Satisfaction with sex life among patients with schizophrenia

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Aim: To assess the level of satisfaction with sex lives of patients with schizophrenia and explore patient characteristics associated with lower satisfaction.

Method: Data of five independent samples of patients with schizophrenia or related disorders (ICD-10 F20-29) were analysed. Quality of life including satisfaction with sex life was assessed on the Manchester Short Assessment of Quality of Life.

Results: Across all patients (N = 1404), satisfaction with sex life was significantly lower than satisfaction with any other life domain, and in each sample mean scores were below the middle scale point, indicating explicit dissatisfaction. Lower satisfaction was associated with male gender, being unmarried and more affective symptoms.

Conclusion: Patients with schizophrenia experience their sex life as an area of particular dissatisfaction. Future research should identify context and reasons for this dissatisfaction.
effectiveness of a patient-centered assessment with a solution focused approach (the advanced DIALOG + intervention) for community patients in London (Priebe et al., 2015). The NESS trial (N = 266) investigated the effectiveness of body psychotherapy in the treatment of negative symptoms of schizophrenia at several sites across England (Priebe et al., 2016). The other two studies, a trial and an observational outcomes study, both included patients with a wider range of diagnoses: EDEN (N = 245) compared day hospital treatment with conventional in-patient care in five European countries (Kallert et al., 2007), and InvolvE (N = 383) followed up patients who had been involuntarily admitted to 22 hospitals in England (Priebe et al., 2009). Rationales, details and findings of these five studies have been published elsewhere. Baseline data from these five studies were merged to create one final dataset for the analysis.

2.2. Participants

From the five studies, all patients were included who had been diagnosed with a schizophrenia according to ICD 10 (F20–29) and aged between 18 and 65 years. Patients were recruited from community, inpatient service and day hospital settings.

2.3. Measures

SQOL as well as age, gender, employment status, and marital status were collected using the MANSA (Priebe et al., 1999) across all five studies. The MANSA is a brief and widely used instrument assessing some patient characteristics and measuring SQOL by asking questions relating to patients’ satisfaction with different life domains. Satisfaction with sex life is one of the 12 satisfaction questions and worded how satisfied are you with your sex life? Like all satisfaction items, the responses are provided on a 7 point Likert scale, ranging from 1 “couldn’t be worse” to 7 “couldn’t be better” with 4 being the neutral middle.

Severity of symptoms was observer rated and assessed on the Brief Psychiatric Rating Scale (Ventura et al., 1993) in two studies (EDEN and InvolvE), and the Positive and Negative Symptoms Scale (Kay and Fiszbein, 1987) was used for DIALOG, NESS and EPOS. For the analysis, we used 18 items that are identical in both scales and grouped them into five sub-scales (Shafer, 2005) i.e. ‘Affective’, ‘Hostility’, ‘Negative’, ‘Positive’ and ‘Activation’ subscales. In all studies, raters were trained research psychologists or psychiatrists who were not involved in the treatment of the patients.

2.4. Analysis

Means of each satisfaction item in the MANSA (Priebe et al., 1999) were calculated for each study and for the total sample. A mixed-effect linear regression model with study fitted as a random effect, was carried out to identify whether sex satisfaction scores were significantly different to the next lowest item in the MANSA in the overall sample.

We then explored as to whether patient variables were associated with higher or lower sex satisfaction. We included patient characteristics that have been reported in the literature as influencing SQOL, i.e. patients’ age, gender and marital status, and the five symptom sub-scales as potential predictors. Employment status was not included because overall only 12% and in one study <1% of patients were in paid employment. The marital status variable was dichotomized to married or unmarried, where single, windowed and divorced participants were categorized into “unmarried”. NESS only had information on living situation, where responses were categorized into “Alone VS with Partner”, where living alone or living with children were labelled as “alone” to correspond with the other datasets.

For the descriptive statistics, means and proportions were presented including missing data. To test for associations we used a mixed-effect, univariable linear regression models with sex satisfaction as the dependent variable. Study was included as a random effect and each patient variable, in turn, was fitted as a fixed effect. Subsequently, a multivariable mixed-effect regression model was computed where all variables showing an association with sex satisfaction (p < 0.1) in the univariable analysis were included. We used complete case analysis for the regression models, where patients with missing data for the variables included in each of the models were excluded from the relevant analysis. All analyses were conducted on STATA version 12.1.

3. Results

In the five datasets, there were a total of 1606 patients who met the inclusion criteria. The sex satisfaction item was missing for 202 (12.6%) patients. This was the highest proportion of missing data for all satisfaction questions, with other satisfaction items missing in fewer than 4% of responses. The total sample consisted therefore of 1404 patients.

Table 1 shows the number of patients included from each study as well as the personal characteristics of the patients in the total sample and for each study.

Overall, the majority of patients were male (67.6%) and the mean age of patients was 39.9 years; 58.5% of the patients were unemployed, and 15.6% were married or with a partner. All patients were prescribed antipsychotic medication at the time of the interview.

The mean satisfaction ratings with different life domains are listed in Table 2.

Sex satisfaction was overall the lowest mean satisfaction score with any life domain (M = 3.8; S.D. = 1.8). Apart from satisfaction with the financial situation (M = 3.9; S.D. = 1.8) it was the only life domain with which patients, on average, expressed explicit dissatisfaction, i.e. rated a score of lower than the neutral scale point 4 to ‘How satisfied are you with your sex life?’. This explicit dissatisfaction was found in each of the five included studies. The difference between sex satisfaction and satisfaction with the financial situation was statistically significant (mean difference 0.16, p = 0.01). Thus, patients were on average significantly less satisfied with their sex life than with any other life domain.

The univariable and multivariable associations between personal characteristics and sex satisfaction are shown in Table 3.

In the univariable analyses gender, marital status and four out of five symptom subscales showed a significant association with sex satisfaction (p < 0.1). In the multivariable regression model however only gender, marital status and affective symptoms remained as significant predictors (p < 0.001). Male patients, those who were not married and those with higher levels of affective symptoms tended to have a lower sex satisfaction.

4. Discussion

The study provided a clear and remarkable finding: patients with schizophrenia are more dissatisfied with their sex life than with any other domain of their life, including their mental health. It is the only domain with which patients in each of the five independent and very different clinical samples expressed explicit dissatisfaction, and sex satisfaction is significantly lower than for the next unfavourably rated domain, which is the financial situation.

The study included patients from 18 to 65 years of age. Within that age range, patients’ negative appraisal did not significantly change with age. Thus, patients’ concerns about their sex life appeared not to alleviate substantially with higher age. However, sexual dissatisfaction is more marked in men and in patients who are unmarried.

4.1. Strengths and limitations

The study used a large overall sample with substantial statistical power limiting the uncertainty of the results. The analysis found similar results in each of five independent samples and the
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