

# Comparison of Sexual Satisfaction among Psychiatric, Internal Medicine Female Patients and Healthy Controls

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## Abstract

**Background:** Sexual relation is an important and sensitive subject among human beings. A life domain that has received very little attention is patients' satisfaction with their sex life, also called sexual satisfaction. Physical illnesses and mental disorders affect sexual satisfaction. The aim of this project was to compare sexual satisfaction among psychiatric, internal medicine patients and healthy controls.

**Methods:** This is a cross-sectional study. Statistical population consisted of all the patients who referred to the clinic during the spring of 2017 as psychiatric and internal medicine outpatients who were referred to Emam Reza and Motahari policlinic affiliated to Shiraz University of Medical Sciences (SUMS). 200 patients with psychiatric disorder, 200 patients with internal disease, and 200 healthy controls were selected using convenience sampling to participate in the study. They filled out demographic information questionnaire and Larson Sexual Satisfaction (LSS).

**Results:** The groups differed significantly in variance analysis in terms of sexual satisfaction ( $F=29.27$ ,  $P=0.001$ ), compatibility ( $F=5.77$ ,  $P=0.003$ ), quality ( $F=23.79$ ,  $P=0.001$ ), and attitude ( $F=15.26$ ,  $P=0.001$ ).

**Conclusion:** The results of the study indicated a lower rate of sexual satisfaction in the psychiatric patients compared to internal medicine patients and healthy controls.

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**Keywords:** Sexual satisfaction, Mental disorder, Internal medicine

## Introduction

Sexual relation is an important and sensitive subject in human beings. Regarding the change in attitude, behavior and behavior towards sex, the need for attention to sexual satisfaction is felt. Sexual satisfaction plays a very essential role in having marital satisfaction and any dysfunction in sexual satisfaction is significantly associated with risky sexual behaviors, serious mental illness, social crimes, and ultimately divorce.<sup>1</sup>

Having pleasurable sexual relationships plays a main role in the marital life satisfaction. Dissatisfaction of the couples in this matter may be rooted in various physical, mental, and social problems.<sup>2, 3</sup> Sexual dysfunctions can lead to discomfort in the

interpersonal relationships with their partners.<sup>4, 5</sup> Thus, sexual satisfaction is an important aspect of human life and an important factor affecting the quality of life.<sup>6, 7</sup>

About 60% of women suffer from sexual dysfunction that directly or indirectly affects many aspects of their lives.<sup>8</sup> Several factors affect sexual satisfaction.<sup>9</sup> Literature review revealed the factors affecting sexual satisfaction in women which were categorized into four general categories and subgroups corresponding to each class included. These categories included demographic, physiological, psychological and socio-cultural factors.<sup>1</sup>

In the first category, the couples' marriage, age gap

between the couples, couples' education, duration of marriage, occupation, and number of children were included. The second category included factors such as diabetes, rheumatoid arthritis, menopause, urinary incontinence, genital tract surgeries, obesity, and infertility. The third included mental disorders such as depression, anxiety and mental health were found as significant factors influencing sexual satisfaction. The factors in the final category consisted of interpersonal communication skills, beliefs and attitudes, economic status, and substance abuse.<sup>1</sup> Sexual dissatisfaction causes feeling of deprivation, frustration and marital dissatisfaction. Divorce has many reasons, one of the most important of which being sexual dissatisfaction.<sup>10</sup>

Impairment of mental health is the most important risk factor for female sexual dysfunction. Antidepressant and antipsychotic medication, neurobiology and illness symptoms, past trauma, difficulties in relationships can all contribute to sexual dysfunction. Low sexual desire is strongly linked to depression. Lack of subjective arousal and pleasure are linked to trait anxiety; the sensations of physical sexual arousal may lead to fear rather than to pleasure.<sup>11</sup>

The higher rate of sexual dissatisfaction in psychiatric patients can be influenced by different factors such as the type of medical and mental illness together with the drugs used, marital and relationship problems between the patients and their spouses, and cultural and social subjects.<sup>12,13</sup> Sexual dissatisfaction can lead to feeling of frustration, deprivation and divorce.<sup>14</sup> Dissatisfaction with sexual life also affects marriage and is considered as the source of tension.<sup>15</sup>

In a study on sexual dissatisfaction in hospitalized patients, the rate of sexual dissatisfaction in the patients hospitalized in psychiatric wards (38%) was significantly higher than those admitted to other wards (27%). Among the psychiatric patients, bipolar disorder patients had the highest prevalence rate (37.3%) in sexual dissatisfaction. Patients with schizophrenia, major depression, substance abuse, and anxiety disorders had the following rates, respectively. In the patients hospitalized in non-psychiatric wards, patients with heart disease (37.1%) had the highest prevalence rate in sexual dissatisfaction. There was a significant correlation between drug use and most psychiatric drugs, especially antipsychotic drugs and sexual dissatisfaction.<sup>16</sup>

Another study revealed that patients with schizophrenia had a lower quality of life and, consequently, less sexual satisfaction than the general population.<sup>17</sup> Satisfaction with sex life was significantly lower than that of any other life domain in schizophrenic patients. In general, sexual satisfaction in these patients was less than average.<sup>6</sup>

In various studies, the prevalence of sexual dysfunction in patients with mental disorders was more than the general population. The existence of both disorders may have unpleasant effects on the quality of the patients' life and their spouses. The reciprocal effects of mental disorders and sexual dissatisfaction on one another and the complexity of these factors make treatment difficult.<sup>18, 19</sup> People with mental disorder such as schizophrenia report sexual dysfunction that is similar in nature but occurs at a higher rate than that reported in the general population. This may be due to the gender differences and differences in the perception of psychosexual problems between those with mental disorders and the researcher.<sup>20</sup>

The main aim of present study was to investigate the difference in sexual satisfaction among psychiatric, internal medicine patients, and healthy controls.

## Materials and Methods

This is a cross-sectional study conducted during the spring of 2017 on psychiatric and internal medicine outpatients who were referred to Emam Reza and Motahari polyclinic affiliated to Shiraz University of Medical Sciences (SUMS).

The subjects consisted of all the patients who referred to the clinic during the spring of 2017 as psychiatric and internal medicine outpatients who were referred to Emam Reza and Motahari polyclinic affiliated to Shiraz University of Medical Sciences (SUMS). According to statistical consultation, the sample size was 200 in each group; totally, 600 participants completed the study. They were selected using convenience sampling method from all the patients who referred to the clinic during the period. The inclusion criteria were 1) being married, 2) age between 18-55, and 3) having a history of psychiatry and internal medicine for patients. Exclusion criterion was having medical problems for the normal group. The normal group was selected randomly from the individuals accompanying the patients.

Data were collected using a demographic questionnaire and Larson Sexual Satisfaction (LSS).

1- Demographic questionnaire collected information on age, education, occupation of participants and their spouses.

2- LSS was introduced by Larson et al. (1998) and includes 25 questions by five-point Likert scale including 1 (never), 2 (seldom), 3 (sometimes), 4 (often), and 5 (always). The number of questions is as follows: 1,2,3,10,12,13,16,17,19,21,22,23. The other questions are reversely scaled. In other words, questions number 4,5,6,7,8,9,11,14,15,18,20,24,25 are scored as follows: 5 (never), 4 (seldom), 3(sometimes),

2 (often), 1 (always). The scores range from 25 to 125. According to this scale, sexual satisfaction scores less than 50 indicate lack of sexual satisfaction level, scores 51,52,53,54,55,56,75 indicate low satisfaction, 76-100 medium satisfaction, and 101 or higher high satisfaction. In this study, a Persian version with suitable reliability coefficient for positive ( $\alpha=0.82$ ) and negative questions ( $\alpha=0.73$ ) was used. The face and content validities were appropriate.<sup>21</sup>

In this study, data were analyzed using SPSS software (IBM, Armonk, NY, USA, version 19). For analysis of data, descriptive statistical methods (mean, standard deviation, correlation) and inferential statistics (variance analysis of variance, post hoc test) were used. A p value less than 0.05 was considered as significant.

### Results

The participants' age ranged from 20 to 52 years with a mean of  $35.82\pm 8.19$ ,  $36.33\pm 7.93$  in psychiatric outpatients,  $34.98\pm 8.31$  in those in the internal medicine outpatients, and  $34.53\pm 8.27$  in healthy controls. Investigating the significance of age revealed that the difference between psychiatric outpatients and internal medicine outpatients and healthy controls was not significant ( $P=0.07$ ).

Demographic characteristics (occupation, and education levels in participants and their couples) of the study sample are presented in Tables 1 and 2. The means and standard deviation of the participants and their husbands in the three groups were compared in terms of occupational and educational levels. The

difference among the groups was significant.

The means and standard deviation of the participants in the three groups were compared in terms of the duration of marriage and marital satisfaction. Also, the patient groups were compared in terms of the duration of illness. Participants did not differ in terms of the duration of illness ( $P=0.8$ ) and marriage ( $P=0.7$ ). The groups were different in terms of marital satisfaction ( $P=0.001$ ). Healthy controls had the highest and psychiatric patients had the lowest marital satisfaction. (Table 3).

To investigate the significance of the difference among the groups in terms of sexual satisfaction and its subscales (compatibility, quality and attitude), we employed one-way variance analysis method (ANOVA). Lack of significance of LEVINE test was established as the default of variance analysis. The results revealed that the difference among the groups in variance analysis in terms of sexual satisfaction ( $F=29.27$ ,  $P=0.001$ ), compatibility ( $F=5.77$ ,  $P=0.003$ ), quality ( $F=23.79$ ,  $P=0.001$ ) and attitude ( $F=15.26$ ,  $P=0.001$ ) was significant (Table 4).

Psychiatric patients had lower mean scores in sexual satisfaction, compatibility, quality and attitude than internal medicine patients and normal ones. The healthy controls had more mean scores in sexual satisfaction, quality and attitude than the other two groups. In the subscale of compatibility, the mean score of internal medicine patients was higher than the other two groups (Table 4).

To examine the significance of the difference among

**Table 1:** Demographic characteristics of the participants

		Psychiatric Patients		Internal Medicine Patients		Normal Individual		X <sup>2</sup>	P
		N	F (%)	N	F (%)	N	F (%)		
Occupation	Housekeeper	167	83.5	153	76.5	140	70	12.12	0.01
	Government	11	5.5	11	5.5	21	10.5		
	Self-Employment	22	11	36	18	39	19.5		
Education	Elementary	35	17.7	22	11	18	9.04	40.54	0.0001
	Middle School	49	24.8	46	23	23	11.5		
	High School	3	1.5	3	1.5	2	1		
	Diploma	55	27.9	74	37	72	36.1		
	Academic Education	55	27.87	75	37.5	84	42.1		

**Table 2:** Demographic characteristics of the husbands

		Psychiatric Patients		Internal Medicine Patients		Normal Individual		X <sup>2</sup>	P
		N	F (%)	N	F (%)	N	F (%)		
Occupation	Unemployed	17	8.5	4	2.02	1	0.5	23.3	0.0001
	Government	131	65.5	131	66.1	131	66.1		
	Self-Employment	52	26	73	36.8	73	36.8		
Education	Elementary	35	17.7	22	11.2	14	7.03	47.56	0.0001
	Middle School	46	23.3	31	15.5	38	19.09		
	High School	2	1.01	8	4	2	1		
	Diploma	52	25.3	67	33.5	70	35		
	Academic Education	62	31.33	72	36.2	86	43.1		

**Table 3:** Mean and standard deviation of the demographic factors among the groups

Variables	Group	Mean±SD	F	P
Duration of Marriage	Psychiatric	5.59±0.68	0.47	0.7
	Internal	5.25±1.02		
	Normal	5.29±0.98		
	Total	5.38±0.92		
Duration of Illness	Psychiatric	4.13±1.47	0.10	0.8
	Internal	4.06±1.42		
	Normal	-		
	Total	4.09±1.44		
Marital Satisfaction	Psychiatric	5.53±3.04	19.44	0.001
	Internal	6.96±2.63		
	Normal	7.07±2.43		
	Total	6.52±2.79		

**Table 4:** Variance analysis of sexual satisfaction and its subscales among the groups

Variables	Groups	Mean±SD	Min	Max	F	P
Sexual Satisfaction	Psychiatric	84.45±18.52	24	116	29.27	0.001
	Internal	95.01±15.95	46	141		
	Normal	96.03±15.67	56	147		
	Total	91.83±17.54	24	147		
Compatibility	Psychiatric	20.65±4.30	5	25	5.77	0.003
	Internal	21.92±4.51	10	63		
	Normal	21.57±3.30	12	25		
	Total	21.36±4.10	5	63		
Quality	Psychiatric	15.32±5.19	5	25	23.79	0.001
	Internal	18.20±4.66	5	25		
	Normal	18.58±4.99	5	25		
	Total	17.36±5.14	5	25		
Attitude	Psychiatric	18.99±4.33	8	25	15.26	0.001
	Internal	20.75±3.43	9	25		
	Normal	20.91±3.43	11	25		
	Total	20.24±3.83	8	25		

the groups in terms of sexual satisfaction variables, consistency, quality and attitude, we used post hoc test. Results revealed a significant difference between psychiatric patients with internal medicine patients and healthy controls in terms of sexual satisfaction, adaptability, quality and attitude (Table 5).

Sexual satisfaction, compatibility, quality and attitude with marital satisfaction had a significant positive correlation in psychiatric, internal medicine patients and healthy controls. These variables had a significant negative correlation with the duration of illness in psychiatric, internal medicine patients (Table 6).

## Discussion

The aim of the present study was to determine the rate of sexual satisfaction in the psychiatric and internal medicine patients and healthy controls. The main findings of the study were indicative of lower rate of sexual satisfaction among the psychiatric patients compared to internal medicine patients and healthy controls. These results were in accordance with those of other studies, which have reported the rate of sexual

satisfaction to be lower in psychiatric patients.<sup>6, 15-19</sup>

In this study, the duration of marriage and illness, marital satisfaction, educational and occupational status of the participants and educational and occupational levels in their spouses were studied. The participants did not differ in terms of the duration of illness and marriage, but these groups were different in terms of marital satisfaction. In the three groups, marital satisfaction from low to high level was psychiatric patients, internal medicine patients and normal group, respectively. Also, the participants and their spouses were different in educational and occupational levels.

The higher rate of sexual dissatisfaction in psychiatric patients can be influenced by different factors such as the type of medical and mental illness together with the drugs used; marital and relationship problems between the patients and their spouses; and cultural and social issues.<sup>12, 13</sup>

The factors affecting sexual satisfaction in women included demographic factors such as the couples' marriage, age gap between the couples, couples' education, duration of marriage, occupation and

**Table 5:** The result of the Post Hoc test for comparison among the groups

Groups	Sexual Satisfaction			Compatibility			Quality			Attitude		
	Psychiatric	Internal	Normal	Psychiatric	Internal	Normal	Psychiatric	Internal	Normal	Psychiatric	Internal	Normal
Psychiatric	-	0.0001	0.0001	-	0.001	0.01	-	0.0001	0.0001	-	0.0001	0.0001
Internal	0.0001	-	0.5	0.001	-	0.3	0.0001	-	0.5	0.0001	-	0.6
Normal	0.0001	0.5	-	0.01	0.3	-	0.0001	0.5	-	0.0001	0.6	-

P<0.05

**Table 6:** Correlation between variables in the groups

Groups	Variables	Sexual Satisfaction	Compatibility	Quality	Attitude
Psychiatric	Marital Satisfaction	0.58**	0.44**	0.56**	0.55**
	Duration of Illness	-0.43**	-0.26**	-0.37**	-0.37**
Internal	Marital Satisfaction	0.64**	0.39**	0.66**	0.57**
	Duration of Illness	-0.23**	-0.06*	-0.28**	-0.20*
Normal	Marital Satisfaction	0.67**	0.51**	0.65**	0.58**

P<0.01, P<0.05

number of children. On the other hand, physiological factors consisted of diabetes, rheumatoid arthritis, menopause, urinary incontinence, genital tract surgeries, obesity and infertility. Still, psychological factors included depression, anxiety and mental health, and socio-cultural factors consisted of interpersonal communication skills, beliefs and attitudes, economical level, and substance abuse.<sup>10</sup>

In this study, psychiatric and internal diseases affected sexual satisfaction. This effect was greater in the case of psychiatric diseases. The existence of both disorders may have unpleasant effects on the patients' life quality and their spouses. The reciprocal effects of mental disorders and sexual dissatisfaction on one another and the complexity of these factors make treatment difficult. Also, this may be due to the existence of gender differences and differences in the perception of psychosexual problems between those with mental disorders and the researcher.<sup>20</sup>

Sexual dysfunction and dissatisfaction were more prevalent among psychiatric patients which might be associated with both psychopathology and pharmacotherapy. The negative symptoms of schizophrenia limit the capability for interpersonal and sexual relationships. Depression and anxiety are a reason for sexual dysfunction that might get worsened by antidepressants, especially selective serotonin reuptake inhibitors (SSRIs). Eating disorders and personality disorders, mainly borderline personality disorder, are also related to sexual dysfunction and sexual dissatisfaction. Sexual dysfunction in these cases originates from impaired interpersonal relationships and may respond to adequate psychosexual therapy.<sup>19</sup>

Sexual satisfaction has a significant positive correlation with marital satisfaction. Marital satisfaction increases with increased sexual satisfaction. Increase in the duration of the disease can lead to a reduction in sexual satisfaction. This

relationship was seen in psychiatric and internal patients. The cause of many mental disorders and marital maladaptation is sexual dissatisfaction, and many studies have pointed to the effect of sexual satisfaction on marital satisfaction.<sup>22</sup> Sexual issues are important in marital life and with increased sexual satisfaction, marital satisfaction also increases.<sup>23</sup>

In general, the findings revealed a lower rate of sexual satisfaction in the psychiatric patients compared to internal medicine patients and healthy controls. These groups were different in terms of marital satisfaction. The normal group had the highest rate and psychiatric patients had the lowest level of marital satisfaction. Duration of the disease had a significant negative correlation with sexual satisfaction.

Paying attention to sexual satisfaction of patients is an important point that can help to preserve family integrity, improve patients-to-spouses relationship, and quality of life. It may also be effective in treating and reducing complications. The limitation of this research was the lack of control of ethnic and cultural variables, the limitations of the statistical population and, in some cases, the lack of communication between the participants and the researcher, lack of separation of psychiatric and internal diseases and their relationship with sexual satisfaction. Another important reason for the difficulty of research in this regard is the taboo of sexual issues, especially in the culture of the East.

In this study, diagnosis, pharmacotherapy, medical intervention, and illness severity that may interfere with their sexual life were not considered. Duration of illness also have an impact on sexual satisfaction and it would be interesting to see whether a shorter or longer duration of illness is associated with sexual satisfaction.

It is recommended that the severity of illness, pharmacotherapy, and medical intervention should be considered in future studies. The correlation between physical diseases and mental disorders with sexual

satisfaction can be considered. Also, it is recommended that the effectiveness of pharmacological and psychological treatments on sexual satisfaction in psychiatric and internal diseases should be investigated. It seems that it is essential to identify the specific sexual dysfunction and treat the patients according to their individual psychopathology, current pharmacotherapy and interpersonal relationships.

## Conclusion

The findings of the study indicated the lower rate of sexual and marital satisfaction among the psychiatric patients compared to internal medicine patients and healthy controls. The higher rate of sexual dissatisfaction in psychiatric patients can be influenced by different factors such as the type of medical and mental illness together with the drugs used; marital and relationship problems between the patients and their spouses; and cultural and social issues.

## Ethical Standards

All the patients and normal group completed written consent form and the research protocol was approved by the ethics research committee of SUMS (IR.SUMS.MED.REC.1396.42).

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**Conflict of Interest:** None declared.

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