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Sexual Dysfunction Among Men With Alcohol Dependence: A Hospital Based Cross-Sectional Study

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Abstract

Background: Chronic alcohol consumption can adversely affect multiple domains of male sexual functioning, including desire, arousal, erection, orgasm, and satisfaction. Despite its significant psychological and interpersonal consequences, sexual dysfunction often remains under recognized in men with alcohol dependence, highlighting the need for systematic assessment in clinical settings.

Methods: This cross-sectional study was conducted at a tertiary care hospital, ASCOMS , Jammu . A total of 150 male patients aged 18–50 years diagnosed with alcohol dependence according to the International Classification of Diseases, 11th Revision (ICD-11**)** were included in the study. Data were collected through face-to-face interviews using the Arizona Sexual Experiences Scale (ASEX)**.**

Results: A total of 150 married male patients with alcohol dependence were included in the study with a mean age of 42.45 ± 5.86 years. The prevalence of sexual dysfunction was 46% (n = 69) according to ASEX criteria. A significant association was observed between sexual dysfunction and age group ($p < 0.001$), socioeconomic status ($p = 0.007$), and duration of alcohol use ($p = 0.005$). Among the ASEX domains, difficulty in achieving and maintaining erection was the most commonly reported problem (78.3%) among participants with sexual dysfunction. The mean total ASEX score was significantly higher among participants with sexual dysfunction compared to those without sexual dysfunction (19.04 ± 3.43 vs 11.63 ± 3.55; $p < 0.001$). Multivariate logistic regression analysis identified age >40 years (OR = 2.41), lower socioeconomic status (OR = 2.05), alcohol use >10 years (OR = 2.86), and difficulty in achieving and maintaining erection (ASEX score ≥4) as independent predictors of sexual dysfunction.

Conclusion: Sexual dysfunction was common among men with alcohol dependence in the present study. Increasing age, lower socioeconomic status, and longer duration of alcohol use were significantly associated with sexual dysfunction. These findings highlight the importance of routine assessment of sexual functioning in individuals with alcohol dependence to facilitate early identification and appropriate management.

Keywords: Alcohol dependence, Arizona Sexual Experiences Scale, Erectile dysfunction, Sexual dysfunction

Introduction

Alcohol is a psychoactive substance with dependence-producing and toxic properties, and alcohol-related disorders remain a major public health concern worldwide.[1] According to the World Health Organization, individuals aged 15 years and above consume an average of about 6.4 litres of pure alcohol per year, and alcohol use contributes to approximately 5.1% of the global burden of disease, resulting in nearly 3 million deaths annually.[2] In India, alcohol is the most commonly used psychoactive substance, with about 14.6% of individuals aged 10–75 years reporting current alcohol use, and nearly 19% of users demonstrating a dependent pattern of consumption. The estimated prevalence of alcohol dependence in the general population is approximately 2.7%, representing nearly 2.9 crore individuals in the country.[3]

Alcohol abuse and dependence are known to be associated with sexual dysfunction.[4] Although alcohol may initially facilitate sexual activity by reducing anxiety and lowering inhibitions,[5] long-term and excessive consumption has been shown to adversely affect sexual functioning and may lead to sexual dysfunction.[6]

Alcohol induced sexual dysfunction has been explained through several proposed biological mechanisms. These include suppression of hypothalamic gonadotropin-releasing hormone and/or pituitary luteinizing hormone, resulting in alterations of the hypothalamic–pituitary–adrenal and hypothalamic–pituitary–gonadal axes. In addition, alcohol use may lead to reduced plasma testosterone levels, increased inhibitory activity of gamma-aminobutyric acid (GABA) receptors, and decreased excitatory activity of glutamate receptors within the central nervous system.[7]

A review study has reported a high prevalence of sexual dysfunction among individuals with alcohol dependence, with estimates ranging from approximately 40% to 95.2%. The common sexual dysfunctions reported in this review were erectile dysfunction (ED) followed by premature ejaculation (PME), retarded ejaculation and decreased sexual desire among men. It was observed that longer duration of alcohol is associated with an increased risk of sexual dysfunction.[4]

Sexual dysfunction is a common yet often overlooked problem among individuals with alcohol dependence. Many individuals avoid discussing it due to feelings of shame or embarrassment, which prevents them from seeking appropriate help. This lack of open discussion may hinder timely recognition and treatment, ultimately affecting their overall well-being and quality of life. There are some studies that have looked into sexual dysfunction due to alcohol, but there are only a few studies reported from India. Therefore, it remains an important issue that requires greater clinical attention.

The present study aims to assess sexual dysfunction among married men with alcohol dependence and to assess its association with socio-demographic variables as well as the duration of alcohol use.

Material and Methods

It is a hospital-based cross-sectional study. This study included 150 married male patients aged between 18 and 50 years who were diagnosed with alcohol dependence in the Department of Psychiatry at Acharya Shri Chander College of Medical Sciences and Hospital (ASCOMS), Jammu. Patients were enrolled according to inclusion and exclusion criteria after obtaining written informed consent.

The present study was conducted at the tertiary care hospital ASCOMS. Data were collected over a period of six months from patients attending the Psychiatry outpatient department (OPD) and Inpatient department (IPD). Convenience sampling technique was used to obtain the sample.

Appropriate ethical clearance was obtained from the Institutional Ethics Committee of ASCOMS, Jammu and measures were undertaken to maintain the confidentiality of the participants throughout the study. All participants were fully informed about the purpose of the study. Written informed consent was obtained from each participant after the consent form was read by the participants. The consent form was in Hindi and English, and it stated that the participant was completely voluntary and that the participant could withdraw at any time from the study.

Inclusion Criteria

1. Married male patients aged 18–50 years.
2. Patients diagnosed with Alcohol Dependence according to ICD-11 criteria.
3. Patients willing to provide written informed consent.

Exclusion Criteria

1. Patients with previous Psychiatric morbidity other than alcohol dependence.
2. Patients having significant medical illness or medication history affecting sexual functioning.
3. Patients not willing to sign the written consent form.

Sociodemographic Data

A structured proforma was used to collect sociodemographic details such as age, education, occupation, religion and type of family. Socioeconomic status was assessed using the Modified Kuppuswamy Socioeconomic Status Scale, which classifies individuals based on education, occupation and monthly family income.

Alcohol dependence

Alcohol dependence was diagnosed according to the International Classification of Diseases, Eleventh Revision (ICD-11) developed by the World Health Organization.[8]

Arizona Sexual Experiences Scale (ASEX)

Sexual dysfunction was assessed using the Arizona Sexual Experiences Scale (ASEX). The ASEX is a brief and reliable instrument used to assess sexual functioning. It consists of five items evaluating sexual drive, sexual arousal, penile erection, ability to reach orgasm, and satisfaction with orgasm. Each item is rated on a six-point Likert scale ranging from 1 to 6. The total score ranges from 5 to 30, with higher scores indicating greater sexual dysfunction. Sexual dysfunction was defined according to standard ASEX criteria as a total ASEX score ≥19, or a score ≥5 on any single item, or a score ≥4 on any three items. In the present study, a score ≥4 on an individual ASEX item was also considered as indicative of dysfunction in that specific domain. Reliability coefficients for internal consistency and test–retest reliability for ASEX are considered to be excellent.[9]

Statistical Analysis

The collected data were entered into Microsoft Excel and analyzed using IBM Statistical Package for the Social Sciences (SPSS) version 21.0. Descriptive statistics were used to summarize the data. Continuous variables were presented as mean ± standard deviation, while categorical variables were expressed as frequencies and percentages. The Chi-square test was used to examine the association between categorical variables. The independent samples t-test was applied to compare the mean ASEX scores between participants with and without sexual dysfunction. To identify independent predictors of sexual dysfunction, multivariate logistic regression analysis was

performed. A p-value of less than 0.05 was considered statistically significant.

Results

Table 1: Socio-demographic variables of Study Participants

Variable	Category	N (%)
Age group (years)	20–30	12 (8.0)
	31–40	72 (48.0)
	41–50	66 (44.0)
Education	Illiterate	3 (2.0)
	Primary school	36 (24.0)
	Middle school	24 (16.0)
	High school	30 (20.0)
	Secondary school	45 (30.0)
	Graduate	9 (6.0)
	Postgraduate	3 (2.0)
Occupation	Employed	105 (70.0)
	Unemployed	45 (30.0)
Family type	Joint	81 (54.0)
	Nuclear	69 (46.0)
Religion	Hindu	129 (86.0)
	Sikh	15 (10.0)
	Muslim	6 (4.0)
Socioeconomic status	Upper class	6 (4.0)
	Upper middle class	51 (34.0)
	Lower middle class	54 (36.0)
	Upper lower class	27 (18.0)
	Lower class	12 (8.0)

Table 1 presents the sociodemographic characteristics of the 150 study participants, with a mean age of 42.45 ± 5.86 years. Most participants belonged to the 31–40 years age group (48.0%), followed by 41–50 years (44.0%). The majority had secondary school education (30.0%) and were employed (70.0%). Slightly more than half lived in joint families (54.0%), and most participants were Hindu (86.0%). With respect to socioeconomic status, the largest proportion belonged to the lower middle class (36.0%), followed by the upper middle class (34.0%).

Table 2. Association between Socio-demographic variables and Sexual Dysfunction

Variable	Category	Sexual Dysfunction Present N (%)	Sexual Dysfunction Absent N (%)	p-value
Age group (years)	20–30	0 (0.0)	12 (14.8)	<0.001
	31–40	27 (39.1)	45 (55.6)	
	41–50	42 (60.9)	24 (29.6)	
Socioeconomic status	Upper class	6 (8.7)	0 (0.0)	0.007
	Upper middle class	15 (21.7)	36 (44.4)	
	Lower middle class	27 (39.1)	27 (33.3)	
	Upper lower class	15 (21.7)	12 (14.8)	
	Lower class	6 (8.7)	6 (7.4)	
Education	Illiterate	3 (4.3)	0 (0.0)	0.218
	Primary school	18 (26.1)	18 (22.2)	
	Middle school	12 (17.4)	12 (14.8)	
	High school	15 (21.7)	15 (18.5)	
	Secondary school	18 (26.1)	27 (33.3)	
	Graduate	3 (4.3)	6 (7.4)	
	Postgraduate	0 (0.0)	3 (3.7)	
Occupation	Employed	48 (69.6)	57 (70.4)	0.918
	Unemployed	21 (30.4)	24 (29.6)	
Family type	Joint	39 (56.5)	42 (51.9)	0.573
	Nuclear	30 (43.5)	39 (48.1)	
Religion	Hindu	60 (87.0)	69 (85.2)	0.846
	Sikh	6 (8.7)	9 (11.1)	
	Muslim	3 (4.3)	3 (3.7)	

Table 2 shows the association between sociodemographic variables and sexual dysfunction among the participants. A significant association was observed with age group ($p < 0.001$) and socioeconomic status ($p = 0.007$), with a higher proportion of sexual dysfunction seen among participants aged 41–50 years (60.9%) and those belonging to the lower middle class (39.1%). No significant association was found between sexual dysfunction and education ($p = 0.218$), occupation ($p = 0.918$), family type ($p = 0.573$), or religion ($p = 0.846$).

Table 3: Prevalence of Sexual Dysfunction among alcohol dependent men

Sexual Dysfunction	Frequency	Percentage
Present	69	46%
Absent	81	54%

Table 3 shows the prevalence of sexual dysfunction among the study participants. Sexual dysfunction was present in 69 participants (46%), while 81 participants (54%) did not report sexual dysfunction.

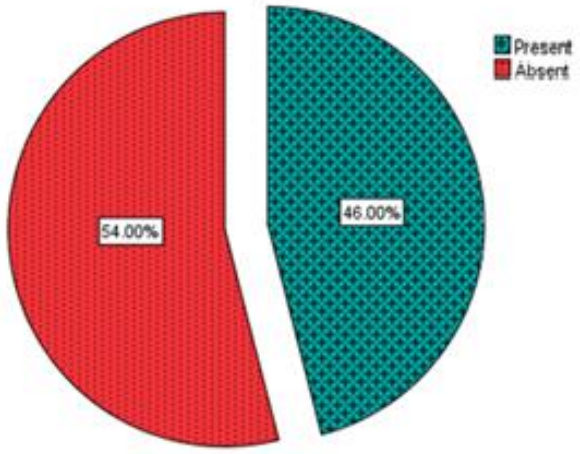

Figure 1: Prevalence of Sexual Dysfunction among alcohol dependent men

Table 4: Comparison of Mean ASEX Scores between Participants with and Without Sexual Dysfunction

ASEX Score	Sexual Dysfunction Present Mean ± SD	Sexual Dysfunction Absent Mean ± SD	t-value	p-value
Total ASEX score	19.04 ± 3.43	11.63 ± 3.55	12.98	<0.001

Table 4 compares the mean ASEX scores between participants with and without sexual dysfunction. The results show that the mean total ASEX score was significantly higher among participants with sexual dysfunction (19.04 ± 3.43) compared to those without sexual dysfunction (11.63 ± 3.55). The difference between the two groups was statistically significant ($t = 12.98$, $p < 0.001$). This finding suggests a strong association between higher ASEX scores and the presence of sexual dysfunction among the study participants.

Table 5: Association between ASEX Domain Dysfunction and Overall Sexual Dysfunction

ASEX Domain (Score ≥4)	Sexual Dysfunction Present n (%)	Sexual Dysfunction Absent n (%)	χ^2	p-value
Desire dysfunction	45 (65.2)	12 (14.8)	38.21	<0.001
Arousal dysfunction	39 (56.5)	6 (7.4)	37.64	<0.001
Erection dysfunction	54 (78.3)	12 (14.8)	46.87	<0.001
Orgasm dysfunction	42 (60.9)	6 (7.4)	41.52	<0.001
Satisfaction dysfunction	39 (56.5)	3 (3.7)	45.10	<0.001

Table 5 shows the association between ASEX domain dysfunctions and overall sexual dysfunction among the participants. Desire dysfunction was present in 65.2% of participants with sexual dysfunction compared to 14.8% among those without. Similarly, arousal dysfunction (56.5% vs 7.4%), erection dysfunction (78.3% vs 14.8%), orgasm dysfunction (60.9% vs 7.4%), and satisfaction dysfunction (56.5% vs 3.7%) were more common among participants with sexual dysfunction. A significant association was observed for all ASEX domains ($p < 0.001$).

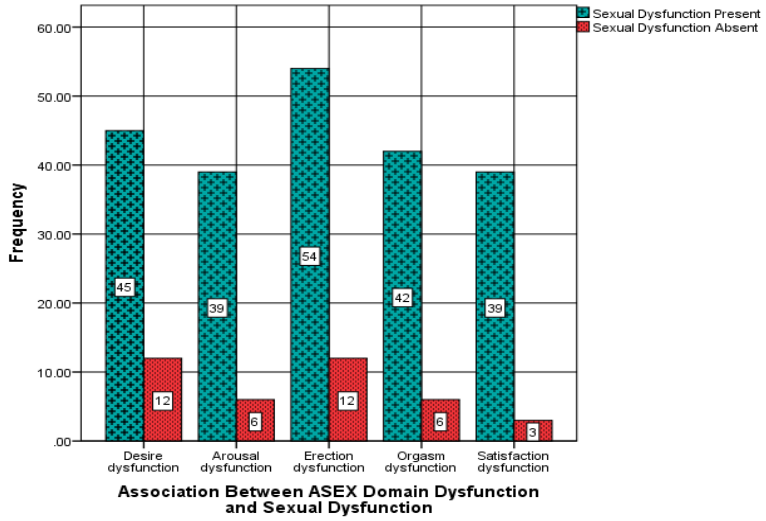

Figure 2: Association between ASEX domain dysfunction and Sexual Dysfunction

Table 6: Association between Duration of Alcohol use and Sexual Dysfunction

Duration of alcohol use (years)	Sexual Dysfunction Present N (%)	Sexual Dysfunction Absent N (%)	p-value
<5	6 (8.7)	12 (14.8)	0.005
5–10	12 (17.4)	30 (37.0)	
>10	51 (73.9)	39 (48.1)	
Total	69	81	

Table 6 shows the association between duration of alcohol use and sexual dysfunction among the participants. A significant association was observed (p = 0.005), with the majority of participants with sexual dysfunction having a duration of alcohol use greater than 10 years (73.9%), compared to 17.4% with a duration of 5–10 years and 8.7% with less than 5 years of alcohol use.

Table 7: Multivariate Logistic Regression Analysis Showing Independent Predictors of Sexual Dysfunction

Variable	B	SE	OR	95% CI	p-value
Age > 40 years	0.88	0.30	2.41	1.31 – 4.41	0.004
Lower socioeconomic status	0.72	0.29	2.05	1.13 – 3.72	0.018
Alcohol use > 10 years	1.05	0.31	2.86	1.55 – 5.28	<0.001
Erection dysfunction (ASEX ≥4)	0.84	0.29	2.31	1.31 – 4.08	0.004

B: Regression Coefficient; SE: Standard Error; OR: Odds Ratio; CI: Confidence interval

Table 7 shows the results of the multivariate logistic regression analysis identifying factors independently associated with sexual dysfunction. Participants aged >40 years had higher odds of sexual dysfunction (OR = 2.41, p = 0.004). Lower socioeconomic status (OR = 2.05, p = 0.018), alcohol use for more than 10 years (OR = 2.86, p < 0.001), and erection dysfunction (ASEX score ≥4) (OR = 2.31, p = 0.004) were also significant predictors. Education level, employment status, family type, and religion were not significantly associated with sexual dysfunction (p > 0.05).

Discussion

In the present study, the majority of alcohol-dependent men belonged to the 31–40 year age group (48%), with a

mean age of 42.45 ± 5.86 years. Similar findings were reported by Prabhakaran et al.[7] where the mean age of participants was 39.14 ± 6.6 years, suggesting that alcohol dependence commonly affects individuals in their late thirties to early forties. In contrast, Chao et al.[10] reported a higher mean age of 51.54 ± 8.63 years (range 36–74 years) among alcohol-dependent men in Taiwan. These differences may be attributed to variations in sociocultural factors, drinking patterns, and healthcare-seeking behaviour across different populations. All participants included in the present study were married. About 70% of participants were employed and most belonged to the lower middle socioeconomic class (36%). These findings are consistent with those reported by Soni et al.[11] who observed that the majority of the study participants were employed (55.88%) and belonged to the lower middle socioeconomic class (44.71%). In our study, the majority of participants had secondary school education (30%). Similar findings were reported by Prabhakaran et al.[7] who observed that most participants were educated up to the 12th standard (86.9%). In contrast, Bhainsora et al.[12] reported that the majority of participants had education only up to primary school level (34%), indicating comparatively lower educational attainment in their study population. Most participants in the present study belonged to the Hindu religion (86%), followed by Sikh (10%) and Muslim (4%), similar to findings reported previously.[12,13] The lower representation of Muslims in the study population may reflect cultural and religious restrictions on alcohol consumption. With respect to family type, 54% belonged to joint families, similar to findings reported by Bhainsora et al.[12] where the majority of participants lived in joint families. In contrast, Acharya et al.[14] reported a predominance of nuclear families (76%), possibly reflecting regional sociocultural differences.

In the present study, sexual dysfunction showed a significant association with age, with the highest proportion observed among participants aged 41–50 years (60.9%), followed by 31–40 years (39.1%) ($p < 0.001$). A similar association with increasing age has been reported previously.[12] However, in contrast to our study, Singh et al.[15] and Yamini et al.[16] did not find a significant association between age and sexual dysfunction, possibly due to differences in study population characteristics and sample size. Socioeconomic status was also significantly associated with sexual dysfunction in the present study ($p= 0.007$), with the highest proportion observed among participants belonging to the lower middle socioeconomic class (39.1%). No significant association was observed between sexual dysfunction and education, occupation, family type, or religion ($p > 0.05$). In contrast, Prabhakaran et al.[7] reported a significant association between occupation and sexual dysfunction, with a higher prevalence among unskilled workers, suggesting that occupational stress and work-related factors may influence sexual functioning.

In our study, according to the Arizona Sexual Experiences Scale (ASEX) criteria (total ASEX score ≥19, or a score ≥5 on any single item, or ≥4 on any three items), 46% (n = 69) of patients with alcohol dependence were found to have sexual dysfunction. Similar findings were reported by Bhainsora et al.[12] who documented sexual dysfunction in 48% of their study population, and Mandal et al.[17] who reported a prevalence of 40%. In contrast, Singh et al.[15] reported a higher prevalence of 75.7% among alcohol-dependent patients. The variation in prevalence across studies may be attributed to differences in assessment instruments, study populations, and clinical settings. Domain-wise analysis of sexual dysfunction using the ASEX scale showed that erection

dysfunction was the most common domain (78.3%), followed by desire dysfunction (65.2%), orgasm dysfunction (60.9%), arousal dysfunction (56.5%), and satisfaction dysfunction (56.5%). A statistically significant association was observed between dysfunction in each ASEX domain and overall sexual dysfunction among patients with alcohol dependence ($p < 0.001$ for all domains). Similar findings were reported by Singh et al.,[15] where erectile dysfunction (73%) was the most common domain, followed by reduced sexual desire (50%). Bansal et al.[18] also reported erectile dysfunction (45%) as the most frequent dysfunction followed by reduced sexual desire (35%). These findings are also supported by earlier Western studies. Cornely et al.[19] reported an increased prevalence of impotence among men with chronic alcohol abuse, while Jensen et al.[20] observed that sexual dysfunction was common among men with alcoholic liver disease, with erectile dysfunction and reduced sexual desire being the most frequent symptoms. In contrast, Mandal et al.[17] reported inability to reach orgasm and dissatisfaction with orgasm (38% and 28% respectively) as the most common domains, followed by erectile dysfunction (26%).

In our study, a statistically significant association was observed between the duration of alcohol consumption and sexual dysfunction ($p = 0.005$). The highest proportion of sexual dysfunction was observed among patients with alcohol use duration greater than 10 years (73.9%). Similar findings have been reported by Singh et al.[15] and Prabhakaran et al.[7] who documented a significant association between longer duration of alcohol consumption and the presence of sexual dysfunction. However, Arackal and Benegal[21] did not find a significant association between sexual dysfunction and duration of alcohol consumption.

In the present study, multivariate regression analysis identified age >40 years, lower socioeconomic status, duration of alcohol use >10 years, and erectile dysfunction domain scores as significant predictors of sexual dysfunction among patients with alcohol dependence. Similar observations were reported by Dişsiz and Oskay[22] who identified age and duration of alcoholism as significant predictors of erectile dysfunction in alcohol-dependent men. These findings highlight the influence of advancing age, prolonged alcohol exposure, and sociodemographic factors on sexual functioning among alcohol-dependent individuals.

Limitations

- The small sample size affects generalizability.
- Being a cross-sectional study, causality cannot be established.
- The data cannot be generalized for larger areas as the study was carried out in a tertiary care hospital.

Conclusion

Sexual dysfunction was found to be highly prevalent among patients with alcohol dependence in the present study. Increasing age, lower socioeconomic status, and longer duration of alcohol use were significantly associated with a higher risk of sexual dysfunction. Erection dysfunction was the most commonly affected domain. These findings highlight the importance of routine assessment of sexual functioning in patients with alcohol dependence to facilitate early identification and appropriate management.

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