

## Exploring Anxiety, Depression, And Stress Among Wives In Premature Ejaculation Patients

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### Abstract

**Background:** A common sexual problem that affects both husband and wife is premature ejaculation (PE). It has been associated with a variety of negative psychological impacts, such as anxiety, depression and stress. This psychological problem should be focused on maintaining a healthy partnership. This study aimed to assess anxiety, depression and stress among wives of PE patients.

**Method:** This cross-sectional study was conducted at the psychiatric sex clinic and outpatient department (OPD) of psychiatry, Sylhet MAG Osmani Medical College Hospital during the period from September 2020 to August 2022. A total of 60 wives have included whose husbands attended psychiatric sex clinics for the treatment of PE. A semi-structured questionnaire containing the DASS-21 Bangla scale was used to assess anxiety, depression and stress in wives of PE patients.

**Result:** In this study, the wives of PE patients had 78.3% anxiety, 91.7% depression and 33.3% stress. A statistically significant correlation between depression and stress in wives with highly suggestive PE in husbands was found were wives of patients with highly suggestive PE were more likely to suffer from moderate to severe levels of depression ( $p=0.04$ ) and mild to severe levels of stress ( $p=0.04$ ). **Conclusion:** Premature ejaculation of the husband is an important factor for anxiety, depression and stress in the wife, which should be diagnosed and treat properly for healthy conjugal life.

**Keywords:** Premature ejaculation, Anxiety, Depression, Stress, Conjugal life.

Date of Submission: 03-06-2024

Date of Acceptance: 13-06-2024

### I. Introduction

Premature ejaculation (PE) is the most common male sexual dysfunction which affects the well-being of both partners [1]. Recently, PE has become a topic of increasing interest in sexual medicine [2]. In research, premature ejaculation is usually defined using the Diagnostic and Statistical Manual of Mental Disorders-IV, Text Revision (DSM-IV-TR).

The International Society of Sexual Medicine (ISSM), in their upgrade guideline of 2013 defined "premature ejaculation" as a male sexual dysfunction characterized by ejaculation that always or nearly always occurs before or within 1 minute of vaginal penetration, either present from the first sexual experience or following a new bothersome change in ejaculatory latency and the inability to delay ejaculation on all or nearly all vaginal penetrations, and negative personal consequences, such as distress, bothersome frustration and/or the avoidance of sexual intimacy" [3]. Despite the differences between different definitions, three common constructs underlie most definitions of PE: (i) a short ejaculatory latency, (ii) a perceived lack of control or inability to delay ejaculation, both of which are related to the broader construct of perceived self-efficacy; and (iii) distress and interpersonal difficulty for the individual and/or partner due to ejaculatory dysfunction [4].

According to previous research data, the most common problem among men (24%) was early ejaculation [5]. Other studies have characterized premature ejaculation as the most common male sexual dysfunction, with a prevalence rate of 20-30%. The worldwide prevalence of premature ejaculation is approximately 30% [6]. According to an internet-based premature ejaculation prevalence and attitude (PEPA) survey, the prevalence of PE is 24.0% in the United States, 20.3% in Germany, and Italy 20.0% [7]. A study conducted in the Asia-Pacific region reveals that the prevalence of PE in that region is 31% [8]. In India, most studies reported findings primarily from hospitals rather than community surveys. In a sex clinic at a tertiary center, 16% of patients have PE [9]. In Bangladesh, a prevalence study done by Mozumder and Rahaman et al. [10], among individuals attending psychological services in a sex therapy clinic found PE 47%. Another study conducted in a psychiatric hospital in Bangladesh in 2018 showed that the PE of outdoor male patients was 27.3 % [11].

A widespread misconception about sexuality is present in both the general population and the patient population in our society. There is also a lack of awareness and proper treatment facilities for sexual dysfunction in our country. Moreover, the impact of sexual dysfunction on their partner is highly neglected. But wives are integral parts of the treatments of PE patients. So, this study aims to identify the wives' psychological issues, which are essential for better management of PE.

## II. Methodology

The cross-sectional and observational study was conducted in the psychiatric sex clinic and outpatient Department of Psychiatry, Sylhet MAG Osmani Medical College Hospital, from 1st September 2020 to 31st August 2022. A convenient sampling technique was applied.

### Inclusion criteria

- Age between 18-45 years
- The spouse who has lived together continuously for at least the last 6 months
- PE of husband for at least 6 months

### Exclusion criteria

- Known premorbid psychiatric illness
- Known co-morbid chronic medical illness
- Sexual dysfunction
- Marital conflict

Patients who had been diagnosed with PE and confirmed by a psychiatrist were persuaded to come with their wives. Among those whose wives met inclusion criteria, they were informed about the purpose of the study and ethical issues. Then, the researcher initiated the data collection procedure, maintaining the best possible way to ensure the privacy of the patients through face-to-face interviews using the questionnaires of husbands and wives. Then, wives were assessed by the DASS (Depression Anxiety Stress Scales) 21 Bangla version.

**Table 1: Severity rating scale of DASS-21 subscale**

Severity	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Extremely Severe	28+	20+	34+

*Manual for the Depression, anxiety and stress scales 2nd ed. Sydney: Psychology Foundation of Australia.*

DASS-21 is translated into Bangla and validated by Dr. Abu Hena Mostafa Alim, BSMMU, Bangladesh [11].

Premature ejaculation was diagnosed by the premature ejaculation diagnostic tool (PEDT), which adaptation and validation in Bengali was done by Dr. Towhidul Islam in 2016. Reliability and validity of the PEDT for DSM-IV have been reported in several studies. The PEDT is very effective in detecting the presence of PE [12].

The ethical review committee of Sylhet MAG Osmani Medical College, Sylhet, approved the research protocol. All participants were informed about the nature, purpose, procedure, risks, and benefits of the study and their right to withdraw themselves at any time for any reason.

Data were processed and analyzed using SPSS version 25.0. The categorical data were expressed as frequency and percentage, and the variables were compared using cross-tabulation and the Chi-square test. The significance level was 5%, and a p-value of 0.05 was considered significant.

**III. Result**

This study aimed was identified the anxiety, depression and stress in wives of PE patients and the outcome of the study was as follows:

**Table 2: Anxiety, depression and stress in participants (n=60)**

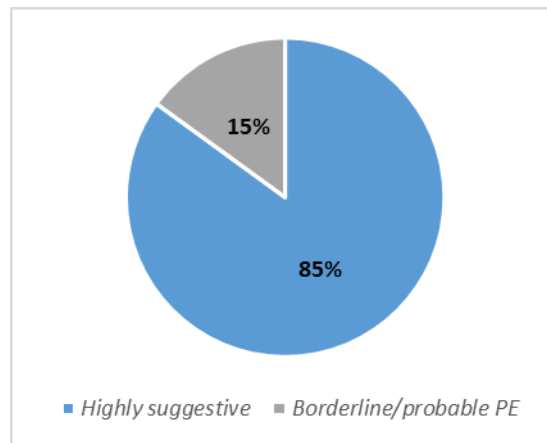
Variable	Present (%)	Absent (%)
Anxiety	47(78.3)	13(21.7)
Depression	55 (91.7)	5(8.3)
Stress	20(33.3)	40 (66.7)

Table 2 showed that 47 (78.3%) wives had anxiety, 55 (91.7%) had depression and 20 (33.3%) had stress.

**Table 3: Types of premature ejaculation of patients (n=60)**

PE level	Frequency	Percentage
Highly suggestive	51	85
Borderline/probable PE	9	15
Average Score	14.3	

Table 3 illustrated among the 60 PE patients, 51 (85%) were highly suggestive PE, rest 9 (15%) were borderline/probable PE.



**Figure 1: Types of premature ejaculation**

**Table 4: Association between types of PE and anxiety level of Wives (n=60)**

Type of PE	Anxiety					Total	p-value
	Normal (%)	Mild (%)	Moderate (%)	Severe (%)	Extremely Severe (%)		
Highly suggestive	12(23.6)	4(7.8)	30(58.9)	4(7.8)	1(1.9)	51(85)	<b>0.5</b>
Borderline/ Probable	1(11.1)	1(11.1)	6(66.7)	0(0)	1(11.1)	9(15)	
Total	13(21.7)	5(8.3)	36(60)	4(4.7)	2(3.3)	60(100)	

*\*Chi-square test\**

Table 4 revealed that, Among the 60 patients who had suffered from PE, their wives, 60% (36) had moderate, 8.3% (5) had mild, 7.8% had severe and 3.3 (2) had extremely severe anxiety. There was no statistically significant association between types of PE and the anxiety level of wives (p-value 0.5).

**Table 5: Association between types of PE and depression level of wives (n=60)**

Type of PE	Depression					Total	p-value
	Normal (%)	Mild (%)	Moderate (%)	Severe (%)	Extremely Severe (%)		
Highly suggestive	3(5.9)	17(33.5)	23(45)	4(7.8)	4(7.8)	51(85)	<b>0.04</b>
Borderline/ Probable	2(22.2)	5(55.5)	0(00)	2(22.3)	0(00)	9(15)	
Total	5(8.5)	22(36.7)	23(38.3)	6(10)	4(6.7)	60(100)	

*\*Chi-square test\**

Table 5 showed that, among the wives of 60 patients who had suffered from PE, 38.3% (23) had moderate, 46.7% (22) had mild, 10% (6) had severe and 6.7% (4) had extremely severe depression. We observed that wives of patients with highly suggestive PE were more likely to suffer from moderate to severe levels of depression and the association was statistically significant (p value 0.04).

**Table 6: Association between types of PE and level of stress of wives (n=60)**

Type of PE	Stress					Total	p-value
	Normal (%)	Mild (%)	Moderate (%)	Severe (%)	Extremely Severe (%)		
Highly suggestive	32(62.8)	8(15.7)	5(9.8)	6(11.7)	0(0)	51(85)	
Borderline/ Probable	8(88.9)	0(0)	0(0)	0(0)	1(11.1)	9(15)	<b>0.04</b>
Total	40(53.3)	8(13.3)	5(8.3)	6(10)	1(1.7)	60(100)	

\*Chi-square test\*

Table 6 revealed that, among the wives the of 60 patients who had suffered from PE, their wives 13.3% (8) had mild, and 8.3% (5) had moderate and 10% (6) had severe stress. We found that wives of patients with highly suggestive PE were more likely to suffer from mild to severe levels of stress and the association was statistically significant (p-value 0.04).

#### IV. Discussion

The role of wives has been emphasized in the management of various sexual disorders of husbands. Thus, assessment of the wife's mental state is of utmost necessity. In this context, the study explored depression, anxiety and stress among wives of PE patients.

In this study, 91.7% (55), 78.3% (47) and 33.3% (20) of wives of PE patients were suffering from depression, anxiety and stress respectively. Rosen & Althof, [5] in their study stated that PE was correlated with a series of adverse psychological effects in wives, including anxiety, depression and stress. In this current study level of depression also varied among the wives of PE patients. About 42.8% suffered from moderate, 40% mild, 10% severe and 7.3% extremely severe depression. Among the wives of PE patients, 38.3% (23) suffered from moderate depression 36.7% (22) had mild depression and association between the level of depression and level of PE was statistically significant (p-value 0.04) and was consistent with the study done Karekeci et al., [13] though the instrument of the research was different (Beck depression inventory). This was due to psychological impact of husband PE similar in most of the wives.

The level of anxiety also varies among the respondent of the current study which was as follow 76.6% had moderate, 10.6% mild, 8.5% had severe and 4.25% had extremely severe anxiety. Anxiety was found 42.69% among the wives of PE patients in a study done by P. Verze et al., 2018 [14] that result is similar to the current study but assessment scale was different. It had no statistically significant association between the type of PE and the anxiety level of wives. But a Karekeci et al., 2019 [13] found mild anxiety was present among the wives of PE patients and a significant relationship (P value 0.02). These dissimilarities should be due to anxiety measuring scale.

The current study level of stress of wives found that 40% had mild, 30% had severe, 25% had moderate and 5% had extremely stress was found. A relatively similar result (44%) was found about stress by Patrick et al., 2005 [1]. Association between types of PE with stress of wives showed statistically significant (p-value 0.04). A similar type of study compiled by Burri et al., 2014 [15], who also found significance association (p-value 0.01). These similarities with current study should be due to both studies done by screening tool to assess stress.

Among the PE patients, 85% had suggestive PE and the rest were borderline/probable PE according to the PEDT scale and the average PEDT score was 14.3. Almost similar PEDT core (14.7) was found by Karakeci et al., 2019 [13] in Western Turkey. These similarities due to both of research used PEDT scale for diagnosis of PE.

#### V. Conclusion

The current study found that most of the wives of PE patients had different levels of anxiety, depression, and stress. We observed that wives of patients with highly suggestive PE were more likely to suffer from moderate to severe levels of depression and mild to severe levels of stress.

#### VI. Limitations

This was the first study in the selected arena. Several limitations of this study are noted:

1. A purposive sampling method was applied, which may have a chance of bias.

2. The small sample size limits universal applicability; a large, multi-site study should be conducted to determine whether these findings are applicable.
3. The personality, psychopathology, and coping strategies employed by the wives, family dynamics, marital functioning, and other environmental and psychosocial elements, which may be additional contributory factors for anxiety, depression, and stress in wives, were not explored in this study.

## VII. Recommendations

Considering the findings of the study, we recommend some suggestions. Firstly, active assessment of anxiety, depression, and stress problems in every PE patient's wives is crucial. Further large-scale multicenter studies are required to evaluate anxiety, depression, and stress in wives of PE patients to provide modified treatment associated with improved outcomes. There is a need to involve psychiatrists and physicians in the early management of husbands' PE, thus reducing the impact on wives.

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