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Sexual Dysfunction in Schizophrenic Patients on Maintenance Medication

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Abstract

In a study of the incidence of sexual dysfunction in forty male schizophrenic patients on maintenance medication, the authors observed that ten patients developed at least one sexual dysfunction. Two patients developed retarded ejaculation, four patients erectile impotence, two patients painful erection and four premature ejaculation.

Key words -

Sexual Dysfunction,
Stablisied schizophrenics,
Maintenance Medication

Varieties of sexual problems like erectile dysfunction, retarded ejaculation, painful erection, retrograde ejaculation are reported in patients taking psychotropic drugs [1], [2], [3], [4]. The incidence of sexual dysfunction in schizophrenic patients who are on maintenance medication is rarely studied. The genesis of such problems on these patients may be due to the interaction between two important factors, namely the drug effect and the residual effects of the illness. A pilot study was done in the Psychiatric Out-patient Department of NIMHANS to find out the incidence of sexual dysfunction in a group of clinically stabilised schizophrenic patients, who were on maintenance medication.

Material and Method

Consecutive patients who satisfied the inclusion criteria were included in the study. The inclusion criteria were

(1) Married male,
(2) Onset of illness after being married,
(3) Age between 20 and 45,
(4) A diagnosis of schizophrenia as per ICD-9,
(5) Patient on maintenance medication,
(6) Two mental status examinations in consecutive follow-up revealing no active psychotic symptoms

and
(7) Absence of psychotic behaviour in history in the past one month.

Patients were interviewed using a questionnaire after establishing adequate rapport. The interview covered aspects like erectile impotence, retarded ejaculation, painful erection and premature ejaculation. Questions were framed in such a way that information elicited was in comparison with the patient's status before illness. If a symptom was reported to be present, an enquiry into the amount of distress due to that was made. A symptom was recorded to be present only if there was distress. Details of recent medication was recorded in every case.

A physical examination was carried out in all cases independently by the investigators. The presence of extrapyramidal symptoms were recorded. Patients on treatment for sexual dysfunction, patients having disorders like diabetes mellitus and patients on drugs other than antipsychotics and antiparkinson drugs were excluded.

The pilot study extended for a period of three months, i.e., from November 1981 to February 1982.

Results

Forty patients were included in the study. Twenty-four patients were either on Trifluperazine alone or in combination with Trihexyphenidyl (THP). The dosage of trifluperazine was 5mg to 30 mg per day. Four patients in this group received a bed time dosage of chlorpromazine in addition to trifluperazine. Eleven patients were either on chlorpromazine alone or in combination with THP. The dosage of chlorpromazine ranged from 100 mg to 500 mg per day. Five patients were on either fluphenazine decanoate alone or with THP. Three patients in this group received bed time chlorpromazine also. The frequency of injection was once in three weeks in a dosage of 25mg. Twenty-nine patients were on THP in a dosage ranging from 2mg to 4 mg per day.

Three patients had tremors which were mild. One patient had mild rigidity. Ten patients reported at least one sexual dysfunction (25 per cent). The details are provided in Table I.

Table I - Incidence of sexual dysfunction's in schizophrenic patients

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Discussion

A comparable study specially investigating sexual dysfunction of schizophrenic patients on maintenance medication was not available in the literature. In this study an upper age limit was fixed to exclude aging related sexual difficulties. Only clinically stabilised patients were included to minimise psychopathology related alteration in subjective report [5]. Married persons with onset of illness after marriage were included considering the taboo in Indian culture for premarital and extramarital sexual relations. The strict criteria limited the sample size to forty.

The overall incidence of 25 per cent of sexual dysfunction is comparable with the similar figures of Kotin et al [4], in their non thioridazine group. However with regard to the type of dysfunction and

incidence of individual dysfunction enumerated in Table I, there are differences from the findings of Kotin et al. The contrasts in sample characteristics in terms of heterogeneity of diagnostic group, age and more of poly-pharmacy could be reasons for this.

While symptoms like retarded ejaculation, erectile impotence and chlorpromazine related painful erection are reported earlier and are explained in terms of drug action [1], [3], [4], the incidence of premature ejaculation observed in the study (10 per cent) cannot be explained on the same lines. Though the definition of premature ejaculation is controversial [6], the observed incidence cannot be dismissed as insignificant as the report from the patient was based on a definite change from previous status enough to cause distress. An alternate possibility will be to explain this on the basis of psychological factors. It is not uncommon for a schizophrenic to develop neurotic symptoms in the course of illness to an extent that it is far more prevalent than the core psychotic symptoms [7]. It may be possible that premature ejaculation too is a part of such neurotic process though it is hitherto uninvestigated. Here this symptom manifested despite the alpha adrenergic blockade of anti-psychotics, a postulated explanation for the genesis of delayed ejaculation [3].

In conclusion, our findings suggest that the emergence on sexual dysfunction in stabilised schizophrenics of maintenance medication may not be uncommon. Though most of the dysfunction can be explained on the basis of drug related neurochemical mechanism, the role of psychogenic factors cannot be totally dismissed; particularly so in cases where premature ejaculation have been reported. Further research in this area, with specific emphasis on intervention programmes are needed.

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