

Clinical Background and its Association with the Sexually Transmitted Disease Patients Having Psychiatric Disorders: An Observation in Two Teaching Hospitals in Bangladesh

M C Mandal¹, MSI Mullick²

Summary

Psychiatric disorders among sexually transmitted disease patients need meticulous investigations in clinical background. The present study aimed to investigate into the clinical background of the sexually transmitted disease patients with co-occurring psychiatric disorders. The study was done among sexually transmitted disease (STD) patients attending in out-patient department of Bangabandhu Sheikh Mujib Medical University (BSMMU), and Dhaka Medical College Hospital (DMCH). Among 250 STD cases positive psychiatric family history in first-degree relatives was found in 2.4% cases. Only 2% cases had past history of psychiatric illness. In majority cases (58.8%) the age of first sexual intercourse was observed between 18 and 24 years (58.8%). The use of condom among sexually transmitted disease patients show 49.4% condom users and 50.6% were nonusers in psychiatric illness group and 48.5%, 51.5% respectively in without illness group. History of previous STD infection in psychiatric illness group was found in 44.7% ($p < 0.05$). The results of this study may show a guideline for further intensive research in this respect in future. However, a large-scale multi-

Introduction

Sexually transmitted diseases are a group of communicable diseases that are transmitted predominantly by sexual contact and are thus to a large extent behavioral diseases.¹ The global scenario shows that in case of sexually transmitted diseases (STD) with co-morbid presence of psychiatric ailments, clinical background is of immense etiological importance besides social and demographic

factors. Several studies have shown that psychiatric disorder is common in-patients attending in genitourinary medicine clinics^{2, 3, 4, 5}. Empirical research findings has revealed that among patients attending the clinics for sexually transmitted diseases, 20-30% have psychiatric disorders and factors as family history, sexual debut, condom practice, presence of previous infection etc. have significant clinical linkage.⁶

1. Resident Psychiatrist, Central Drug Addiction Treatment Center, Dhaka.

2. Professor, Department of Psychiatry, Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka

Corresponding author: Dr. Mahadeb Chandra Mandal, Resident Psychiatrist, Central Drug Addiction Treatment Center, Dhaka. Mobile: 01712025007, 01818549045

A small-scale community survey in Bangladesh on Psychiatric morbidity was conducted by Chowdhury et al. (1981) at Dasherbandi, Dhaka in 1978 and found 6.5% of the population were suffering from psychiatric disorders. Most common diagnoses were depressive disorder (2.87%), and anxiety neurosis (1.6%).⁷ A survey by Alam MN et al. (1978) focussed on psychiatric morbidity in medical general practice in Dhaka. He found 29% of all cases seen in medical general practice during the course of one year was suffering from purely functional disorders that are psychological and emotional disorder. Another 6% had both physical and psychological symptoms present together. Among the purely functional disorder, he found anxiety neurosis in 13% cases and 6% free floating anxiety (generalized anxiety disorder).⁸

The present study aimed at exploring clinical background and its association with the sexually transmitted disease patients having psychiatric disorders attending two teaching hospitals in Bangladesh.

Results

The findings are detailed in the following tables.

Table-I: Distribution of STD attendees by family history of psychiatric illness

Family history of psychiatric illness of first degree relatives	With *PM		Without PM		Total	
	n = 85	%	n=165	%	n = 250	%
Yes	4	4.7	2	1.2	6	2.4
No	77	90.1	162	98.2	239	95.6
Not known	4	4.7	1	0.6	5	2.0

$$\chi^2 = 7.2,$$

$$P < 0.05$$

*PM- Psychiatric Morbidity

Table 1 shows that family history of psychiatric illness is related with psychiatric morbidity.

Materials and Methods

This cross sectional descriptive study was done in the department of Dermatology and Venereology, Bangabandhu Sheikh Mujib Medical University (BSMMU) and Dhaka Medical College Hospital (DMCH) from January 1998 to January 1999. Two hundred and fifty diagnosed cases of STD were selected from Dermatology and Venereology out-patient department of the BSMMU and DMCH in a consecutive manner. The semi-structured questionnaire containing socio-demographic data and STD related questionnaire applied initially by the interviewer. The subject was interviewed for psychiatric assessment using Structured Clinical Interview for Diagnostic and Statistical Manual (SCID for DSM-III-R) which was followed by physical and mental state examination. The diagnosis was assigned according to DSM-III-R criteria. The sample size was determined by the formula z^2pq/d^2 [$z = 1.96$ (for confidence 95%), $p =$ prevalence of psychiatric morbidity (20%),^{9, 10, 11} $d =$ desired accuracy (0.05)] and it comes to around a round figure of 250.

Table-2: Past history of psychiatric illness among STD patients

Past history of Psychiatric illness	With PM		Without PM		Total	
	n = 85	%	n=165	%	n = 250	%
Yes	4	4.7	2	1.2	6	2.4
No	77	90.1	162	98.2	239	95.6

$x^2 = 9.21$

$P < 0.01$

Table-3: Past history of psychiatric illness among STD patients

Age of first Sexual intercourse	With PM		Without PM		Total	
	n = 85	%	n=165	%	n = 250	%
<18 yr.	25	29.4	58	35.1	83	33.2
18-24 yr.	53	62.4	94	97.0	147	58.8
25 -31 yr.	7	8.2	13	7.9	20	8

$x^2 = 0.84$

$P > 0.05$

There was no statistically significant difference among their age groups ($p > 0.05$).

Table-4: Distribution of use of condom among STD patients

Use of condom	With PM		Without PM		Total	
	n = 85	%	n=165	%	n = 250	%
Yes	42	49.4	80	48.5	122	48.8
No	43	50.6	85	51.5	128	51.2

$x^2 = 5.44$

$P > 0.05$

There was no statistically significant difference between the illness and non-illness group.

Table-5: Any previous STD infection among sexually transmitted disease

Previous STD infection	With PM		Without PM		Total	
	n = 85	%	n=165	%	n = 250	%
Yes	38	44.7	49	29.7	87	34.7
No	47	55.3	116	70.3	163	65.2

$x^2 = 5.44$

$P < 0.05$

It reveals that previous STD infection is statistically associated with psychiatric morbidity.

Table-6: Distribution of type of STD in relation to their psychiatric illness

Previous STD infection	With PM		Without PM		Total	
	n = 85	%	n=165	%	n = 250	%
Gonorrhea (G) No	43	50.59	73	44.2	116	46.4
Syphilis (S)	18	21.2	33	20.0	51	20.4
Both (G + S)	2	2.4	10	6.1	12	4.8
NGU*	17	20.0	40	24.2	57	22.8
Chancroid	3	3.5	8	4.8	11	4.4
HP **	2	2.4	1	0.6	3	1.2

$\chi^2 = 3.87$

$P > 0.05$

* NGU- Non-Gonococcal Urethritis, **HP- Herpes Progenitalis

There was no statistical significant difference between their type of STD groups ($p > 0.05$).

Table-7: Distribution of psychiatric disorder with the type of STD

Types of PD*	Gonorrhea (G)		Syphilis (S)		NGU		Chancroid		HP		Both (G+S)	
**	n= 85	%	n= 18	%	n= 17	%	n= 3	%	n= 2	%	n= 2	%
AD	15	34.9	4	22.2	4	23.5	3	100	2	100	2	100
DD	11	25.6	5	27.8	5	29.4	0	0	0	0	0	0
PSUD	9	20.9	3	16.8	3	17.6	0	0	0	0	0	0
SD	8	18.6	4	22.2	5	29.4	0	0	0	0	0	0
BMD	0	0	1	5.6	0	0	0	0	0	0	0	0
SZP	0	0	1	5.6	0	0	0	0	0	0	0	0

$\chi^2 = 7.8$

$P > 0.05$

*PD-Psychiatric disorder; **AD - Anxiety Disorder; DD - Depressive Disorder; PSUD - Psychoactive substance use disorder; SD - Sexual dysfunction; BMD - Bipolar mood disorder; SZP - Schizophrenia

No statistical significant difference was found between the psychiatric disorder and the type of STD.

Discussion

All sample patients attended study areas from different geographical areas of the country and 250 cases were included in this study. Only 2.4% cases had positive psychiatric family history in first-degree relatives. Two percent cases had past history of psychiatric illness. The result was statistically significant among patients having with psychiatric disorder and without disorder group ($P < 0.01$).

Age of first sexual intercourse probably varies in different societies. A few studies in Africa revealed that nearly half the boys had their first sexual intercourse by the age of 15 and almost 80% by the age of 20.12 In the present study age of first sexual intercourse detected a relatively greater prevalence (62.4%) of psychiatric morbidity among STD patients of age group between 18 to 24 years. It might be due to lack of specific health education such as sex education and cultural variation.

Regarding incidence of STD and the association of psychiatric disorders among 250 STD patients 85 cases of psychiatric disorder were found. Of them 51% was gonorrhoea, 21% syphilis, 20% NGU, 3.5% chancroid, 2.4% herpes

progenitalis and 2.4% both gonorrhoea and syphilis. Out of 43 psychiatric cases in gonorrhoea, anxiety disorder was 34.9%, depressive disorder 25.6%, psychoactive substance use disorder 20.9% and sexual dysfunction 18.6%. Similarly out of 18 cases of syphilis anxiety disorder was 22.2%, depressive disorder 27.8%, and psychoactive substance use disorder 16.8%, sexual dysfunction 22.2%, bipolar mood disorder 5.6% and schizophrenia 5.6%. Among NGU anxiety disorder was 23.5%, depressive disorder 29.4%, psychoactive substance use disorder 17.6% and sexual dysfunction 29.4% and these are in accordance with global findings.^{11, 12}

From the findings of the study it is evident that a large-scale multi-centred prospective study and meticulous investigation into clinical background can provide more representative and inferential reflection of the results. There are meager facilities for the clinical, academic, research and developmental pursuit in collaborative disciplines. Psychiatric consequences of sexually transmitted disease should be researched in a nationwide survey.

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