

Effect of Chronic Diseases on the Sexual Desire of Iraqi Males

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Abstract

Low sexual desire is a common problem. There are many causes for such low sexual desire including psychological factors and physical illness (chronic diseases). This study aimed to determine the effect of different chronic diseases on sexual desire of Iraqi males.

A cross sectional study in a questionnaire format was done for a randomized sample of 224 Iraqi male patients from December 2004 to November 2005 in 6 different Iraqi governorates. Patients with chronic diseases were included in this study. A questionnaire was prepared by the authors of this study and includes two parts: part one involve general questions about participant age, marriage duration, number of children and disease status. Part two involves questions about the effect of chronic diseases on participant sexual desire, number of weekly sexual intercourses and whether the patient is using a treatment for his low sexual desire.

Diabetes mellitus was the most common (44.2%) chronic disease among participated patients. More than 75% of patients with chronic diseases suffer from low sexual desire with a significantly higher percent (95%) for patients with cardiovascular diseases. chronic diseases can lower sexual desire in young aged men; meanwhile cardiovascular diseases are the most dangerous chronic disease on sexual desire.

Keywords: Sexual desire, Iraqi males, Chronic disease.

تأثير الامراض المزمنة على الرغبة الجنسية للذكور العراقيين حيدر فخرى هادي التكمه جي^{*,1}

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الخلاصة

ضعف الرغبة الجنسية هي من المشاكل الشائعة. هنالك العديد من الاسباب لضعف الرغبة الجنسية فمنها الاسباب النفسية والامراض المزمنة. هذه الدراسة تهدف الى تقييم تأثير مختلف الامراض المزمنة على الرغبة الجنسية للرجال في العراق. ان هذه الدراسة تمت بشكل استبيان لعينة عشوائية من ٢٢٤ رجلا عراقيا خلال كانون الاول ٢٠٠٩ ولغاية تشرين الثاني ٢٠١٠ في ٦ محافظات عراقية مختلفة. تم شمول الرجال الذين يعانون من امراض مزمنة في هذه الدراسة فقط. الاستبيان تم اعداده بواسطة باحث هذه الدراسة ويشمل على جزئين: الاول يشتمل على اسئلة عامة عن عمر المريض، فترة الزواج، عدد الاطفال والحالة المرضية. الجزء الثاني يشتمل على اسئلة عن تأثير الامراض المزمنة على الرغبة الجنسية، عدد مرات الممارسة الجنسية الاسبوعية، وهل يستخدم المريض علاجات لضعف رغبته الجنسية.

ان مرض السكري هو المرض الأكثر شيوعا لدى العينة المستهدفة. ٧٥% من المرضى كانوا يعانون من ضعف الرغبة الجنسية واكثر نسبة كانت عند المصابين بالامراض القلبية الوعائية. ان الامراض المزمنة تضعف الرغبة الجنسية لدى الرجال صغار العمر. وان الامراض القلبية الوعائية الاكثر خطورة على الرغبة الجنسية.

الكلمات المفتاحية: الرغبة الجنسية، الذكور العراقيين ، الامراض المزمنة .

Introduction

Sexual desire disorders can be defined as lacking interest in sex for a period of several months in the past 12months⁽¹⁾. Low sexual desire is a common problem in males⁽²⁾ and females⁽³⁾. Most of the carried out studies in the world focuses on determining causes and prevalence of low sexual desire in women more than in men⁽⁴⁾. There are many causes for such low sexual desire including psychological factors and physical illness

(chronic diseases) such as stroke, hypertension, chronic renal failure and many others⁽⁵⁾. However there is no any study that compare the difference between these chronic diseases on sexual desire in male patients; therefore, this study aimed to determine the effect of different chronic diseases on sexual desire of Iraqi males.

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Methods

Study design and sample size

A cross sectional study in a questionnaire format was done for a randomized sample of 500 Iraqi male patients from December 2009 to November 2010 in different Iraqi governorates (Baghdad, Mosil, Babil, Basrah, Karbala, Anbar, and Diwanya). Patients with chronic diseases (hypertension alone, diabetes alone, or any cardiovascular disease) were included in this study. Patients older than 55 years old were excluded from participation in this study. Verbal informed consent was obtained from all included participants; however, only 224 patients completed the questionnaire (response rate =44.8%).

A questionnaire was prepared by the authors of this study and includes two parts: part one involve general questions about participant age, marriage duration, number of children and disease status. Part two involves questions about the effect of chronic diseases on participant sexual desire, number of weekly sexual intercourses and whether the patient is using a treatment for his low sexual desire.

Statistical analysis

Microsoft excel 2003 was used for data input. Continuous variables were presented as mean \pm standard deviation.

Discrete variables were presented as numbers and frequencies. Chi square test was used to test the significance of difference

among discrete variables; an internet based calculator was used for this purpose.

ANOVA test was used to test the significance of mean difference among continuous variables; an internet based calculator was used for this purpose. P values less than 0.05 was considered significant.

Results

Table 1 showed the demographic data of participated patients. Average age of patients was 43.1 years with 9.54 years of marriage. Most participated patients (44.2%) suffer from diabetes mellitus.

Table (1):- Demographic data of participated patients

Value	Parameter
Age	43.1 \pm 6.89
Marriage duration	9.54 \pm 6.21
Number of children	2.8 \pm 1.8
Disease status	
Hypertension	85 (37.9%)
Diabetes Mellitus	99 (44.2%)
Cardiovascular disease	40 (17.9%)

Table 2 showed that more than 75% of all patients with chronic diseases suffer from low sexual desire with a significantly higher percent (95%) for patients with cardiovascular diseases.

Table(2):- Effect of diseases on sexual desire and intercourse of Iraqi males.

Parameter	Hypertension (n=85)	Diabetes (n=99)	Heart disease (n=40)	P - value
Age	44.11 \pm 6.41	42.36 \pm 7.3	42.78 \pm 6.75	0.218
Low sexual desire	73 (85.9%)	75 (75.8%)	38 (95%)	0.0159
Sexual intercourse/week	2.2 \pm 1.163	1.889 \pm 0.99	2 \pm 1.01	0.143
Taking therapy to improve sexual performance	76 (89.4%)	86 (86.9%)	36 (90%)	0.814

Discussion

It is well known that aging is one of the most important factors to reduce sexual desire for males, ^(6,7) that's why patients older than 55 years old were excluded from participation in this study to ensure obtaining accurate results for the effect of chronic diseases on male sexual desire.

Chronic diseases that were chosen in this study such hypertension, diabetes mellitus and cardiovascular diseases were done based on the most prevalent chronic diseases in Iraqi patients ⁽⁸⁾.

The results in this study showed that (75%- 90%) of Iraqi male patients with chronic diseases suffered from low sexual

desire, similarly it was found that 84% of patients with chronic diseases with at least 1 year of marriage suffer from low sexual desire ⁽⁹⁾. Researchers found that chronic disease have direct, indirect and iatrogenic effect to lower individual sexual desire ⁽¹⁰⁾. Additionally it was shown in this study that cardiovascular diseases have a more negative effect on sexual desire than diabetes mellitus or hypertension alone. This finding is reasonable because cardiovascular diseases and most of medications that used to treat these diseases can cause low sexual desire ^(11, 12).

This study showed that approximately 90% of chronic disease male patients in Iraq

tried to use medical therapy for their low sexual desire but with a non-significant difference among patients with different chronic disease. In contrast for a study conducted in England showed that 52% persons with sexual problem will seek medical advice (13). The difference from the current study may be attributed to the type of included sample which was general population, whereas in this study only patients with chronic diseases were included.

Although there are many limitations in this study such as the small sample size of patients and the non-validated type of questionnaire that used to assess patient sexual desire but it opens that gate to do more researches to assess prevalence, causes and treatment of sexual dysfunction among cardiovascular disease patients.

In conclusion, chronic diseases can lower sexual desire in young aged men; meanwhile cardiovascular diseases are the most dangerous chronic disease on sexual desire.

Reference

1. Laumann EO, Paik A, Rosen RC. Sexual dysfunction in the United States: prevalence and predictors . JAMA. 1999;281(6):537-544
2. Allan CA, Forbes EA, Strauss B J G , McLachlan RI. Testosterone therapy increases sexual desire in ageing men with low-normal testosterone levels and symptoms of androgen deficiency. International Journal of Impotence Research 2008; 20:396–401.
3. Kingsberg SA1, Woodard T. Female sexual dysfunction: focus on low desire. Obstet Gynecol. 2015 Feb;125(2):477-86. doi: 10.1097/AOG.0000000000000620.
4. Carvalheira A, Traeen B, Štulhofer A. Correlates of men's sexual interest: a cross-cultural study. J Sex Med. 2014 Jan;11(1):154-64. doi: 10. 1111 /jsm .12345 . Epub 2013 Oct 28.
5. McNab W L, Henry J. Human Sexual Desire Disorder: Do We Have a Problem? Health Educator, v38 n2 p45-52 Fall 2006
6. Helgason AR, Adolfsson J, Dickman P, et al. Sexual desire, erection, orgasm and ejaculatory functions and their importance to elderly Swedish men: a population based study. Age Ageing 1996;25:285-91.
7. Buono MD, Urciuou O, De Leo D. Quality of life and longevity: a study of centenarians. Age Ageing 1998; 27:207-16.
8. Doocy S, Sirois A, Tileva M, Storey JD, Burnham G. Chronic disease and disability among Iraqi populations displaced in Jordan and Syria. Int J Health Plann Manag. 2013;28:e1–12
9. Kalra G, Subramanyam K, Pinto G. Sexuality: Desire, activity and intimacy in the elderly. Indian J Psychiatry. 2011 Oct-Dec; 53(4): 300–306. doi: 10.4103/0019-5545.91902.
10. Verschuren J, Enzlin P, Dijkstra P, Geertzen J, Dekker R. Chronic disease and sexuality: a generic conceptual framework. J Sex Res. 2010; 47(2):153-70.
11. Carrillo-González GM, Sánchez-Herrera B, Chaparro Díaz OL. Chronic disease and sexuality. Invest Educ Enferm. 2013;31(2): 295-304.
12. Holloway V¹, Wylie K. Sex drive and sexual desire. Curr Opin Psychiatry. 2015 Nov;28(6):424-9. doi: 10. 1097 / YCO .0000000000000199.
13. K M Dunn, P R Croft and G I Hackett. Sexual problems: a study of the prevalence and need for health care in the general population. Family Practice 1998; 15 (6):519-524.