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## INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI:10.21474/IJAR01/14291  
DOI URL: <http://dx.doi.org/10.21474/IJAR01/14291>



### RESEARCH ARTICLE

#### EVALUATION OF SEXUALITY AND ITS IMPACT ON 80 OUTPATIENTS FOLLOWED FOR A DEPRESSIVE DISORDER

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#### Manuscript Info

##### Manuscript History

Received: 18 December 2021  
Final Accepted: 20 January 2022  
Published: February 2022

#### Abstract

Sexual disorders are a major part of depression, making patient care difficult to manage by stopping antidepressants due to their unwanted sexual effects. We aim in this study to assess sexual function in patients with a major depressive disorder and study the sociodemographic, clinical, and sexual characteristics associated with sexual dysfunction, through a descriptive and analytical cross-sectional study involving 80 outpatients followed in a psychiatric hospital in Ibn Rochd University Hospital and having been evaluated through the Female Sexual Function Index (for sexual function) scale and the Hamilton Depression Scale (for the severity of depression). The mean age was 37.1 years with extremes ranging from 18 to 58 years. The majority of women were aged between 29 and 39 years old, having a level of secondary education 53% and 47.5% with average socio-economic conditions. The depression was of medium intensity for most patients (50%), with an average duration of 5.8 months. Marital discord was reported by 48,7% of patients. No patient reported any sexual dysfunction in her partner. Sexual function was impaired in 60% of patients. Sexual desire is the most impaired phase in our patients 77,5%, followed by orgasm disorder among 60% of patients, then sexual dissatisfaction in 53.33% of patients. We found that the alteration of the overall sexual function and other phases were significantly correlated with the severity and duration of the depressive episode but not with the existence of marital discord. Satisfaction with sexual life is an important factor affecting the quality of life. Patients rarely deal with problems in sexual life, so questions about this area of life should not be overlooked during a medical and psychiatric interview.

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#### Introduction:

The World Health Organization (WHO) recognizes sexual dysfunction as a public health problem and recommends research on this topic and patient treatment because of its negative impact on quality of life, its effects related to self-esteem and interpersonal relationships, and its association with frequent emotional distress (1). Sexual disorders are very common problems in depression but are often underreported and the misconceptions about sexual functioning are highly prevalent. Medications used to treat depression can also cause impairments in sexual

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functioning. Hence, we decided to study the prevalence and types of problems in the sexual functioning of depressed women. In Morocco, this psychiatric disease affects 34.3% of women against 20.4% of men (2).

The literature confirms that depression, anxiety, and sexual dysfunction in women are related; however, the causal pathway is debated. Do depression and anxiety precipitate sexual dysfunction or is sexual dysfunction a frequent cause of mood disorder? The third possibility is that sex, depression, and anxiety disorders all result from an underlying vulnerability to both psychiatric disease and sexual dysfunction. Recent research studying this comorbidity over time showed results consistent with the last possibility, namely a shared underlying latent psychological vulnerability (3). This suggests that the presence of any one of the three risk factors will increase the odds of current or future symptoms of one or both others two, thus screening for all comorbidities needs to become routine.

The early detection of sexual disorders and the consideration of the dynamics of the couple are two major elements of the management of depressed patients. The return to a satisfying sexual life and good health must be part of the current objectives of the treatment of depressive disorders.

We aim in this current study to assess sexual function in patients with a major depressive disorder and study the sociodemographic, clinical, and sexual characteristics associated with sexual dysfunction.

### **Materials And Methods:-**

This cross-sectional descriptive and analytical study involving 80 outpatients followed in a psychiatric hospital within the Ibn Rochd University Hospital and having been evaluated through the Female Sexual Function Index (for sexual function) scale and the Hamilton Depression Scale (for the severity of depression). Oral informed consent was obtained from all patients before their inclusion in the study; the reasons for the study were explained to the patients furthermore anonymity was assured.

Our sample was all Female subjects; with major depressive disorder according to the DSMV criteria (bipolar depression and depression with psychotic characteristics or catatonia weren't included); sexually active women; who were not pregnant or parturient; who had at least one sexual intercourse in the month preceding month before the consultation.

For the realization of the study, a data collection form for each patient was filled in, which included:

- Sociodemographic data (age, geographic origin, educational level, employment status, marital status, number of dependent children, socioeconomic conditions).
- Clinical data (personal somatic and psychiatric history, reason for consultation, duration of evolution of the current depressive episode).
- Sexual characteristics (relationship problems, violence, possible sexual disorder/couple problem, sexual dysfunction in the partner, frequency of sexual intercourse).

The severity of the depression was assessed using the Hamilton Depression Scale. The evaluation of sexual function was assessed using the Female Sexual Function Index (FSFI) established in French and explained to the patients in Arabic dialect.

For the FSFI, it's a questionnaire created to assess sexual disorders in women. The FSFI consists of 19 questions that cover the following areas: Desire, Arousal, Lubrication, Orgasm, Satisfaction, Pain.

Thus, the calculation of the FSFI score allows us to determine the existence of a possible sexual dysfunction and the nature of the dysfunction based on the coefficient given for each item.

The total score of the FSFI is 36. A total score of 26.55 was proposed as a threshold value for the diagnosis of sexual dysfunction.

Data entry and analysis were carried out using Statistical Package for Social Sciences (SPSS). Percentage comparisons were made using the Pearson Chi2 test. The significance level (p) was set at 0.05.

**Results:-****Sociodemographic characteristics:**

The mean age was 37.1 years with extremes ranging from 18 to 58 years. The majority of women were aged between 29 and 39 years old, having a level of secondary education 53%, urban (93.7%), and 47.5% with average socio-economic conditions.

**Clinical characteristics:**

For addictive behaviors: 13 women were smokers, we did not note any other consumption of toxic substances. Depressive signs were the reason for consultation in all patients. The average duration of the episode was 5.8 months. The episode was of moderate intensity in 50% of our patients, severe in 30% of patients

**Sexual characteristics:**

48.7% of the married subjects considered their relationship to be average or poor, while 15% of the subjects considered it to be good.

For the current sexual life, all patients were sexually active. None of the patients reported any sexual dysfunction in their partner.

The frequency of sexual intercourse compared to the state before the depressive episode was reduced for 78.75% of the patients. This frequency was correlated with severity.

For the sexual function assessment, a score below 26.55 indicates impaired sexual function. For the different sub-scores, the threshold values were 4.28 for desire, 5.08 for arousal, 5.45 for lubrication, 5.05 for orgasm, 5.04 for sexual satisfaction, and 5.51 for pain during intercourse. Table 1 shows the different means of the scores and sub-scores FSFI scores and the extreme scores.

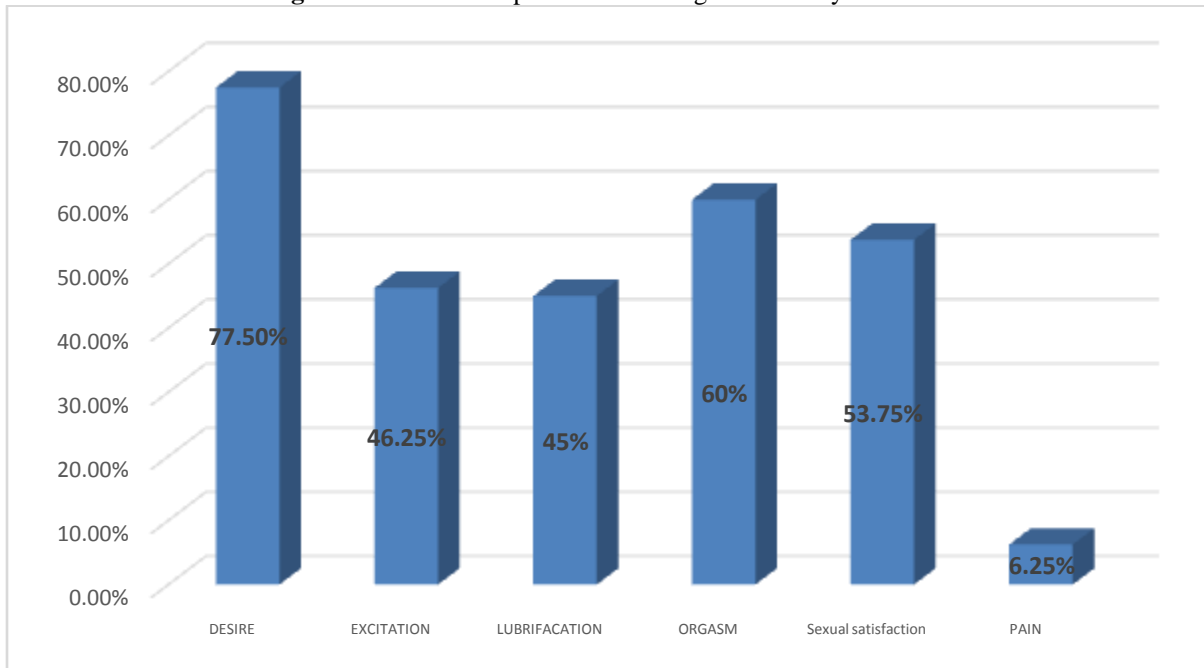
Overall sexual function was impaired in 60% of patients. Sexual desire was the most altered phase of sexual response (77.5%), followed by orgasm disorders (60%) and sexual satisfaction disorders (53.7%). (fig1)

In the khi-square test, we found that the alteration of the global sexual function and the other phases of the sexual response was significantly correlated with the severity of the depression and the duration of the episode.

**Table 1:-** Total score and FSFI sub-score.

	Mean score	Lowest score	highest score
The total score of FSFI	20.5	12	34.8
Desire	1.7	1.3	4.8
Excitation	3.48	1.3	6
Lubrication	3.28	2.4	6
Orgasm	3.81	1.6	6
Sexual satisfaction	3.8	3.3	6
Pain	3.72	2.4	6

**Fig 1:-** Distribution of patients according to sexual dysfunction.



**Table 2:-** Correlations between different sexual function scores and clinical and sexual characteristics.

	Severity of EDM	Duration EDM	Marital problems	Frequency of sexual intercourse
FSFI Total	P=0,005	P=0,03	P=0,05	P=0,1
Desire	P= 0,001	P= 0,02	P=0,02	P=0,04
Excitation	P= 0,001	P= 0,02	P=0,09	P=0,03
Lubrication	P=0,005	P=0,03	P=0,1	P=0,08
Orgasm	P=0,004	P=0,05	P=0,02	P=0,2
Pain	P=0,002	P=0,02	P=0,04	P=0,01
Sexual satisfaction	P= 0,001	P=0,04	P=0,08	P=0,02

**Discussion:-**

**Female Sexual Disorders:**

There are three criteria for diagnosing a Sexual Disorder: symptoms need to have persisted for a minimum of 6 months, be experienced in all or almost all (75% -100%) sexual encounters or have been persistent/ recurrent, and to have caused clinically significant distress. Unfortunately, validated questionnaires for diagnosing Sexual Disorders as per the **Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)** are not yet available and so the prevalence of Sexual Disorders as currently understood is yet unknown.

A recent large British survey study, using proxy measures of **DSM-5** Sexual Disorders found that while 22.8% of women reported one or more sexual difficulties including problematic orgasm, low sexual interest, and arousal or painful sex, 3.6% of women met all three criteria for the disorder. (5)

So, the Female Sexual Function Index (FSFI) (6) is the most widely used survey instrument, which asks about a sexual experience in the previous 4 weeks has some limitations. Although the FSFI’s internal consistency is good with a Cronbach’s alpha coefficient 0.82, and test-retest reliability of 0.79–0.86, the questionnaire does focus on initial sexual desire and thus penalizes women with mostly responsive desire triggered along with arousal. (7) Moreover, the appropriateness of relying only on the past 4 weeks which for many reasons, including partner absence, may not represent a woman’s usual experiences, has been highly criticized. (8)

**Depression:**

In addition to consistently identifying the strong link between depression and women's reduced interest or desire for partnered sex, epidemiological studies confirm depression's negative effects upon orgasmic experience (9) and its strong association with increased sexual risk behaviors (10).

A recent British survey of 6669 women using proxy measures of **DSM-5** items found current depression to increase the risk of sexual dysfunction with an odds ratio of 3.12.(11)

The anhedonia of depression has been shown to be particularly linked to the muting of desire and response as well as to the risk of sexual pain. (12)

Studies which control for current mood (as well as for medications, marital state, and substance abuse, such as the Study of Women's Health Across the Nation (SWAN), confirm a history of recurrent depression to be associated with reduced sexual arousal and reduced sexual pleasure. (13)

**Summary of the main results:-**

**Sociodemographic and clinical characteristics:**

The typical sociodemographic profile in our study was that of a married woman, aged between 29 and 39 years of urban origin, with secondary education, and an average socioeconomic level. This profile was globally similar to that found in a Tunisian study conducted by Trabelsi and Hamzaoui (14)(15).

Depressive symptoms were more frequent among younger patients aged 18 to 47 years, showing that the combination of age and history of depression may be an important predictor of depression in this age group (16)

In other studies, single and professionally active status is more frequent, education level and socioeconomic level are higher in Western populations (17)(18)(19).

In our study, the average duration of the depressive episode was 5.8 months. The depressive episode was of moderate intensity in the majority of our patients. Our results agree with those of the literature regarding the predominance of moderate depression, while the rate of severe depression is higher in the literature. It also agrees with the data in the literature regarding the relatively long duration of the episode (17). It also differs from the Tunisian study, which found severe depression in the majority of patients (60%) (20).

**Sexual characteristics:**

In our study, the frequency of sexual intercourse compared to the pre-episode state was decreased for 78.75% of patients. Our results agree with those of the Tunisian study (14)(15).

Marital problems were reported by 48.7% of patients, a prevalence that is close to that found in the Tunisian study (40%) (14)(15).

A recent study found that relationship problems are significantly correlated with impaired overall sexual function (15).

In our study, sexual function was impaired in 60% of patients. In the literature, the prevalence of impaired sexual function varies between 50 and 80%. This difference in prevalence with our study is probably due to the difference in the samples studied and the difference in the assessment tools used.

In our study, the duration and severity of the depressive episode were positively correlated with the degree of impairment of global sexual function, which underlines the importance of early management of any depressive episode. Similar results have been reported in other studies (14)(19).

**Limitations:**

Through this work, we have tried to study the sociodemographic and clinical characteristics of depression, its relation with sexual dysfunctions.

The lack of statistics and works in our country on this subject makes the comparison of our results with the data of the international literature difficult. Only one study was done in Morocco by O. AIT BENLAASSEL in 2018.

Our study is transversal and focuses on the collection of information during a psychiatric interview according to a questionnaire established in French and explained to the patients in Arabic dialect, this may lead to a bias in the collection of information.

The limitations of this work also lie in the small number of patients included, as well as the predominance of the female gender. Also, the impact on the quality of the couple and quality of life could not be evaluated in this study. Further studies may be requested on a large basis, also on the other types of depression (bipolar depression).

### **Recommendations:(21)**

Primary prevention, to avoid the occurrence of depression, is rather part of an attitude of improving the quality of life.

We recommend this:

- Offer continuing education and conferences to general practitioners and other specialists to not neglect mental pathology in their daily practice.
- Early screening and management of depressive episodes.
- The evaluation of the sexual dimension in front of any depressive episode is mandatory.
- The diagnosis and management of relationship problems, which may be the cause of alteration of the sexual function, or even be a factor of appearance or resistance of depression.
- Before prescribing antidepressants, patients should be made aware of their sexual effects and the therapeutic strategies to adopt in the face of any sexual dysfunction that may be induced.

### **Conclusion:-**

Depression was found to correlate with sexual functioning and, the more severe the depression, the greater the intensity of problems in sexual functioning, specifically sexual desire, and sexual satisfaction. This indicates that sexual functioning needs to be given importance for if unaddressed, could hamper the quality of sexual life and thus lead to an increase in depressive features.

Patients may also become nonadherent to medications, leading to a resurgence of symptoms.

Sexual functioning also improved when depression was treated. Thus, mental health-care professionals must inquire regarding sexual functioning sensitively and be watchful for changes in sexual functioning when they prescribe antidepressants.

### **Disclosure Statement:**

The authors have no conflicts of interest to declare.

### **References:-**

- 1-Howes BH, Watson DI, Xu C, Fosh B, Canepa M, Dean NR. Quality of life following total mastectomy with and without reconstruction versus breast-conserving surgery for breast cancer: A case-controlled cohort study. *J Plast Reconstr Aesthet Surg*. 2016;69(9):1184-91. <https://doi.org/10.1016/j.bjps.2016.06.004>
- 2-ASOUAB, F., AGOUB, M., KADRI, N., et al. Prévalence des troubles mentaux dans la population générale marocaine (Enquête nationale, 2005) [Prévalence of mental disorders in the Moroccan general population (National Survey, 2005)]. *Bulletin Épidémiologique, Direction de l'Épidémiologie et de Lutte Contre les Maladies, ministère de la Santé du Maroc*, 2007, p. 61-62
- 3-Forbes MK, Baillie AJ, Schniering CA. A structural equation modeling analysis of the relationships between depression, anxiety, and sexual problems over time. *J Sex Res* 2016; 53: 942–954. [PubMed] [Google Scholar]
- 4-WYLOMANSKI, S., BOUQUIN, R., PHILIPPE, H.-J., et al. Validation de la version française du Female Sexual Function Index auprès d'un échantillon de la population féminine française. In : *Annales de Dermatologie et de Vénérologie*. 2013. p. 473.
- 5-Mitchell KR, Jones KG, Wellings K, et al. Estimating the prevalence of sexual function problems: the impact of morbidity criteria. *J Sex Res* 2016; 53: 955–967. [PMC free article] [PubMed] [Google Scholar]

- 6-Rosen C, Brown J, Heiman J, et al. The Female Sexual Function Index (FSFI): a multidimensional self-report instrument for the assessment of female sexual function. *J Sex Marital Ther* 2000; 26(2): 191–208. [PubMed] [Google Scholar]
- 7-Brotto LA. The DSM diagnostic criteria for hypoactive sexual desire disorder in women. *Arch Sex Behav* 2010; 39: 221–239. [PubMed] [Google Scholar]
- 8-Meyer-Bahlburg HFL, Dolezal C. The female sexual function index: a methodological critique and suggestions for improvement. *J Sex Marital Ther* 2007; 33: 217–224. [PubMed] [Google Scholar]
- 9-Leeners B, Hengartner MP, Rössler W, et al. The role of psychopathological and personality covariates in orgasmic difficulties: a prospective longitudinal evaluation in a cohort of women from age 30 to 50. *J Sex Med* 2014; 11: 2928–2937. [PubMed] [Google Scholar]
- 10- Field N, Prah P, Mercer CH, et al. Are depression and poor sexual health neglected comorbidities? Evidence from a population sample. *BMJ Open* 2016; 6: e010521. [PMC free article] [PubMed] [Google Scholar]
- 11-Mitchell KR, Mercer CH, Ploubidis GB, et al. Sexual function in Britain: findings from the third national survey of sexual attitudes and lifestyles (Natsal-3). *Lancet* 2013; 26: 1–13. [PMC free article] [PubMed] [Google Scholar]
- 12- Kalmbach DA, Ciesla JA, Janata JW, et al. Specificity of anhedonic depression and anxious arousal with sexual problems among sexually healthy young adults. *J Sex Med* 2012; 9: 501–513. [PubMed] [Google Scholar]
- 13-Cyranowski JM, Bromberger J, Youk A, et al. Lifetime depression history and sexual function in women at midlife. *Arch SexBehav* 2004; 33: 539–548. [PubMed] [Google Scholar]
- 14-Trabelsi I. Dysfonctions sexuelles chez la femme déprimée. [Mémoire de sexologie clinique]: Faculté de médecine de Sfax; 2014.
- 15-Hamzaoui S, et al. Évaluation de la fonction sexuelle chez les femmes consultant pour un premier épisode dépressif majeur. *Sexologies* (2016), <http://dx.doi.org/10.1016/j.sexol.2016.04.002>
- 16- Agarwal M, Hamilton JB, Moore CE, Crandell JL. Predictors of depression among older African American cancer patients. *Cancer Nurs.* 2010;33(2):156-63.<https://doi.org/10.1097/NCC.0b013e3181bdef76>
- 17-Kendurkar A, Kaur B. Major depressive disorder, obsessive-compulsive disorder, and general anxiety: Do the sexual dysfunction differ? *J Clin Psychiatry* 2008;10: 299—305.
- 18-Serreti A, Chiesa A. Treatment-emergent sexual dysfunction related to antidepressants: a meta-analysis. *J Clin Psychopharmacol*2009;29:259—66.
- 19-Thakurta RG, Singh OM, Bhattacharya A, Mallik AK, Ray P, Sen S. Nature of sexual dysfunction in major depressive disorder and its impact on quality of life. *Indian J Psychol Med* 2012;34: 365—70.
- 20-Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of 12-Month DSM-IV Disorders in the National Comorbidity Survey Replication. *Arch GenPsychiatry*2005;62(6):617—27.
- 21-AIT BENLAASSEL O. Dépression et troubles sexuels. Thèse de doctorat. Faculté de médecine et pharmacie de Marrakech; 43/2018.