

Examination of marital adjustment and sexuality in patients with schizophrenia

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ABSTRACT

Objectives: The main aim of the study is to compare marital adjustment and sexuality in schizophrenia patients.

Methods: The sample of the study consists of 48 outpatients with a diagnosis of schizophrenia according to DSM V by the Department of Psychiatry, Bursa Uludağ University School of Medicine and 48 healthy volunteers. Sociodemographic Information Form, Marriage Adjustment Scale (MAS), Arizona Sexual Experiences Scale (ASEX) - (Female and Male form) are applied to both groups.

Results: A significant difference was observed between individuals with schizophrenia and healthy group according to sexual dysfunction. The incidence of sexual dysfunction in schizophrenia patients is high. While the average values of the individuals' MAS were higher in the healthy group, no significant difference was found between the groups according to the MAS total score.

Conclusions: There is no difference in terms of compliance with marriage between the healthy group and schizophrenic patients, but there is a difference in terms of sexual function. Data from this study suggest that schizophrenia may not be a factor in marital adjustment but may be a factor that may cause sexual dysfunction. All schizophrenic patients in our study used drugs. It cannot be ruled out that drug use may cause sexual dysfunction.

Keywords: Schizophrenia, marital satisfaction, marital adjustment, sexual satisfaction

Schizophrenia is a mental disorder that begins at a young age, causing the individual to keep himself away from human relations and realities, to be attracted to his inner world, paving the way for significant disturbances in emotions, thoughts and behaviors, bringing along loss of work power [1]. It is a chronic disorder that is seen in both sexes, even though it is usually seen less in women than men, it follows a worse course in men. The age of onset is often in young adulthood, but it can also begin later, especially as in the case of women [1-3]. The progression and termination of the disease vary depending on the patients. This disease is a public health problem in which symptoms and signs can be seen in all areas of

mental state [4]. Although schizophrenia is known to be multifactorial; genetic predisposition, environmental factors, and perinatal factors are thought to play a role frequently in its etiology [5]. Today, in its treatment, medical treatment and Electroconvulsive Therapy (EKT), being in the first place, and psychoanalytic approaches such as, Cognitive Behavioral Therapy (CBT) and group therapy can be used as supportive therapy [6]. According to the general population, the rate of marriage is lower and divorce rates are higher in schizophrenia patients [7]. Despite the lack of evidence that marriages play a protective role, Eatol's study of schizophrenia and marriage in 1975 found that morbidity was higher in never-married

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schizophrenic patients than in divorced patients [8]. Although the disease affects many aspects of sexuality, a number of patients can develop a meaningful close

relationship [9]. Studies have reported that schizophrenia patients have an interest in sexuality but have difficulty in expressing it [10].

Table 1. Comparison of schizophrenic and healthy group in terms of sociodemographic data

	Schizophrenia (n = 48)	Healthy (n = 48)	p value
Age (years)	52.50 (21-65)	49 (30-67)	0.207
Gender (F/M)			
Female	20 (41.70%)	17 (35.40%)	0.529
Male	28 (58.3%)	31 (64.60%)	
Employment status			
Working	12 (25%)	38 (79.20%)	< 0.001
Not working	36 (75%)	10 (20.80%)	
Educational attainment			
Less than high school	33 (68.80%)	10 (20.80%)	< 0.001
High school	10 (20.80%)	26 (54.20%)	
Undergraduate and graduate	5 (10.40%)	12 (25%)	
Profession			
State servant	8 (16.70%)	22 (45.80%)	0.004
Worker	20 (41.70%)	18 (37.50%)	
Unemployed	9 (18.80%)	6 (12.50%)	
Retired	11 (22.90%)	2 (4.20%)	
Income (TL))			< 0.001
0-1,500	23 (47.90%)	8 (16.70%)	
1,501-3,000	23 (47.90%)	23 (47.90%)	
3,001-4,500	1 (2.10%)	9 (18.80%)	
> 4,500	1 (2.10%)	8 (16.70%)	
Length of marriage (year)	3 (1-3)	3 (1-3)	0.390
Cohabiting relatives			
Wife/husband	23 (47.90%)	28 (58.30%)	0.306
Wife/husband & other relatives & children	25 (52.10%)	20 (41.70%)	
Sexual dysfunction			
No	6 (12.50%)	33 (68.80%)	< 0.001
Yes	42 (87.50%)	15 (31.30%)	
Marriage adjustment			
Compatible	28 (58.30%)	35 (72.90%)	0.133
Incompatible	20 (41.70%)	13 (27.10%)	
MC total	41.92 ± 12.57	47.25 ± 7.88	0.015
ASEX total	20 (5-29)	10 (5-28)	< 0.001

Data are expressed as mean ± standard deviation, median (minimum- maximum) and n (%).

METHODS

The sample of the study consists of 48 outpatients with a diagnosis of schizophrenia according to DSM V by the Department of Psychiatry, Bursa Uludağ University School of Medicine and 48 healthy volunteers. Sociodemographic Information Form, Marriage Adjustment Scale (MAS), Arizona Sexual Experiences Scale (ASEX) - (Female and Male form) are given to patients and healthy group.

Participants are between the ages of 18-65 and married, they are not mentally retarded and do not have physical disorders that cause sexual dysfunction. Those with any systemic disease (diabetes, coronary heart disease, prostate) that could prevent their sexuality were excluded from the study. The aim of the study is to see whether the disease affects sexual function. All schizophrenic patients included in the study are drug users.

Arizona Sexual Experiences Scale (ASEX)

It consists of five items of six Likert type, consisting of male and female forms. 11 and above points indicate sexual dysfunction [11].

Marital Adjustment Test (MAT)

Scoring in the scale increases from noncompliance to compliance. The lowest compliance score is found to be 2, the highest compliance score is 58, and the cut-off point is 43, 5. The lower total score in the scale points out mismatch in the marriage, the higher total score in the scale points out adjustment in the marriage [12].

Statistical Analysis

The conformity of the variables to the normal distribution is investigated by ShapiroWilk test. Continuous variables are expressed with median (minimum: maximum) and mean ± standard deviation values. Categorical variables are expressed in n (%). According to the results of normality test, Mann Whitney U and independent double sample t tests were used in the comparisons between the two groups. Pearson Chi - Square, Fisher's exact Chi - Square and Fisher - Freeman - Halton tests were used for the comparison of categorical variables. For statistical analysis, SPSS (IBM Corp. Released 2012. IBM SPSS Statisticsfor Windows, Version21.0. Armonk, NY:

IBM Corp.) was used and $p < 0.05$ is considered statistically significant.

RESULTS

Table 1 shows the demographic characteristics of schizophrenic and healthy group. Table 2 presents questions that are unique to schizophrenia patients and patient characteristics. In Table 3, there is no difference between the groups in the schizophrenia group according to the marriage compliance scale. As a result of the classification made within the

Table 2. Disease characteristics of schizophrenia group (n = 48)

Did the disease start during marriage?	Data
Yes	34 (70.80%)
No	14 (29.20%)
Duration of treatment (years)	
0-5 years	12 (25%)
6-10 years	10 (20.80%)
>10 years	26 (54.20%)
Hospitalization	
Yes	32 (66.70%)
No	16 (33.30%)
Number of hospitalizations	
0-5	27 (84.40%)
6-10	2 (6.30%)
>10	3 (9.40%)
Did he have an attack	
Yes	37 (77.10%)
No	11 (22.90%)
Number of attacks	
0-5	25 (52.10%)
6-10	3 (6.30%)
>10	9 (41.60%)
Duration of drug use (years)	
0-5	14 (29.20%)
6-10	9 (18.80%)
>10	25 (52.10%)

The data are expressed as n (%).

Table 3. Evaluation of marital adjustment in schizophrenia group

	Marriage Compliance:		p value
	Compatible (n = 28)	Incompatible (n = 20)	
Length of marriage	3 (1-3)	3 (1-3)	0.658
Drug Use (years)			
0-5	10 (35.70%)	4 (20%)	0.489
6-10	5 (17.90%)	4 (20%)	
>10	13 (46.40%)	12 (60%)	
Hospitalization			
Yes	18 (64.30%)	14 (70%)	0.679
No	10 (35.70%)	6 (30%)	
Number of children	1 (1-2)	1 (1-2)	0.809
Employment status			
Working	8 (28.60%)	4 (20%)	0.499
Not working	20 (71.40%)	16 (80%)	
Sexual dysfunction			
No	2 (7.10%)	4 (20%)	0.218
Yes	26 (92.90%)	16 (80%)	

Data are expressed as median (minimum- maximum), n (%).

schizophrenia group; there is no difference between the groups with and without sexual dysfunction according to the variables in table 4. In tables: Duration of marriage was 3 (1-3) 0-5, 6-10, 11 >; number of children 1 (1-2) 0-5 and 6 >.

Table 4. Evaluation of sexual dysfunction in schizophrenia group

	Sexual dysfunction		p value
	No (n = 6)	Yes (n = 42)	
Length of marriage	3 (3-3)	3 (1-3)	0.367
Drug Use (years)			
0-5	2 (33.30%)	12 (28.60%)	1.00
6-10	1 (16.70%)	8 (19%)	
>10	3 (50%)	22 (52.40%)	
Number of children	1 (1-1)	1 (1-2)	0.867
Employment status			
Working	0	12 (28.60%)	0.315
Not working	6 (100%)	30 (71.40%)	

Data are expressed as median (minimum: maximum), n (%).

DISCUSSION

The data we have obtained in this section will be reviewed in the light of the general literature. In our study, sociodemographic data obtained from schizophrenia patients were consistent with the data in the general literature [1, 3]. The fact that only 25% of patients in the study group are working, can be associated with low levels of general education and demolition caused by disease [13]. Parallel to this, income levels are also low compared to the general population [14]. As a result of disease and socioeconomic conditions, patients with schizophrenia need social support while continuing their lives [13, 14]. In our study (Table 2), disease characteristics such as hospitalization and number of attacks were also consistent with the general literature [15]. In our study, no difference was found between sexes according to treatment periods. Similarly, in the literature, it is thought that a number of possible differences have disappeared over time as patients have a very long disease process [16].

In the literature, there are very few studies on the sexual dysfunctions of schizophrenia patients. Our findings were also consistent with the literature [17-19]. The study conducted in Turkey by Hocaoglu *et al.* [17] with a group of 101 patients with schizophrenia and 89 healthy persons using ASEX scale, showed that 46% of male patients with schizophrenia and 68% of female patients with schizophrenia has sexual function disorder. Ghadirian *et al.* [19] found in their study with 55 patients with schizophrenia using antipsychotic drugs that 54% of males and 30% of females had sexual dysfunction. In a study of 7655 patients with schizophrenia, Dossenbach *et al.* [18] reported that a form of sexual dysfunction was present in approximately half of the patients. In a study performed by Uçok *et al.* [20], 826 patients with schizophrenia were found to have sexual dysfunction disorder in 52.6% of patients according to ASEX scale.

When the data of our study were examined, even though there is no statistically significant difference between the schizophrenia group and the control group in terms of marital adjustment, the total marital adjustment scores of the schizophrenic patients are lower than those of the healthy group. In our literature

review, there was no study about marital adjustment and satisfaction among patients with schizophrenia. As a result of the classification of patients according to MAS, no difference is found between the groups with and without marital adjustment (according to the variables in Table 3). These variables may not have determined the harmony of marriage. Patients are thought to be more indicative of the more abstract understanding of marriage.

As shown in Table 4 within the schizophrenia group, it was found that the variables such as duration of marriage, duration of drug use, number of children and working status did not have any effect on sexual function.

CONCLUSION

There is no difference in terms of marriage adjustment, between the groups of healthy individuals and schizophrenic patients, but there was a difference in terms of sexual function. Data from this study suggest that schizophrenia may not be a factor in marital adjustment but may be a factor that may cause sexual dysfunction. All schizophrenic patients in our study used drugs. It cannot be ruled out that drug use may cause sexual dysfunction. However, there is no difference observed between the schizophrenia patients who have sexual dysfunction or not, due to the duration of drug use. The studies which will be performed with bigger numbers of patients will provide a more healthy evaluation of the data we have obtained.

Authorship declaration

All authors listed meet the authorship criteria according to the latest guidelines of the International Committee of Medical Journal Editors, and all authors are in agreement with the manuscript.

Conflict of interest

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