

# ASSOCIATION OF PSYCHIATRIC MORBIDITY WITH PREMATURE EJACULATION CASES

S. Jamil Hussain, Fahad-ul-Zain, Inam Rasool, Jamil Junejo

## ABSTRACT

**Objective:** To assess the association of psychiatric morbidity of premature ejaculation in a given sample of males visiting a tertiary care hospital.

**Design:** Cross-Sectional Study.

**Place and Duration of study:** The study was conducted in the out-patient clinics of Faculty of Psychiatry, Liaquat University of Medical and Health Sciences & Sir Cowasji Jehangir Institute of Psychiatry, Hyderabad during the period from 1<sup>st</sup> January 2009 to 31<sup>st</sup> August, 2009.

**Subjects and Methods:** 64 male patients with leading symptom of Premature Ejaculation were separated from rest of the patients having other sexual difficulties and interviewed by mental health professionals. Socio-demographic data was collected on semi-structured proforma designed for the study. ICD-10 Criterion was applied to establish psychiatric diagnosis.

**Results:** 36 patients were found to have the diagnosis of anxiety disorders 56.25% and 14.06% cases of depressive disorder. The mean age of the sample was 35.17 years and there were 65.62% married. Also, there were 15.62% cases of personality disorders.

**Conclusion:** Anxiety disorder was found to be the most dominant diagnosis and therefore needs a larger scale research on its etiological, epidemiological and psychopathological attributes.

**Key words:** Psychiatric Morbidity, Premature Ejaculation, Community, Pakistan.

## INTRODUCTION

Pakistan is a country with wide cultural variations, over religious behavior and ethnic elements making it difficult to discuss the sexual issues with the patients in clinical setup where presence of attendants and informants does not allow the patient to talk about this serious problem<sup>1, 2</sup>. Discussing their sexual difficulties is considered indecent, even with family physicians and care givers and premature ejaculation and erectile difficulties are conceived as a challenge to worth of man. Therefore, a continuous phenomenon of concealment of the symptoms is a sub-culture of sexuality in Pakistan<sup>2-4</sup>.

Normal sexual behavior follows certain physiological stages includes Desire, Excitement, Plateau, Orgasm, Resolution and Satisfaction. Psychiatric illnesses can disturb these levels leading to sexual dysfunction<sup>5, 6</sup>.

ICD-10 defines premature ejaculation/ discharge as the inability to control ejaculation sufficiently for both partners to enjoy sexual interaction<sup>7</sup>. The diagnosis of premature ejaculation in the clinical practice encompasses four dimensions ejaculatory latency; degree of voluntary control; presence of marked distress; and symptom not due to any other mental, behavioral, physical disorder.

Words used by the local community are Dhat, munny, qatra/drops and at times patrol to describe premature ejaculation<sup>8</sup>.

Proposed psychogenic (anxiety, early sexual experiences, frequency of sexual intercourse, ejaculatory control techniques evolutionary and psychodynamic theories), and biogenic etiologies of premature ejaculation also have been the focus of research<sup>9</sup>.

Estimates suggest that, although present globally with a prevalence of approximately 30%, only a small proportion of these consider premature ejaculation as a medical problem<sup>10</sup> and although it is a major symptom but infrequently reported by the patients and very unsatisfactorily inquired by the physicians, psychiatrists and

**S. Jamil Hussain**, MD, Chairman, Faculty of Psychiatry, Liaquat University of Medical and Health Sciences & Sir Cowasji Jehangir Institute of Psychiatry, Hyderabad – Pakistan.

**Fahad-ul-Zain**, Faculty of Psychiatry, Liaquat University of Medical and Health Sciences & Sir Cowasji Jehangir Institute of Psychiatry, Hyderabad – Pakistan.

**Inam Rasool**, Faculty of Psychiatry, Liaquat University of Medical and Health Sciences & Sir Cowasji Jehangir Institute of Psychiatry, Hyderabad – Pakistan.

**Jamil Junejo**, Faculty of Psychiatry, Liaquat University of Medical and Health Sciences & Sir Cowasji Jehangir Institute of Psychiatry, Hyderabad – Pakistan.

**Correspondence:**

**Dr. S. Jamil Hussain**

other health professionals<sup>11, 12</sup>. However, there is a paucity of scientific studies in this part of the world, possibly due to religious and cultural taboos.

The sufferer of sexual dysfunction commonly adapt “a leaning forward posture” and “talks in low voice and volume” as an element of guilt and poor manhood along with shame overwhelming these patients<sup>9</sup>. The attitude of the patient toward the sexuality and trades seems to be responsible for these sexual difficulties<sup>5, 13</sup>.

This paper describes the psychiatric diagnosis of those patients who have major complaint of sexual difficulties in terms of premature ejaculation in a given sample of males visiting a tertiary care hospital.

## SUBJECTS AND METHODS

64 male cases reporting in the out patient clinics of civil hospital, LUMHS and CJIP, Hyderabad were assessed on semi-structured socio-demographic proforma designed for this study and separated from the rest of the patients for the study purposes. The psychiatric diagnosis was established by using ICD-10 criteria<sup>7</sup>. However all psychotic cases, substance abusers and major medical illness who have complained sexual difficulties were excluded from this study to reduce the chance of cause and effect of certain unassociated psychiatric conditions and psychopharmacological effect of certain drugs.

The cases were followed up for four to six weeks for assessment of efficacy of psychotherapeutic intervention.

## RESULTS

64 male patients included in this study were in the age range of 22-56 years with a mean of 35.17 years. 65.62% cases were married while 18.75% were single (Figure 1).

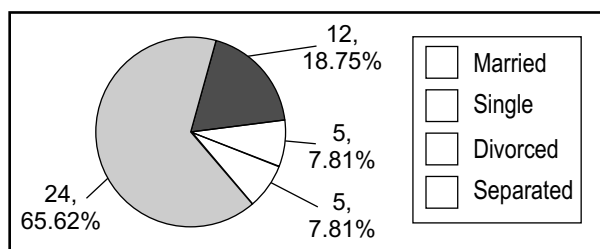


Fig. 1: Marital Status of the sample (n=64)

Out of 64 cases, 36 [56.25%] suffered from anxiety disorders (23 [35.93%] from Generalized anxiety disorder, 5 [7.81%] from Panic disorder, 5 [7.81%] from Phobic Anxiety disorders, 3 [4.64%] from Obsessive compulsive disorder). 9 [14.06%] cases suffering from depression and 10 [15.62%] cases had personality disorder (Table 1).

**Table 1**  
**Psychiatric Diagnosis of the sample (n=64)**

S. No	Diagnosis	Cases	Percentage
1	Generalized anxiety disorder	23	35.93%
2	Panic disorder	5	7.81%
3	Phobic Anxiety disorders	5	7.81%
4	Obsessive compulsive disorder	3	4.64%
5	Acute stress disorder	2	3.12%
6	Mixed Anxiety depression disorder	7	10.93%
7	Depression	9	14.06%
8	Personality disorder	10	15.62%

## DISCUSSION AND CONCLUSION

The study has focused the patients suffering from male orgasmic disorder with a chief complaint of premature ejaculation. The sample’s age range of 22-56 is an important reproductive life of a male member of Pakistani society and thus needs attention regarding treatment.

All the cases were divisible into single and married profiles. Singles seem to suffer predominantly from Dhat syndrome as Dhat syndrome is predominantly reported in young men aged 20-38 years<sup>14</sup>. There were 10 cases of divorce / separation which seem to be due to failure of marriage consummation due to premature ejaculation referring the attention to the association and outcome of the sexual difficulty (premature ejaculation) with the marital sustenance. The study by Rust J et al also showed that specific male sexual dysfunctions played a much larger part in marital discord<sup>15</sup>.

In our study the majority of cases (n=36) were diagnosed as anxiety disorder on ICD-10 criteria which is in contrast to a study by Montejo AL et al which showed depression to be the major cause of sexual dysfunction<sup>13</sup>. Since it was a preliminary hospital based study, so to generate evidence on this topic, it needs larger scale research keeping in view all round life activities in a typical religious umbrella and cultural diversities of Pakistani community. Another short coming of the study, which needs to be addressed, was the lack of detailed medical investigation especially in the patients of 40 years and above, suffering from premature ejaculation.

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