

A study of sexual dysfunctions in female patients of obsessive - compulsive disorder and dissociative disorder attending psychiatry OPD

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Abstract

Background: Female sexual dysfunctions is highly prevalent but our knowledge of female sexuality has consistently lagged behind that male sexuality. as sexual dysfunction is a taboo subject in many countries that negatively affects the quality of life and may responsible for psychopathological disturbances and affects person's ability to respond sexually or to experience sexual pleasure. **Aim and objective:** The pattern of psychosexual problems among female patients with Obsessive – Compulsive disorder and Dissociative disorder. **Material and Methods:** The study conducted in department of psychiatry of National Institute of Medical sciences Research and Hospital, Jaipur. Study consisted of 35 married female subjects with diagnosis of Obsessive – Compulsive disorder and Dissociative disorder. Yale Brown Obsessive Compulsive Scale (YBOCS), Dissociative Experience Scale (DES2), Arizona Sexual Experience Scale (ASEX) for assessing the sexual dysfunctions. Subjects Were assessed by using ICD 10 criteria. **Result:** Total 35 female subjects were taken out of which 15 were of OCD and 20 were of Dissociative Disorder. Total 17 female subjects were having sexual dysfunctions. Out of 17 subjects 9 were having OCD and remaining 8 were having Dissociative Disorder. Most common age group of OCD subjects with sexual dysfunctions were 18-28 years 66.6%, 55.5% subjects were illiterate and 66.6% were having loss of sexual desire and 33.4% were complaint of Orgasmic Dysfunction. 16.6% were having whitish discharge with physical weakness. And Most common age group of dissociative subjects with sexual dysfunctions were 18-28 years and 40-50 years 37.5% of age. while 62.5% of patients belongs to joint family and 62.5% patients were Hindu. And Lack of Sexual Desire 37.5%, Orgasmic Dysfunction 37.5%, Nonorganic Dyspareunia 25%, whitish discharge with physical weakness 50% and 50% subjects were illiterate. **Conclusion:** There is a substantial impairment of sexual functioning in women with psychiatric illness. This study demonstrates the need for increased awareness of problems, better identification with careful assessment through sexual health history.

Key Words: Female sexual dysfunction, Obsessive –Compulsive and Dissociative disorder.

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INTRODUCTION

Sexual dysfunctions involves the individual in various ways that makes them unable to participate in sexual relationship as they would wish, occurring frequently, but

may be absent on some occasions. Both biological and psychological processes are responsible for causation of sexual dysfunctions.¹ The epidemiological studies done on female sexual dysfunctions are very less due to which there is less data available on prevalence of sexual problems associated with female.² There is a need of research on female sexual dysfunctions, which further effects the adult behavior patterns.³ Health practitioner and women usually avoid discussion on problems related with sexual dysfunctions.⁴ Mental and sexual health of women is directly or indirectly related with cultural, social, biological, psychological factors⁵. It is important to create awareness about the female sexual dysfunctions which may help in early diagnosis and management of sexual dysfunctions.⁶ As the female sexual dysfunctions is taboo subject for the discussion in many places which

ultimately creates the negative effects which may include familial conflict and even divorce.⁷ Psychosexual disorders also occurs due to disturbance in different phases of normal sexual response cycle. Which may include desire, excitement, orgasm, resolution.⁸ Sexual dysfunctions are influenced by a number of factors, including mental illness. It is estimated that 30 -40% of adult women have some form of sexual dysfunctions.⁹

PSYCHOSEXUAL DYSFUNCTIONS ACCORDING TO ICD - 10:¹

F 52.0 Lack or Loss of Sexual Desire

F 52.1 Sexual Aversion and Lack of Sexual Enjoyment

F 52.1-0 Sexual Aversion

F 52.1-1 Lack of Sexual Enjoyment

F 52.2 Failure of Genital Response

F 52.3 Orgasmic Dysfunction

F 52.5 Nonorganic Vaginismus

F 52.6 Nonorganic Dyspareunia

F 52. 8 Other Sexual Dysfunctions, not caused by organic disorder or disease

F 52.9 Unspecified sexual dysfunction, not caused by organic disorder

MATERIAL AND METHODS

Study setting: The present study was conducted in National Institute Of Medical Sciences Research and Hospital, Jaipur, Rajasthan, India.

METHODS: The present study was an observational, analytical and cross-sectional study conducted in department of psychiatry of National Institute of Medical sciences Research and Hospital, Jaipur. Study consisted of 35 married female subjects with diagnosis of

Obsessive – Compulsive disorder (OCD) and Dissociative disorder. Yale Brown Obsessive Compulsive Scale (YBOCS), Dissociative Experience Scale (DES2), Arizona Sexual Experience Scale (ASEX) for assessing the sexual dysfunctions. Subjects Were assessed by using ICD 10 criteria.

Inclusion Criteria

1. All married and sexually active female patients with age group of 18 years to 50 years who attended psychiatry OPD of National Institute Of Medical Sciences Research and Hospital, Jaipur.
2. Who gave a written informed consent for participating in the study.
3. Meeting the criteria for Obsessive – compulsive disorder (OCD) and Dissociative according to ICD-10.
4. Not taking any psychotropic medications.

Exclusion Criteria

1. The cases below 18 years and above 50 years of age.
2. The cases with preexisting significant medical, gynecology, genitourinary, surgical, organic brain disorders and mental retardation, psychosis and bipolar disorder.

Total number of female subjects with OCD and Dissociative disorder were N=35 out of which following were diagnosed with psychosexual dysfunctions:

Diagnosis (ICD-10)	Subjects with psychosexual dysfunctions (N=17)	%
OCD	9	60%
Dissociative disorder	8	40%

RESULT

The sample comprised of 35 married female subjects with diagnosis of Obsessive – Compulsive disorder (OCD) and Dissociative disorder. Total 35 female subjects were taken out of which 15 were of OCD and 20 were of Dissociative Disorder. Out of 35 female subjects 17 female subjects were having sexual dysfunctions. Out of 17subjects 9 were having OCD and remaining 8 were having Dissociative Disorder.

Table 1: Socio-demographic profile of OCD patients

Age group	No. of dysfunctions N=9(OCD)	(%)
18-28 year	6	66.6%
29-39 year	3	33.4%
40-50 year	0	0
Family type	No. of dysfunctions N=9(OCD)	(%)
Nuclear	3	33.4%
Joint	6	66.6%
Religion	No of dysfunctions N=9(OCD)	(%)
Hindu	5	55.5%
Sikh	4	44.5%
Education	No of dysfunctions N=9(OCD)	(%)
Illiterate	5	55.5%
Primary	4	44.5%

The above table shows that Most common age group of OCD subjects with sexual dysfunctions were 18-28 years 66.6% and most of the subjects were illiterate 55.5%. Sexual dysfunction prevalent in Hindu 55.5% And more common joint family 66.6%.

Table 2: Clinical profile of OCD patients

Referred	No of dysfunction N=9(OCD)	(%)
Direct	5	55.5%
Skin	4	44.5%
Year of marriage	No of dysfunction N=9 (OCD)	(%)
0-5 years	3	33.4%
6-10 years	6	66.6%
Whitish discharge	No of dysfunction N=9 (OCD)	(%)
Physical weakness	1	11.1%
No of sexual dysfunctions	No of dysfunction N=9 (OCD)	(%)
Two	1	11.1%
Three	1	11.1%
Arizona sexual experiences scale	No of dysfunction N=9 (OCD)	(%)
	2	22.2%
F 52.0	6	66.6 %
F52.3	3	33.4%

The above shows that 55.5% subjects came directly and 44.5% from skin department to psychiatry OPD, loss of sexual desire 66.6% and Orgasmic Dysfunction 33.4%. whitish discharge with physical weakness 11.1% and sexual dysfunctions associated with number of year of marriage 6-10 years is 66.6%.

Table 3: Socio-demographic profile of dissociative patients

Age group	No. of dysfunction N=8 (Dissociative)	(%)
18-28 year	3	37.5%
29-39 year	2	25%
40-50 year	3	37.5%
Family type	No. of dysfunction N=8 (Dissociative)	(%)
Nuclear	3	37.5%
Joint	5	62.5%
Religion	No. of dysfunction N=8 (Dissociative)	(%)
Hindu	5	62.5%
Sikh	3	37.5%
Education	No of dysfunction N=8 (Dissociative)	(%)
Illiterate	4	50 %
Primary	2	25 %
Middle/higher	2	25 %

The above table shows that Most common age group of dissociative subjects with sexual dysfunctions were 18-28 years and 40-50 years 37. 5% of age, 62. 5% of patients belongs to joint family and 62.5% patients were Hindu, 50% patients were illiterate.

Table 4: Clinical profile of dissociative patients

Reference	No of dysfunction N=8 (Dissociative)	(%)
Direct	4	50 %
Medicine	4	50%
Year of marriage	No of dysfunction N=8 (Dissociative)	(%)
0-5 years	2	25%
6-10 years	6	75%
Whitish discharge	No of dysfunction N=8 (Dissociative)	(%)
Physical weakness	3	37.5%
No of sexual dysfunctions	No of dysfunction N=8 (Dissociative)	(%)
Single	1	12.5%
Two	2	25%
Three	1	12.5%
Arizona sexual experiences scale	No of dysfunction N=8 (Dissociative)	%
	4	50%
According to ICD-10 (FSD)	No of dysfunction N=8 (Dissociative)	(%)
F 52.0	3	37.5%
F52.3	3	37.5%
F52.6	2	25 %

The above table shows that 50% subjects came directly and 50% referred by medicine to psychiatry OPD, 37.5 % Subjects having Lack of Sexual Desire and Orgasmic Dysfunction and 25 % Nonorganic Dyspareunia. whitish discharge with physical weakness 37.5%.

DISCUSSION

The current study was done in department of psychiatry, National institute of medical sciences and research, hospital and medical college, Jaipur. The sample comprised of 35 married female subjects with diagnosis of Obsessive – Compulsive disorder (OCD) and Dissociative disorder. Total 35 female subjects were taken out of which 15 were of OCD and 20 were of Dissociative Disorder. Out of 35 female subjects 17 female subjects were having sexual dysfunctions. Out of 17 subjects 9 were having OCD and remaining 8 were having Dissociative Disorder. In current study, we found different psychosexual dysfunctions out of which 66.6% were having Lack or Loss of Sexual Desire and 33.4% were having Orgasmic Dysfunction was found in patients with Obsessive – Compulsive disorder, while in study done by Guha Thakurta *et al.*, 2014, females total dysfunction was present in 51.28% (N=39) of the subjects, orgasmic dysfunction was the most frequent dysfunction 20.51% followed by desire which was 15.38%.¹⁰ Another study by Şenol Turan *et al.*, 2015 found that anorgasmia was 51.2 %.¹¹ The reason for higher percentage dysfunctions in other studies may there sample is more as compare to current study. In current study 37.5% Lack of Sexual Desire, 37.5% Orgasmic Dysfunction, 25% Nonorganic Dyspareunia all are equally prevalent in Dissociative disorder patients 33.3%. A study done by Farina B *et al.*, 2011, FSD was observed (adjusted odds ratio [OR] = 5.39, 95% confidence interval [CI] = 1.15–25.32). The very less studies are done on dissociative disorder with sexual dysfunctions that's why less data was mentioned.

CONCLUSION

Obsessive Compulsive disorder: (OCD) patients with sexual dysfunctions: The most common age group involve is 18-28 years that is 66.6% of total patients screened. 55.5% of subjects were illiterate. religion of 50% of patients was hindu. 66.6% of patients living in joint family suffered, out of total patients screened 55.5% of patients came directly to the psychiatric OPD, sexual dysfunction with OCD is increased with increase in

number of years of marriage seen in 6-10 years after marriage in 66.6% of subjects. Most common sexual dysfunction with OCD is lack of sexual desire in 66.6% and orgasmic dysfunction in 33.4% associated with whitish discharge along with physical weakness in 16.6% subjects.

Dissociative with sexual dysfunctions: The most common age group is 18-28 years and 40-50 yrs which is 37.5%, 50% of subjects were illiterate. Religion of 50% of patients was Hindu. 62.5% of patients living in joint family suffered, sexual dysfunction with Dissociative is increased with increase in number of years of marriage seen in 6-10 years after marriage in 75% of subjects. Most common sexual dysfunction with Dissociative is lack of sexual desire and orgasmic dysfunction in 37.5% and 25% Nonorganic Dyspareunia.

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