FEATURES OF SEXUAL DYSFUNCTIONS IN PATIENTS WITH NEUROTIC DISORDERS

Tetiana Ivanitska MD, PhD - student, Assistant Professor of Department of Psychiatry, Narcology and Medical Psychology
I. Horbachevsky Ternopil National Medical University, Ukraine

Supervisor: Olена Venger Prof., DSc, PhD, MD, Head of Department of Psychiatry, Narcology and Medical Psychology
I. Horbachevsky Ternopil National Medical University, Ukraine

Summary. Deterioration of mental health is an extremely important risk factor for sexual dysfunction. The aim is to investigate sexual dysfunction in patients with neurotic mental disorders.

Material. Peculiarities of sexual dysfunctions in 256 patients (120 men and 136 women) were analyzed.

Research. Assessment of sexual dysfunctions was performed on the basis of individual interviews and questionnaires of each patient. Intimate disorders such as perversion, anorgasmia, deactualization, hypoesthesia, hyperesthesia, decreased libido, alibidemia, decreased sexual activity, abstinence, decreased erection, premature ejaculation, and pain during sex were evaluated.

Conclusions. The issue of sexual disorders in various forms of neurosis is an extremely relevant topic, as these disorders cause significant disharmony in different areas of life of patients. Not only does it not lose its relevance, but it is gaining more and more medical and social significance.

Keywords: sexual dysfunction, mental disorders, neurotic disorders, psychiatry, sexology.

Introduction. According to the World Health Organization (WHO), sexual dysfunction involves a violation of potency, sexual arousal, intimate motivation, and orgasmic abilities during sexual intercourse in such a way that a person does not meet his physiological potential [1]. The continuity of this deficit leads to obvious discomfort in people suffering from these disorders and their partners.

Sexual function in patients with mental illness is often underestimated by health professionals, although this topic is of great importance for people with the disorder and their partners. Too often, doctors believe that sexuality is not as important as the illness that led the patient to the hospital. However, the quality of personal relationships, including sexual, has a great influence on a person's self-esteem and personal comfort [2, 3].

The mechanisms of development and course of sexual dysfunctions have their own features related to the form and nature of the mental disorder that caused them [4, 5]. With a prolonged course of neurotic disorder, patients may change sexual motivation and motives for sexual intercourse, sometimes there is a deactualization of sexual life or even aversion to it [6].
That is why the issue of diagnosis and quality correction of neurotic disorders complicated by sexual dysfunction requires special attention of qualified specialists.

**Goal.** Investigate sexual dysfunction in patients with neurotic mental disorders.

**Materials and methods of research.** In accordance with the principles of biomedical ethics, we interviewed 256 patients (120 men and 136 women) on the basis of informed consent. The mean age of the subjects was \(35 \pm 5.5\) years, with extreme fluctuations from 23 to 50 years. The criterion for inclusion in the study was the presence of complaints of sexual dysfunction. The study lasted from December 2021 to January 2022 and was conducted on the basis Department of Neurosis of the Municipal Non-Commercial Enterprise «Ternopil Regional Clinical Psychoneurological Hospital» of the Ternopil Regional Council. To collect data and optimize the results, we used:

1. General questionnaire that assessed socio-demographic data (age, gender, marital status).
2. Anamnestic data of medical records on the peculiarities of the neurotic disorder.
3. Consolidated questionnaire on the presence of various manifestations of sexual dysfunction in the patient.

**Results.** The interviewed patients were divided into groups according to the primary neurotic disorder with which they applied to the hospital (Fig. 1).

Thus, we surveyed:

1. 33 patients with panic disorder (20 women, 11 men).
2. 27 patients with mixed anxiety and depressive disorder (12 women; 15 men).
3. 25 patients with obsessive-compulsive disorder (15 women; 10 men).
4. 30 patients with post-traumatic stress disorder (8 women; 22 men).
5. 28 patients with adaptation disorders (9 women; 19 men).
6. 25 patients with dissociative-conversion disorder (16 women; 9 men).
7. 32 patients with somatoform disorder (17 women; 15 men).
8. 26 patients with hypochondriac disorder (15 women; 11 men).
9. 32 patients with neurasthenia (17 women; 15 men).

**Fig. 1. Distribution of patients by type of neurotic disorder and sex**

Assessment of sexual dysfunctions was performed on the basis of individual interviews and questionnaires of each patient. Intimate disorders such as
Perversion, anorgasmia, deactualization, hyperactualization, hypoesthesia, hyperesthesia, decreased libido, alibidemia, decreased sexual activity, abstinence, decreased erection, premature ejaculation, and pain during sex were evaluated. The study took into account the above symptoms, if they were manifested against the background of exacerbation of the underlying disease, in remission were not observed and the patient clearly associated the deterioration of his sex life with a neurotic disorder.

After the survey, the results were systematized.

Sexual dysfunction in people with mixed anxiety and depressive disorder was manifested mainly in sexual hypoesthesia and hyperesthesia, expanding the range of acceptability, up to perversions, or absolute refusal of sexual intercourse. The same sexual dysfunctions were characteristic of patients suffering from panic disorder. In obsessive-compulsive disorder, as a rule, decreased libido and sexual activity, there was hypoesthesia and dulling of orgasm, these symptoms could be isolated or cumulative. In post-traumatic stress disorder, sexual dysfunction in men is most often formed in the form of deactualization of sexual life, in women there was suppression of libido and sexual activity. Sexual dysfunction in men with maladaptation manifested itself in the deactualization of sexual life. In women, there was a decrease in sex drive, up to alibidemia, decreased sexual sensations and hypoorgasmia. In dissociative- conversion disorder, sexual dysfunction in men manifested itself in a weakening of sexual desire, sometimes to alibidemia, decreased erection and premature ejaculation, in women manifested mainly in sexual hypoesthesia and hypo- or anorgasmia. Sexual dysfunction in somatoform disorders was most often observed in the form of decreased sex drive, up to alibidemia, and weakened erections. Sexual dysfunction in neurasthenia was marked by a decrease in sexual desire, up to alibidemia, and weakening of erection, in men with hypotensive variant of neurasthenia along with erectile dysfunction there was premature ejaculation and dulling of orgasm, in women - deactualization of sexual life.

A detailed study of the manifestations of sexual dysfunction in the interviewed patients revealed a number of important patterns (Table 1).

### Table 1

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Thus, in our study we found important patterns of sexual dysfunction in people with various forms of neurotic disorders.

After the study, patients were asked to undergo a course of cognitive-behavioral psychotherapy to correct existing sexual dysfunctions. 78 patients agreed to psychotherapeutic intervention. The results of this therapy will be published after the end of the sessions and the interpretation of the data of objective studies.

The findings of our study are broadly consistent with those of a number of other researchers on sexual dysfunction in people with mental disorders [7, 8].

The results obtained are important for elucidating the characteristics of the individual's sexual response to the development of neurotic mental disorders, as well as for developing effective measures for psychiatric and psychotherapeutic care for patients with relevant dysfunctions.

Conclusions. 1. The issue of sexual disorders in various forms of neurosis is an extremely relevant topic, as these disorders cause significant disharmony in different areas of life of patients. Not only does it not lose its relevance, but it is gaining more and more medical and social significance. And due to the increase in recent years the frequency of neuroses, which are usually accompanied by sexual disorders that cause sexual disharmony of the couple.

2. At neuroses at patients sexual dysfunction can be both primary, and secondary. The first is an independent disease and acts as a psychotrauma that causes the development of neurosis, the second is the result of re-involvement of sexual function in the neurotic process and is one of the syndromes of neurosis.

3. Diagnosis of sexual health disorders and neurosis should be carried out by system-structural analysis, which allows to determine the form of primary and secondary sexual dysfunction and the degree of social and psychological adaptation.
of partners.

4. The sexual health awareness of the physician working with neurotic patients is extremely important and relevant. This allows a comprehensive approach to solving patients' problems, to promote the harmonization of the inner world and interpersonal relationships.

Prospects for further research. These results can be the basis for further research in the field of sexual dysfunction, finding methods to combat and prevent sexual dysfunction in patients with neurotic disorders and prevent negative effects on their social comfort.

References: