



Behavior of psychopathological manifestation in patients with sexual concerns and disorders

Comportamiento de manifestaciones psicopatológicas en pacientes con preocupaciones y trastornos sexuales

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ABSTRACT

Introduction: Sexual concerns and generate a serious impact on mental health disorders limit sexual enjoyment and with the appearance of psychopathological

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ISSN: 1995-9427 RNPS: 2162

2024; 16: e887

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manifestations such as depression, anxiety and affectation of the level of self-concept. All of this requires interventions to restore well-being.

Objective: Characterize the behavior of psychopathological manifestations in patients with sexual concerns and disorders.

Methods: Quasi-experimental design, in which depression, anxiety and the level of self-concept were evaluated pre- and post-treatment with a therapeutic program in patients of the National Center for Mental Health, between 2020 and 2022. Intentional sample of 342 patients with concerns and sexual disorders according to inclusion criteria. Frequencies, percentages, arithmetic mean, standard deviation, Chi square were used as summary statistical measures; and McNemar and Student's T tests to evaluate the psychological manifestations explored with Psychological Assessment Instruments.

Results: In pretreatment, depression, low levels of state anxiety and low self-concept were observed; and in post-treatment, a high number of patients without symptoms demonstrated with a statistically significant result in depression, anxiety, low to high level of self-concept ($p=0.000$, $p=0.000$, $p=0.000$) through McNemar; and significant statistical change in the arithmetic means of the same psychopathological manifestations explored ($p<0.000$, $p<0.000$, $p<0.000$) with Student's T.

Conclusions: The behavior of the psychopathological manifestations of depression, anxiety and the level of self-concept, explored in patients with sexual concerns and disorders, was characterized as good.

Keywords: depression; anxiety; self-concept; sexual disorders.

RESUMEN

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Introducción: Las preocupaciones y los trastornos sexuales limitan el disfrute sexual y generan un impacto serio en la salud mental con la aparición de manifestaciones psicopatológicas como, depresión, ansiedad y afectación en el nivel de autoestima. Todo ello, exige de intervenciones en función de recuperar el bienestar.

Objetivo: Caracterizar el comportamiento de manifestaciones psicopatológicas en pacientes con preocupaciones y trastornos sexuales.

Métodos: Diseño cuasiexperimental, en el que se evaluó pre y postratamiento con un programa terapéutico, la depresión, la ansiedad y el nivel de autoestima en pacientes del Centro Nacional de Salud Mental, entre 2020 y 2022. Muestra intencional de 342 pacientes con preocupaciones y trastornos sexuales según criterios de inclusión. Como medidas estadísticas de resumen se emplearon frecuencias, porcentajes, media aritmética, desviación estándar, Ji cuadrado; y prueba

de McNemar y T de Student para evaluar las manifestaciones psicológicas exploradas con Instrumentos de Evaluación Psicológica.

Resultados: En pretratamiento, se constató depresión, niveles bajos de ansiedad como estado y baja autoestima; y en postratamiento, alto número de pacientes sin síntomas demostrado con resultado estadístico significativo en la depresión, la ansiedad, nivel de autoestima bajo a alto ($p=0,000$, $p=0,000$, $p=0,000$) a través de McNemar; y cambio estadístico significativo en las medias aritméticas de iguales manifestaciones psicopatológicas exploradas ($p<0,000$, $p<0,000$, $p<0,000$) con T de Student.

Conclusiones: Se caracterizó como bueno el comportamiento de las manifestaciones psicopatológicas de la depresión, la ansiedad y el nivel de autoestima, exploradas en pacientes con preocupaciones y trastornos sexuales.

Palabras clave: depresión; ansiedad; autoimagen; trastornos sexuales.

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Received: 05/29/2024

Accepted: 11/07/2024

INTRODUCTION

Sexual concerns and disorders manifest themselves whenever life situations related to sexuality require interventions, given their impact on well-being. Consequently, concerns associated with eroticism, emotional ties, myths, prejudices, stereotypes, and sexual disorders such as sexual dysfunctions, sexually transmitted infections, and violence are evident in clinical practice; all of this limits sexual enjoyment and generates a serious impact on mental health, as confirmed by statistics. ⁽¹⁾

Regarding the prevalence of female sexual dysfunctions, the literature refers to 26.5 % in Egypt, in the United States, 14.8 % of women between 45 and 64 years old, and in Cuba 66.1 %. It is estimated that between 13 and 28 % of men aged 40 to 80 years have at least one sexual dysfunction. Premature ejaculation varies from 20 to 30 % in men with erectile dysfunction. ⁽²⁻⁶⁾

Sexually transmitted infections represent a health problem, since more than one million people contract them every day; of these, 376 million annually are between the ages of 15 and 49 years. Cuba registers an incidence of syphilis of 38.1 per 100 thousand inhabitants, and gonorrhea of 26.4 per 100 thousand inhabitants. ^(7, 8)

Violence is another problem that affects sexual and mental health, as shown by the annual increase in the percentage of female victims. Spain reports more than a thousand sexual assaults and one in two women suffer some type of violence. The Cuban national report on compliance

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2024; 16: e887

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with the 2030 Agenda for Sustainable Development recognizes a rate of femicides of 0.99 per 100,000 women aged 15 or older. ^(9, 10)

Similarly, it is added that sexual disorders are frequent in patients with depression, anxiety and low self-esteem; and others claim that these psychopathological manifestations are associated with an increased risk of suffering from sexual disorders. ^(11, 12)

The analyses presented confirm the need to implement programs that guarantee the improvement of mental and sexual health. Referred to in turn, in research generated by the National Center for Sexual Education, and the National Center for Mental Health (CENSAM). ^(13, 14, 15)

Even so, it is considered that in Cuba, based on the demand for treatment, programs are implemented for the care of sexual disorders, such as the therapeutic program with a gender focus for patients with sexual concerns and disorders, implemented for more than five years in two groups treated in the same hospital context of CENSAM, from different institutional spaces, but knowledge about the impacts of sexual concerns and disorders on the mental health of these patients is limited.

Based on these elements, the objective of this research is to characterize the behavior of psychopathological manifestations in patients with sexual concerns and disorders.

METHODS

A quasi-experimental study was carried out, between 2020 and 2022, where it is evaluated pre and post treatment, through a therapeutic program that includes education, orientation, sexual and couple therapy, and medical resources, depression, anxiety and self-esteem level, through Psychological Assessment Instruments, ⁽¹⁶⁾ and the Psychiatric Clinical History for gathering information related to sexual concerns and disorders.

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The population consisted of 452 patients who sought care in the same CENSAM hospital setting, but from two different institutional spaces (specialized service and consultation), in terms of structure, organizational process, services; and came alone or with their partners for sexual concerns and disorders.

The non-probabilistic, intentional sample consisted of 342 patients, divided into two groups, who met the following inclusion and exclusion criteria:

Inclusion criteria: Patients seeking care alone or in pairs with concerns related to eroticism, emotional ties, myths, prejudices, stereotypes; and sexual disorders such as sexually transmitted infections, violence and sexual dysfunctions due to psychological and sociocultural causes; and agree to participate.

Exclusion criteria: patients who seek care alone or with their partners, where one member is under 18 years of age, has sexual concerns and disorders due to biological causes or secondary to medication use, with psychotic symptoms, severe depression, high anxiety, mental retardation, dementia, decompensated non-communicable diseases, and patients with altered complementary tests that confirm sexual dysfunctions due to organic causes.

Exit or dropout criteria: patients who do not maintain the six weeks of program implementation and abandon treatment by their own decision.

Two study groups were formed:

Group 1 comprised 264 patients admitted to the hospital's specialized service.

Group 2 comprised 78 patients treated in the hospital's specialized outpatient clinic.

It is noted that patients dropped out during the course of treatment; of these, 4 patients dropped out in Group 1 and 1 patient in Group 2.

Evaluation instruments and operationalization of variables

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- Psychological assessment instruments: (16) evaluated the psychological state with respect to the clinical variables studied:

Zung and Conde depression self-assessment scale:

No depression 20-33

Depression

Light 34-40

Moderate Neurotic: medium 41-47 and high 48-54

Severe 55-80

Ch. Spielberger State-Trait Anxiety Inventory (IDARE):

Anxiety-State

High ≥ 45

Medium 30-44

Low ≤ 30

Anxiety-Trait

High ≥ 45

Medium 30-44

Low ≤ 30

Coopersmith Self-Esteem Inventory:

Self-esteem level

High 19 to 24 points

Medium 13 to 18 points

Low Less than 12 points

- Other variables: sex, age, marital status, type of dysfunction sexual present.

Statistical processing and analysis

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- Processing: It was carried out through the SPSS statistical package for Windows-25.0.
- Statistical analysis: qualitative variables summarized in frequencies, percentages, and quantitative variables in arithmetic mean and standard deviation.

In the clinical evolution, contingency tables and non-parametric tests were used: Chi square (X²) with a 95% confidence level for an admissible limit value of 5 %; McNemar, contrasted categorical modifications in the symptomatology with repeated measurements in the patient; and Student's T, compared arithmetic means of the clinical variables in related samples.

Criterion of the evolution of psychopathological manifestations

Good (B) 90 %-100 %

Regular (R) 89 %-70 %

Bad (M) 69 % or less

At discharge, according to the clinical evolution of the patients based on the reduction and with the presence of significant statistical change in the psychopathological manifestations (depression, anxiety as a state and level of self-esteem) explored in pre and post-treatment, they were categorized into:

Recovered: Change with reduction + 50 %.

Improved: reduction by at least 50 %.

No change: No change occurs.

Worsening: change towards greater dysfunction, reappearance of symptoms or the problem.

The relative change in the gender-focused therapeutic program for patients with sexual concerns and disorders was determined, implemented in both study groups for a duration of six weeks, all with the treatment effectiveness index per group (IETG) with the formula: $IETG = (\text{total recovered in the group} + \text{total improved in the group} / \text{total patients in the group}) * 100$.

Ethical and investigative procedures

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The Declaration of Helsinki was taken into account in carrying out this research. It was approved by the Ethics Committee, the Scientific Council and the management of CENSAM. The patients signed the informed consent form. The researcher complied with the confidentiality of the information and the necessary privacy measures. ⁽¹⁷⁾

RESULTS

The sample of 342 patients was divided into two groups, as shown in Table 1: group 1 comprised 264 (77.2 %) and group 2 (22.8 %). In both groups there was: a predominance of men (55.8 %), the most represented age group was the 46-52 age range (23.1 %), the majority lived with a partner for 1-4 years (35.6 %), for an average of 8.46, and 275 (80.4 %) attended treatment as a couple; of them, 137 (90.7 %) were women in the role of partner, a statistically significant result ($p=0.00$).0). (Table 1)

Table 1. Behavior of general variables, sex, age, and marital status according to study groups

Variable	Category 342 (100.0 %)	Group 1 264 (77.2 %)		Group 2 78 (22.8 %)	
		n	%	n	%
Sex	Male 191 (55.8 %)	147	55.7	44	56.4
	Female 151 (44.2 %)	117	44.3	34	43.6
Age	18 to 24 years 29 (8.5 %)	25	9.5	4	5.1
	25 to 31 years 52 (15.2 %)	41	15.5	11	14.1
	32 to 38 years 62 (18.1 %)	46	17.4	16	20.5
	39 to 45 years 64 (18.7 %)	50	18.9	14	17.9
	46 to 52 years 79 (23.1 %)	61	23.1	18	23.1
	53 to 59 years 32 (9.4 %)	25	9.5	7	9.0
	60 years or older 24 (7.0 %)	16	6.1	8	10.3
Marital status	Married 119 (34.8 %)	87	33.0	32	41.0
	Consensual union 156 (45.6 %)	118	44.7	38	48.7

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Single 49 (14.3 %)	41	15.5	8	10.3
Divorced 17 (5.0 %)	17	6.4	0	0
Widower 1 (0.3 %)	1	4.0	0	0

On the other hand, sexual function problems, in this case sexual dysfunction, were present in 48.8 % (men = 73.1 %), hypoactive sexual desire disorder 14.0 % (women = 87.5 %), female sexual interest/arousal disorder 1 (0.6 %) and genito-pelvic pain/penetration disorder, women = 2 (1.19 %).

The pre-post-treatment analysis of the symptoms explored, with the application of the same therapeutic program implemented in both groups, showed a good evolution in both groups, as shown by the statistical tools. Initially, through the McNemar test, a similar behavior was verified in the pretreatment of the groups; and in posttreatment, both groups evolved well, demonstrated with a statistically significant result in the clinical variables explored, ($p=0.000$, $p=0.000$, $p=0.000$). (Table 2)

Table 2. Clinical evolution of depression, anxiety and self-esteem level of patients in pre and post treatment

Clinical variables				Post-treatment			<i>P</i>
				Yeah	No	Total	
Pretreatment	Depression	Group 1	Yeah	186	13	199	0.000
			No	59	2	61	
			Total	245	15	260	
		Group 2	Yeah	41	16	57	0.000
			No	19	1	20	
			Total	60	17	77	
Pretreatment	Anxiety as a state	Group 1	Yeah	170	22	192	0.000
			No	63	5	68	
			Total	233	27	260	

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		Group 2	Yeah	49	7	56	0.000
			No	14	7	21	
			Total	63	14	77	
Pretreatment	Self-esteem level	Group 1	Yeah	160	5	165	0.000
			No	93	2	95	
			Total	253	7	260	
		Group 2	Yeah	45	3	48	0.000
			No	26	3	29	
			Total	71	6	77	

Through the Student T test, a significant statistical change was found in the arithmetic means of the psychopathological manifestations explored in both groups: depression (2.09 ± 0.74 Vs 1.06 ± 0.23 ; $p < 0.000$) of 1 and (2.03 ± 0.75 Vs 1.31 ± 0.49 ; $p < 0.000$) of 2, anxiety as a state (3.87 ± 0.34 Vs 2.75 ± 0.99 ; $p < 0.000$) of 1 and (3.59 ± 0.65 Vs 2.67 ± 1.02 ; $p < 0.000$) of 2 and low to high self-esteem level (2.09 ± 0.74 Vs 1.06 ± 0.23 ; $p < 0.000$) of 1 and (2.45 ± 0.76 Vs 1.50 ± 0.52 ; $p < 0.000$) of 2.

In terms of clinical significance, patients in group 1 fared better than those in group 2. Regarding depression, noted 92.8 % recovered from 1, 76.9 % from 2, IETG 98.48 % from 1, 97.43 % from 2; as for anxiety as a state, recovered were 88.3 % from 1, 80.8 % of 2, IETG 98.48 % of 1, 93.6 % of 2; and in relation to the measures of the level of self-esteem, recovered 95.8 % of group 1, 91.0 % of 2, IETG 98.48 % of 1, 98.7 % of 2. (Table 3)

Table 3. Categorization of patients at discharge and treatment effectiveness index by group

Clinical variables	Indicator	Group 1		Group 2		Total	
		n	%	n	%	n	%
Depression	Recovered	245	92.8	60	76.9	305	89.2

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	Improved	15	5.7	16	20.5	31	9.0
	IETG	98.48 %		97.43 %		98.24 %	
	No changes	0	0.0	1	1.3	1	0.3
Anxiety as a state	Recovered	233	88.3	63	80.8	296	86.5
	Improved	27	10.2	10	12.8	37	10.8
	IETG	98.48 %		93.6 %		97.4 %	
	No changes	0	0.0	4	5.1	4	1,2
Self-esteem level	Recovered	253	95.8	71	91.0	324	94.7
	Improved	7	2.7	6	7.7	13	3.8
	IETG	98.48 %		98.7 %		98.5 %	

DISCUSSION

In line with the relationship between depression, anxiety and low self-esteem with sexual concerns and disorders, and the fact that any affectation in sexual health has repercussions on well-being, this research reaffirms the appearance of psychopathological manifestations, although in both groups an improvement was found when comparing pre and post-treatment. ^(11, 12)

Regarding depressive symptoms, in pretreatment, patients in the groups studied had depression. This result coincides with *Aulestia* and *Morán*, ⁽¹¹⁾ when relating depression with sexual dysfunctions. In post-treatment, both groups showed a high number of patients who finished without depression. Findings concordant with *Coto* and *González*, ⁽¹⁸⁾ who show the decrease in depression after the application of a program with behavioral techniques.

Regarding anxiety symptoms, in pretreatment, both groups had some level of anxiety, and agrees with *Aulestia* and *Morán*, ⁽¹¹⁾ in associating anxiety with sexual dissatisfaction. In post-treatment,

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higher levels of patients without anxiety were found in both groups. A result consistent with Ortiz,⁽¹⁹⁾ who applies a psychotherapeutic program and reduces anxiety.

In pretreatment both groups presented low levels of self-esteem, associated with sexual beliefs that affect sexual health and emotions in the face of any sexual failure. On the contrary, *Tacca et al.*,⁽²⁰⁾ found high levels of self-esteem. In post-treatment, high levels were found in both groups with points of encounter with *Collado et al.*,⁽²¹⁾ who use psychotherapeutic programs to improve self-esteem.

The literature refers to research that addresses the relationship between the variables of sex, age, marital status and the presence of sexual concerns and disorders. Thus, a predominance of the male sex was found, although Cuba reflects a masculinity index of 49.7 % men and 50.3 % women. In contrast, in the present study, more men attend attention to sexuality as a priority of hegemonic masculinities.^(22, 23)

In relation to the most represented age group, it corresponds to Vargas and Cordero,⁽²⁴⁾ who propose the increase in the global prevalence of male sexual dysfunctions with age. On the other hand, the couple bond for men is a protective factor of health and a source of social support. On the other hand, for women it meant an increase in unpaid and remunerated work, with the impact on sexual and mental health, ratified by *Imbert and Odriozola*.^(25, 26)

On the other hand, the results related to female sexual dysfunction, are similar to the study of *Sunho and Wonjong*,⁽²⁷⁾ when considering the influence of anxiety and depression on sexuality. Meanwhile, the findings of male sexual dysfunctions coincide with the sexual models of hegemonic masculinity.⁽²³⁾

In summary, the evolution of the symptomatology in both groups, at the time of discharge, the following were observed: a higher percentage of patients recovered, a smaller number improved,

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a few unchanged, none worsened, and the IETG showed high percentages achieved, which demonstrates clinical improvement.

The above confirms the importance of implementing programs that enable well-being; updating knowledge of mental and sexual health problems; evaluating changes in symptoms; relating variables; and facilitating diagnosis and effective treatment; although as a quasi-experiment, it can threaten internal validity. For this reason, the adequacy criterion, when assessing the expected modifications with the demonstration of desirable changes; and the plausibility criterion, when attributing the improvement to the program with the confirmed cause-effect, demonstrate the rigor of the study; and a methodology with validated evaluation instruments and statistical tools. ^(13, 14, 28)

CONCLUSIONS

The behavior of psychopathological manifestations of depression, anxiety and self-esteem level, explored in patients with sexual concerns and disorders, was described as good.

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Conflicts of interest

The authors report no conflicts of interest.

Authors' contribution

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Writing-reviewing and editing: Soura Sonia Formental Hernández, Juan Rubén Herrera Masó, Iyamira Hernández Pita, Mar á del Carmen Vizca ño Alonso.

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