

Abstract

Background: Erectile dysfunction is a sensitive sexual health issue to men. Patients seldom voice out the problem. It is a symptom of depression, and it is a common side effect of antidepressants. Its prevalence varies worldwide. There is no research carried out in our locality despite its significant clinical and research implications. The objective of this study was to determine the prevalence of erectile dysfunction among male patients with depressive and/or anxiety disorders taking antidepressants in our locality and to evaluate its biopsychosocial correlates.

Method: Based on the ICD-10 diagnoses of depressive and/or anxiety disorders, two hundred and eighty-one subjects recruited in a psychiatric clinic of a regional Hospital Authority hospital in Hong Kong from September 2009 to February 2010 were studied. Sociodemographic data, relevant medical and drug history, erectile function assessment using International Index of Erectile Function scale, depression status using Hospital Anxiety and Depression Scale and overall quality of life using Short-Form 36 were collected. The analysis focused on (1) prevalence of erectile dysfunction in these subjects; and (2) the biopsychosocial correlates using chi-square statistics and logistic regression method.

Results: The prevalence of erectile dysfunction in the studied sample was 81.1%. Significant

associations were found between erectile dysfunction and age, total family income, paid job status, having diabetes mellitus, being put on Antihypertensive, NSAIDS, paroxetine, add-on benzodiazepines and polypharmacy, actively depressed, overall sexual relationship satisfaction between couples, subjective satisfaction in sexual life and mental quality of life. Of which, having diabetes mellitus, on fluoxetine, actively depressed and subjective satisfaction in sexual life stand out independently in association with erectile dysfunction.

Conclusions: Erectile dysfunction was highly prevalent among depressed male patients on antidepressants. However, antidepressant use was not the only contributing factor to the problem. In our sample, majority of our samples had not had their depression treated well. They also had other medical comorbidities like diabetes. They may also be on other offending medications apart from antidepressants. The sexual satisfaction and relationship issue between couples may also play a part. Therefore a comprehensive and yet tactful approach should be adopted in the management of this problem.

Keywords: Erectile dysfunction, antidepressants, depression
