Study to assess the sexual dysfunction among patients with and without Benign Prostatic Hyperplasia was conducted among 100 subjects using descriptive comparative design. Samples were selected by purposive sampling. Data were collected using International Prostate Symptom Score (IPSS) and Brief Male Sexual Function Inventory (BMSFI). Results: The study result show that the major sexual dysfunctions among the subjects were erectile dysfunction followed by decreased sexual drive. A statistically significant difference in sexual dysfunction were observed between the patient with BPH and without BPH (sexual drive - $\chi^2(1) = 26.813, p < 0.05$; erectile function - $\chi^2(1) = 27.750, p < 0.05$; ejaculatory function - $\chi^2(1) = 33.512, p < 0.05$) and in the overall satisfaction $\chi^2(1) = 10.81, p < 0.05$). Duration of diabetes was also found to be significantly associated with sexual drive and erectile function ($p < 0.05$). The present study reveals that sexual dysfunction is present in BPH patients at various levels.

**Keywords:** Benign prostatic hypertension, Sexual dysfunction, Erectile dysfunction, Ejaculation, Sexual drive

**INTRODUCTION**

Benign prostatic hyperplasia, a non-malignant enlargement of the prostate gland is the most common problem of the adult male reproductive system which occurs in about 50% of men over 50 years and in 80% of men over 80 years of age. Symptoms experienced by the patient result from urinary obstruction; gradual in onset and may not be noticed until prostatic enlargement has been present for some time.

Incidence of sexual dysfunction among patients suffering from BPH is nearly higher than the normal population. There are certain treatments that can cause or worsen sexual dysfunction, including erectile dysfunction and ejaculatory dysfunction. Broader studies about the prevalence, impact and management of BPH and treatment related sexual side effects ensure that the patient’s sexual health concerns are adequately addressed.

**MATERIALS AND METHODS**

Quantitative research approach with descriptive comparative research. The study was conducted among the patients who attended the Urology Department of the hospital.
OPD of Amrita Institute of Medical Sciences, Kochi. A total of 100 subjects were selected by purposive sampling technique and were categorized to those with BPH and without BPH based on the score obtained on International Prostate Symptom Score (IPSS). The total score is 35. The patient with an IPSS score above 15 was assigned to BPH and 15 and below was considered as without BPH patients. After this categorization, BMSFI was distributed to the subjects and assessed data regarding the sexual function. Data were collected using sociodemographic and clinical data profile, International Prostate Symptom Score (IPSS) and Brief Male Sexual Function Inventory (BMSFI).

RESULTS AND DISCUSSION

Description of Sexual Dysfunction

Data in Table 1 show that the major dysfunction among the subjects were erectile dysfunction (68% in BPH and 16% in non-BPH patients followed by decreased sexual drive (62% in BPH and 12% in non-BPH patients).

Correlation Between Sexual Dysfunction and Selected Variables

Tables 2 and 3 indicate that, both sexual drive and erectile function are positively correlated to duration of diabetes mellitus which indicate that as the duration of diabetes increases, sexual drive and erectile functions tend to decrease.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Correlation Coefficient</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration of Diabetes</td>
<td>0.225</td>
<td>0.024*</td>
</tr>
<tr>
<td>Duration of Hypertension</td>
<td>0.033</td>
<td>0.746</td>
</tr>
<tr>
<td>Duration of smoking</td>
<td>0.087</td>
<td>0.388</td>
</tr>
<tr>
<td>Duration of Alcoholism</td>
<td>0.056</td>
<td>0.577</td>
</tr>
<tr>
<td>BMI</td>
<td>0.066</td>
<td>0.516</td>
</tr>
</tbody>
</table>

**Table 1: Frequency and Percentage Distribution of the Subjects Based on Sexual Dysfunction n=100**

<table>
<thead>
<tr>
<th>Areas of Sexual Dysfunction</th>
<th>Patients without BPH</th>
<th>Patients with BPH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Normal(%) Poor(%)</td>
<td>Normal(%) Poor(%)</td>
<td></td>
</tr>
<tr>
<td>Sexual Drive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44(88) 6(12)</td>
<td>19(38) 31(62)</td>
<td>63 47</td>
<td></td>
</tr>
<tr>
<td>Erection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42(84) 8(16)</td>
<td>16(32) 34(68)</td>
<td>58 42</td>
<td></td>
</tr>
<tr>
<td>Ejaculation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49(98) 1(2)</td>
<td>23(46) 27(54)</td>
<td>72 28</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 1: Comparison of Sexual Dysfunction Among the Patients with and Without BPH**
Major findings of the study were:

1. The major sexual dysfunction among the subjects were erectile dysfunction (68% in BPH and 16% in Non BPH) followed by sexual drive (62% among BPH and 12% among Non BPH).

2. A statistically significant difference in sexual dysfunction exist between the patient with BPH and without BPH, i.e., patients with BPH experience poor sexual function than those without BPH.

   a. There is a statistically significant difference in sexual drive between patients with and without BPH ($\chi^2 (1) = 26.813$, $p < 0.05$), indicating that sexual drive is poor among patients with BPH than without BPH.

   b. There is a statistically significant difference in erectile function among patients with and without BPH. ($\chi^2 (1) = 27.750$, $p < 0.05$), indicate that erection is poor among patients with BPH than without BPH.

   c. There is a statistically significant difference in ejaculatory function among patients with and without BPH. ($\chi^2 (1) = 33.512$, $p < 0.05$), shows that ejaculation is poor among patients with BPH than without BPH.

   d. There is a statistically significant difference in overall satisfaction with regard to sexual function between patients with and without BPH. ($\chi^2 (1)$ value = 10.81, $p < 0.05$), which support that sexual satisfaction is less among patients with and without BPH.

3. There is a statistically significant association between sexual drive, erection, ejaculation and duration of diabetes ($p < 0.05$).

OTHER FINDINGS

1. Most (45%) of the subjects were above 65 years.

2. There were 52% subjects who had diabetes mellitus and 43% with hypertension.

3. Majority (65%) had history of smoking and more than half (52%) had the habit of alcohol consumption.

DISCUSSION

The first objective of the study was to compare the sexual dysfunction among patients with and without BPH.

An item wise comparison of sexual dysfunction (sexual drive, erection and ejaculation) and overall satisfaction of sexual function was done between the patients with and without BPH. The data show that both the items in sexual dysfunction and overall satisfaction were poor among patients with BPH compared to patients without BPH, i.e., poor sexual drive (62%)
as compared to 12% in those without BPH, erectile dysfunction 68% as compared to 16% in those without BPH and ejaculatory problems in 54% as compared to 2% in those without BPH. Further, the overall satisfaction with regard to sexual function is also less (32%) as compared to 6% among patients without BPH. So, the present study concludes that the sexual dysfunction is higher among patients with BPH than the general population.

The second objective of the study was to find out the association between sexual dysfunction and selected variables.

The present study result show that duration of diabetes is significantly associated with and sexual drive and erectile function. And there is no significant association between age, hypertension, smoking and alcoholism with BPH.

**CONCLUSION**

The present study to assess the sexual dysfunction among patients with and without Benign Prostatic Hyperplasia was a successful venture. It was an initial step to impart knowledge regarding the sexual dysfunction among patients with BPH. The study depicts the need and importance of further studies regarding the risk factors and assessment of sexual dysfunction among BPH patients.

**REFERENCES**


