A Study of Sexual Dysfunction in a Sample of Medicated and Non Medicated Egyptian Female Patients with Schizophrenia

Thesis

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✍ *Phoebe Fayez Ghobrial Roufail*

Dedication

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List of Abbreviations

Abb.	Full term
BSSC-W	The Brief Sexual Symptom Checklist for Women
DHEA	Dehydroepiandrosterone
DSM-5	Diagnostic and Statistical Manual
FOD	Female orgasmic disorder
FSFI	Female Sexual Function Index
FSH	Follicle-stimulating hormone
HSDD	Hypoactive sexual desire disorder
IUD	Intra uterine device
LH	Luteinizing hormone
NGF	Nerve Growth Factor
NO	Nitric oxide
PANSS	Positive and Negative Symptoms Scale
PDE V	Phosphodiesterase type V
PGAD	Persistent genital arousal disorder
QOL	Quality of life
SCID-I	Structured Clinical Interview for DSM-IV-TR Axis I Disorders
SCS-W	Sexual Complaints Screener for Women
SHBG	Sex hormone binding globin
SSRIs	Serotonin re-uptake inhibitors
TRH	Thyroid releasing hormone
TSH	Thyroid stimulating hormone
UI	Urinary incontinence
VIP	vasoactive intestinal polypeptide
WHO	World Health Organization

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INTRODUCTION

Sexual functioning involves a complex interaction among anatomical, physiological, sociocultural, psychological factors, relationships with others, and developmental experiences throughout life **(American Psychiatric Association, 2013).**

Female sexual dysfunction is a complex interplay of biological factors which incorporate multiple medical disorders such as (Diabetes Mellitus, Coronary artery diseases, Heart diseases, Inflammatory diseases, Thyroid problems, Neurological conditions, Spinal cord injuries, hormonal causes (menopause and hormonal imbalance) **(Burri et al., 2009),** psychological factors (depression and anxiety) **(Khajehei et al., 2012)**, drug and alcohol misuse **(Wylie et al., 2002)** and Obstetrics and gynecological factors such as (Mode of delivery, Number of childbirths and Breastfeeding) **(East et al., 2012).** Those factors can have a significant negative effect on female sexual health and quality of life **(Kingsberg and Woodard, 2015).**

Schizophrenia is a severe and chronic mental illness, associated with high prevalence as (1%) of the population suffers from this condition. Symptoms of schizophrenia typically emerge during adolescence or early adulthood. They are usually classified as either positive, negative or cognitive symptoms **(Patel et al., 2014).**

Diagnosis of schizophrenia according to DSM-5: two (or more) of the following present for one month period. At least one of these must be present (1) (2) or (3):

1. Delusions
2. Hallucinations
3. Disorganzed speech
4. Grossly disorganized or catatonic behavior
5. Negative symptoms

These symptoms are accompanied by disturbance in the level of function and Continuous signs of the disturbance persist for at least 6 months. This 6-month period must include at least 1 month of symptoms (or less if successfully treated) that meet Criterion of active-phase symptoms

For those suffering from severe mental illnesses such as schizophrenia, sexual functioning has received little attention in both clinical care and research **(Kelly and Conley, 2004**), this is partly because for years it was assumed that these patients had diminished sexual activity **(Bobes et al., 2003).**

The reasons for sexual dysfunction in Schizophrenia are complex. Sexual dysfunction may arise from the side effects of psychotropic medications (e.g., sedation and hyperprolactinemia) **(Baggaley et al., 2008)** poor physical health and the effects of the illness itself **(Heiman, 2002).** Moreover, sexual dysfunction has multiple negative

consequences on those patients, such as low quality of life (QOL) and self-esteem, poor interpersonal relationships and treatment adherence **(Kokoszka et al., 2010).**

On the other hand, gender effect is important to be taken into account in studies investigating sexuality in schizophrenic patients (**Fujii et al., 2010)**. There is only limited research addressing specifically the sexuality in women with psychosis. This lack of literature is likely to foster stigmatization of women with psychosis. Indeed clinicians may adopt a stance considering that this possible lack of sexual drive is not worth an intervention, due to the widespread deficit reported **(Huguelet et al., 2015).**

The majority of schizophrenics experience progressive deterioration in their social and sociosexual functioning. This deterioration often starts before the first psychotic episode and would be one of the negative symptoms of schizophrenia or the positive symptoms in the acute phase of the disease which may be presented as (hallucinations of sexual nature, erotomaniac delusions, delusions related to sexual identity and hypersexualism) **(Fortier et al., 2000).**

Patients with schizophrenia may feel uncomfortable raising the subject because of cultural barriers or due to mistrust of clinicians who may be reluctant to discuss sexual concerns with patients because of the fear that bringing up sexual issues might exacerbate symptoms of schizophrenia or

slow the recovery process. In addition, some clinicians may view sexual complaints as relatively minor when addressing symptoms associated with severe mental illness **(Dossenbach et al., 2005)**.

HYPOTHESIS

There is an association between the sexual dysfunctions and schizophrenia in female patients whether due to medications or due to the disease itself or other demographic and clinical factor.

AIM OF THE WORK

1- To compare a group of females with Schizophrenia to healthy female control group regarding frequency and type of sexual dysfunction.

2- To investigate if there is a significant relation between schizophrenia and sexual dysfunctions.

3- To compare between females with schizophrenia on medication and their counterparts who are neuroleptic naive or off medications for at least 3-6 months regarding sexual dysfunctions, to detect the effect of psychotropics on sexual dysfunction in schizophrenic patients.

4- To compare the effect of the type of medications on sexual dysfunction in affected patients.

5- To highlight the factors associated with difference of sexual dysfunctions in female patients with schizophrenia in comparison to control group, if present.

Chapter 1

NORMAL FEMALE SEXUALITY

Leading characteristics of women's sexuality

Satisfying sexual life is essential for the wellbeing and quality of life for all people especially women **(Biddle et al., 2009).**

Women's sexuality is multifactorial, with biological, psychosexual, and context-related factors involved **(Dennerstein et al., 2006).** The latter include couple dynamics, family, sociocultural issues and developmental factors, including sexual abuse. Sexuality in women also involves multisystem, a physiologic response requires the integrity of the hormonal, vascular, nervous, muscular, and immune systems **(Basson et al., 2004).**

The exact mechanisms underpinning the development of healthy sexuality, are not yet under stood but it is proven that it cannot be merely sexual Since the development of sexual identity is related to several factors including: **(Zeuthen and Gammelgaard, 2010).**

1- Biological sex (male or female)

2- Gender identity (psychological sense of being male or female)