

SEXUAL BEHAVIOUR IN SCHIZOPHRENIC PATIENTS ON NEUROLEPTIC MEDICATION

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SUMMARY

Sexual behaviour in forty male schizophrenics on maintenance medication were studied. Authors observed that thirteen patients reported decrease in frequency of sexual thoughts, fifteen in frequency of intercourse. Eight patients reported decline in enjoyment of intercourse and six avoided sex.

Varieties of sexual problems related to ejaculatory and erectile functions are reported in patients taking psychotropic drugs (Barnes *et al.*, 1979; Kotin *et al.*, 1976; John *et al.*, 1983). While all these studies focus on the efficacy with which the desired sexual goal is achieved, studies confining to problems in fantasized or overt sexual behaviour of stabilised schizophrenic patients are rarely conducted. A feasible strategy to investigate this important area would be to find out alteration in frequency of sexual thoughts, frequency of sexual intercourse, quality of sexual enjoyment, and the avoidance of sex in a group of clinically stabilised schizophrenic patients who are on maintenance medication. A study was conducted in National Institute of Mental Health and Neurosciences, Bangalore, with these aims.

METHOD

Forty consecutive patients who satisfied the 'inclusion criteria' for this study were taken. 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 the past one month. Patients were interviewed using a questionnaire after establishing adequate rapport. Interview focused on alteration in frequency of sexual thoughts, frequency of sexual intercourse, the ability to enjoy sexual intercourse, and avoidance of sex. Questions were framed in such a way that information elicited were in comparison with patient's status before illness. Details of recent medication were recorded in every case.

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

RESULTS

Of the forty patients, twenty four were on trifluoperazine alone or on combination with trihexyphenidyl (THP).

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The dosage of trifluoperazine ranged from 5 mg to 30 mg per day. Four patients in the group received a bed time dosage of Chlorpromazine in addition to trifluoperazine. Eleven patients were on either 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 25 mg. Twenty-nine patients were on THP on a dosage ranging from 2 mg to 4 mg per day. Three patients had tremor which was mild. One patient had mild rigidity.

Thirteen patients (32.5%) reported a decline in frequency of sexual thoughts, fifteen patients (37.5%) reported diminished frequency of sexual intercourse, eight patients (20%) reported decline in enjoyment of sexual intercourse, and six patients (15%) reported avoidance of sex. There was no statistically significant difference in all the above items, when the patients were grouped on duration of illness with 5 years as cut off. No statistically significant difference emerged when grouping was done, in all these items, taking median as cut off, for age (36 years), and for duration of marital life (8 years), Chi-square was used to test significance. Fisher's exact probability test was used when expected cell values were below five.

DISCUSSION

The paucity of thorough clinical data on the sexual behaviour of schizophrenic patients is highlighted in several recent reviews (Mitchell and Popkin, 1982; Nestros *et al.*, 1981). Our study differs from the earlier works in two aspects. Firstly, the patient sample included were established schizophrenic

patients on maintenance medication. Secondly, the focus of the investigation is on the sexual behaviour, and excludes the functional aspects involving the efficiency of erection and ejaculation. Though there is no comparable study in the literature, it has been documented that male schizophrenic patients reported less frequent sexual ideation and activity both before and during the period of illness than non psychotic control subjects (Nestros and Lehman, 1979). In our investigation we did not have non-psychotic controls for comparison. Instead we investigated the change in the same patient after the onset of illness. An upper age limit was fixed to exclude aging related alteration in sexual ideation and activity. Only clinically established patients were included to minimise psychopathology related alteration in subjective report (Gittleson and Levines, 1966). Married persons with onset of illness after marriage were only included considering the taboo in Indian culture for premarital and extramarital sexual relations. Strict criteria limited the sample size to forty.

The incidence of problems in overt and fantasized sexual behaviour, as shown above is quite high, meriting further scientific enquiry into these aspects. The design of the present study does not permit us to speculate as to at what stage of illness the problems evolve and how big is the contribution of drugs. It is all the more interesting to note that, in this sample, age, duration of drug intake, and duration of marital life did not emerge as being significant when tests for significance were done for groups taking median as cut off, for all items under study.

In conclusion, findings of this study substantiate that problems in sexual behaviour, are quite frequent even in the established male schizophrenic patients on maintenance medication. Further studies

investigating the sexual ideation and activity of male schizophrenic patients, and their role in the genesis of sexual dysfunction are needed. Such studies may provide valuable insights into the interaction between psychosocial, neurochemical and pharmacological factors which determine the sexual behaviour.

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