5.95 years old (median was 20.0 years old). Moreover, women older than 50 years had significantly higher medians for the Brief Psychiatric Rating Scale (BPRS) score, higher proportions of sexual dysfunction, and lower proportions of feeling important to sexual life quality than men. For participants with age ≤ 50 years old, there was a significant relationship among BPRS group (mean score >2.5 vs ≤ 2.5), sexual dysfunction ($P < .001$), sexual life quality ($P < .001$), and sexual satisfaction ($P = .006$). Among the predictors of feeling important to sexual life quality, sexual satisfaction (odds ratio = 7.005, 95% CI = 4.126–11.892, $P < .001$) and BPRS score (odds ratio = 4.501, 95% CI = 2.042–9.923, $P < .001$) were significant independent factors after adding the interaction of age group and BPRS group.

Clinical Translation: This study also reveals the close relationship between sexual satisfaction and BPRS score, which may predict sexual life quality of patients with schizophrenia. Limitations include the possibility of underreporting and bias associated with self-report measurement.

Conclusion: Sexual life quality and sexual dysfunction on patients with schizophrenia are associated with interaction among psychological, sociological, and biochemical-pharmacological factors. **Ma M-C, Chao J-K, Hung J-Y, et al. Sexual Activity, Sexual Dysfunction, and Sexual Life Quality Among Psychiatric Hospital Inpatients With Schizophrenia. J Sex Med 2018;15:324–333.**

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Key Words: Sexual Activity; Sexual Dysfunction; Sexual Life Quality; Patients With Schizophrenia; Arizona Sexual Experience Scale

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INTRODUCTION

Sexuality is a natural component of human behavior, and the nature of sexual behaviors in the healthy population has been well addressed.¹ Proper sexual functioning is one of the most important components for quality of life and maintaining a satisfying intimate relationship. Sexual health is “a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity.”² Sexual functioning has received little attention or recognition as an important aspect of care; however, sexuality in chronic and/or severe mental illness is not a widely researched or widely discussed topic. Sexual dysfunction and poor sexual life quality are common in patients with schizophrenia, but this area has been relatively neglected to date. This lack of attention to sexual matters applies to both clinical care and research.³ Bag-galey⁴ also pointed out that sexual dysfunction of patients with schizophrenia is a common phenomenon but the issue has been relatively neglected. The prevalence of sexual dysfunction is higher in persons with mental disorders and may be related to both psychopathology and pharmacotherapy. Some studies showed that sexual dysfunction, such as erectile dysfunction (ED), decreased libido, or disturbances in ejaculation/orgasm, are frequent in both men and women with schizophrenia.^{5,6} The incidence of ED in depression ranges from 18–35%. In severe depression, estimated rates of ED go as high as 90%, although this percentage may be exaggerated by side effects of treatment and decreased sexual desire.⁷ In patients with schizophrenia, ED incidence is reported at 47%.⁸ The study of Clayton and Balon⁹ also points out that sexual symptoms associated with psychiatric illness and its treatment include diminished sexual desire, arousal problems such as inhibited cognitive sexual excitement, diminished genital sensation, ED, and failure to achieve and maintain vaginal lubrication. Disturbances of the menstrual cycle can also be included because it will impact on the sexual experience. Schizophrenia sexual dysfunction is an important subject because it can lead to poor treatment adherence and in turn increase the chances of relapse and cause long-term poor outcomes. Sexual dysfunction in patients with schizophrenia is the key cause to poor quality of life.

Sexual dysfunction occurs commonly in patients with psychiatric illness and may be related to the primary mental disorder, to pre-existing or comorbid with sexual disorders or medical illness, or to medications used to treat mental disorders. Sexual dysfunctions also represent an important factor both with regard to adherence to medication, which is highly influenced by side effects of antipsychotics, and other outcome variables such as quality of life.^{10,11} The study of Ong et al¹² showed that high rates of sexual dysfunction in schizophrenia patients warrant a routine inquiry into patients' sexuality and the appropriate problems being addressed.

50% of Men and 30% of women with psychotic illness reported some form of sexual dysfunction, and 40% of both

genders never had a sexual relationship.¹³ Therefore, the purpose of this study was to report: (1) the prevalence of sexual dysfunction and its various sexual domains among patients with schizophrenia; and (2) any association among the domains of sexual functioning, patient sociodemographic profiles, body mass index (BMI), sexual attitudes, and Brief Psychiatric Rating Scale (BPRS) scores for psychiatric hospital inpatients.

METHODOLOGY

Materials and Methods

Data come from a cross-sectional survey on sexual behaviors, the Arizona Sexual Experience Scale (ASEX) Chinese Version (CV), sexual attitude, administered in 2015 to 317 patients living at a psychiatric hospital in eastern Taiwan. Eligibility criteria for inclusion into the study included: (1) *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition* diagnosis of schizophrenia as established by a psychiatrist; and (2) a minimum age requirement of 20 years. Patients were excluded if they had a general medical condition or history of a surgical procedure known to cause sexual dysfunction. Uncontrolled psychiatric symptoms, diabetes mellitus, history of stroke, congestive heart failure, unstable cardiac condition, arrhythmia, or myocardial infarction within the last 6 months (which can cause sexual dysfunction) were also excluded. The Ethics Committee of Science and Technology, which includes the Institutional Review Board of Chang Gung University, approved the proposal and was in accordance with the Declaration of Helsinki. All participants provided informed written consent.

The study was a cross-sectional design and purposive sampling was used. The participants were not limited to specific departments.

Procedure

Data were collected using self-reported questionnaires and in-person interviews. In a quiet room, participants completed the anonymous self-administered survey or staff members interviewed the participants individually. If self-administered, doctors and a research assistant were available to answer any questions. The institutional review board consent form was signed by the participants before questioning. Participants were asked to fill out demographic data, sexual behaviors, ASEX-CV, and sexual attitudes in the questionnaire. After completing the questionnaire, participants were asked to place it in the provided envelope and close it.

Assessment Instruments

Demographic Questionnaire

The questionnaire included 16 items, which were mainly multiple choice. There were 16 demographic items, including gender, age, relationship condition, educational category, religion, smoking and drinking habits, awareness of one's health

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