

Research Report

PROPORTION OF SEXUAL DYSFUNCTION AMONG ALCOHOL-DEPENDENT ADULT MALES IN A TERTIARY CARE HOSPITAL: A CROSS-SECTIONAL STUDY

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ABSTRACT

Background: A fulfilling sexual life is vital for emotional intimacy, self-esteem, and overall well-being. However, alcohol dependence poses significant challenges to sexual health, often leading to various dysfunctions that adversely affect quality of life. Understanding the prevalence and pattern of these dysfunctions among alcohol-dependent males is essential for comprehensive clinical management and intervention. **Methods:** This cross-sectional study aimed to evaluate the prevalence of sexual dysfunction and its association with the severity of alcohol dependence among 80 adult male participants diagnosed with Alcohol Dependence Syndrome. The Severity of Alcohol Dependence Questionnaire (SADQ) and the Arizona Sexual Experience Scale (ASEX) were administered. Statistical analyses, including Chi-square tests, ANOVA, and descriptive statistics, were performed using SPSS. **Results:** The mean age of participants was 39 years [38.96 ± 4.77]. A majority (55%) resided in rural areas, 21% had received formal education, and most belonged to low socioeconomic backgrounds; 88% were married. Based on SADQ scores, 65% demonstrated severe alcohol dependence, 26.25% moderate, and 8.75% mild, with a mean score of 32.96. Overall, 70% of participants experienced sexual dysfunction. The most common issues included low sexual drive (51.2%), difficulty achieving orgasm (50%), erection difficulty (46.25%), difficulty in arousal (43.75%), and orgasmic dissatisfaction (32.5%). Multiple sexual dysfunctions were frequently observed in a single patient, and a highly significant association was found between the severity of alcohol dependence and each type of sexual dysfunction. **Conclusion:** The high prevalence of sexual dysfunction among alcohol-dependent males underscores the need for routine sexual health screening and integrated therapeutic approaches within de-addiction programs. Addressing sexual dysfunction as a comorbid concern may enhance motivation for recovery and improve overall psychosocial functioning.

Keywords: Alcohol Dependence, Sexual Dysfunction, Erectile Dysfunction, Sexual Drive, Sexual Health

INTRODUCTION

Sexual health is critical to overall well-being, influencing physical satisfaction and emotional and relational stability. A fulfilling sex life contributes to self-esteem, intimacy, and mental health, while disruptions in sexual functioning can lead to considerable distress and strained relationships.¹ Sexual dysfunction, which encompasses issues such as reduced libido, arousal difficulties, and impaired orgasm, is a widespread problem that can severely impact an individual's

quality of life.² Several studies have evaluated these dysfunctions in alcohol-dependent populations, consistently reporting a high prevalence of erectile dysfunction, reduced sexual desire, and ejaculatory disorders.³⁻⁶ While sexual dysfunction can arise from a variety of causes, one significant contributing factor is alcohol dependence, which often exacerbates sexual health problems.⁷ Chronic alcohol consumption can interfere with the central nervous system, disrupt hormonal balance, and impair vascular function, all of which are critical for normal



Access the article online:
<https://kjpionline.com/index.php/kjp/article/view/526>
 doi:10.30834/KJP.38.2.2025.526.
 Received on: 22/04/2025 Accepted on:
 28/11/2025 Web Published:11/12/2025

Please cite the article as: Raheman A, Ashok Kumar KS, Bhagyavathi HD, Irfan MS, Sanjana K. Proportion of sexual dysfunction in patients with alcohol dependence syndrome in a tertiary care hospital: A cross-sectional study. Kerala Journal of Psychiatry 2025; 38(2): 122-30.

sexual functioning.² For men, this can manifest as erectile dysfunction, premature ejaculation, reduced libido, and difficulty reaching orgasm.² Research shows that sexual dysfunction is prevalent in alcohol-dependent individuals, with some studies suggesting that up to 68% of men with alcohol use disorders experience sexual dysfunction at some point.⁸⁻

¹¹ The coexistence of both conditions often creates a vicious cycle, wherein sexual dysfunction leads to emotional distress and a sense of inadequacy, which may further reinforce alcohol consumption as a maladaptive coping mechanism.¹²

Understanding the prevalence and impact of sexual dysfunction in individuals with alcohol dependence is essential—not only due to its physical and emotional consequences but also because it can undermine motivation for treatment and recovery. Despite its importance, sexual health is often overlooked in de-addiction and psychiatric settings, where clinical focus primarily remains on detoxification and relapse prevention. This oversight can negatively affect recovery outcomes, as unresolved sexual difficulties may perpetuate psychological distress and hinder rehabilitation efforts.¹

Although both men and women may experience alcohol-related sexual problems, the present study focuses exclusively on male participants. This decision was based on the higher frequency and clinical visibility of alcohol-related sexual dysfunctions in men,⁸⁻¹¹ as well as sociocultural factors that limit open discussion of female sexual health, particularly in conservative communities.¹³⁻¹⁵

Despite the recognized association between alcohol dependence and sexual dysfunction, there remains a notable gap in the literature, and existing studies often lack a comprehensive approach that integrates both clinical and psychosocial dimensions of the

issue. This study aims to determine the proportion of sexual dysfunction among males diagnosed with Alcohol Dependence Syndrome (ADS), and to evaluate the association between the severity of alcohol dependence and different domains of sexual dysfunction.

MATERIALS AND METHODS

This cross-sectional study was conducted on male patients diagnosed with Alcohol Dependence Syndrome (ADS) in both the outpatient and inpatient departments of psychiatry at Mandya Institute of Medical Sciences, after the approval of the Institutional Ethics Committee (IEC). Participants were recruited through consecutive sampling from the Psychiatry OPD and IPD. All eligible individuals who consented during the data-collection period were included until the sample size was reached. This approach ensured representativeness of typical clinical cases attending the department. Male patients aged 18-60 diagnosed with Alcohol Dependence Syndrome per ICD-10 criteria, and who were sexually active, were included. Patients with a history of primary sexual dysfunction before ADS, and those with comorbid psychiatric disorders, nicotine or other substance dependence, and patients with medical or surgical conditions that could impact sexual health were excluded.

The study spanned a duration of 5 months (January 2024- May 2024). The sample size was determined using the formula $N = [(Z \alpha/2)^2 P(1-p)] / L^2$. Where: Z-value, the standard normal variate, was taken as 1.96 for a 95% confidence level, p = prevalence was assumed to be 68% based on prior studies,¹⁶ and L = margin of error, taken as 15% of P (i.e., 10.2%).

The calculated sample size was 80.38; thus, 80 patients were included in the study.

Two primary tools were used to collect data in this study. The Severity of Alcohol Dependence Questionnaire (SADQ) and the Arizona Sexual Experience Scale (ASEX). All participants provided informed written consent before undergoing assessments, which included detailed histories to rule out any underlying organic conditions that could interfere with the study's outcomes. Both instruments were initially standardized in English. However, for participants who were not educated or unable to comprehend English, Kannada versions of the questionnaires were administered. The English format was translated and back-translated into Kannada by two independent experts, each proficient in both languages, to ensure semantic and conceptual accuracy. Participants were given the version they were most comfortable with to facilitate better understanding and reliable responses. The Severity of Alcohol Dependence Questionnaire (SADQ), developed by Stockwell et al. in 1983,¹⁷ is a 20-item scale designed to measure the severity of alcohol dependence. Each item is rated on a 4-point scale, ranging from 0 to 3, with a total score ranging from 0 to 60. Dependence levels are categorised as follows: scores above 31 indicate severe dependence, scores between 16 and 30 suggest moderate dependence, and scores below 16 reflect mild dependence. The SADQ is a reliable and valid tool with strong internal consistency, making it suitable for clinical and research settings.¹⁸

The Arizona Sexual Experience Scale (ASEX) was developed by McGahuey and co-workers.¹⁹ This is a brief, self-report measure consisting of 5 items that assess different aspects of sexual function, including sexual drive, arousal, erection (for males), lubrication (for females), orgasm, and satisfaction from orgasm. Each item is rated on a 6-point Likert

scale, with scores ranging from 5 to 30. A total score greater than 19, a score greater than five on any single item, or a score greater than four on any three items is considered indicative of clinical sexual dysfunction. The ASEX is known for its high reliability (Cronbach's $\alpha = .9055$) and validity, making it a widely used tool for evaluating sexual dysfunction in both clinical and research settings.¹⁹ Participants identified with sexual dysfunction were counselled regarding the findings and were provided follow-up appointments within the Psychiatry Department for further evaluation and management. Psychoeducation on the effects of alcohol on sexual health and motivation for abstinence was also offered as part of routine care.

Descriptive statistics were used for categorical variables (e.g., domicile, education, socioeconomic status) and continuous variables (e.g., biological age, age of alcohol onset). The prevalence of sexual dysfunction was determined by calculating the frequency of participants who exceeded the clinical cutoff scores on the ASEX scale. Correlation and chi-square tests assessed the association between alcohol dependence and sexual dysfunction. At the same time, one-way ANOVA evaluated the significance of different sexual dysfunctions concerning the severity of alcohol dependence. Data were recorded in MS Excel and analysed using SPSS version 21.

RESULTS

The demographic and clinical characteristics of the study participants are summarised as follows. The mean age of the participants was 39 years [38.96 (4.77)]. Most participants came from rural backgrounds (55%), while 26.25% had completed education up to the 10th standard. 95% of participants were

employed, 63.75% were of poor socioeconomic status, 88.75% were married, and 11.25% were divorced.

The mean age of onset for alcohol use among the participants was 23.95 years, with a standard deviation of 5.61 years [23.95 (5.61)] years, indicating a moderate variation in when individuals began consuming alcohol. The youngest reported age of onset was 14 years, while the oldest was 42. Additionally, 65% of the participants (52 out of 80) reported consuming alcohol daily, highlighting a significant pattern of frequent drinking behaviour. The remaining participants indicated either weekly consumption (26.25%) or occasional drinking (8.75%). (Table 1)

Table 1: Demographic and Clinical Data

Demographics	Categories	N (%)
Age	30s	45 (56.25%)
	40s	35 (43.75%)
Domicile	Rural	44 (55%)
	Urban	36 (45%)
Education	Below 10 th std	59 (73.75%)
	Up to 10 th std	21 (26.25%)
Socio-economic status	Below Poverty Line	51 (63.75%)
	Middle class	8 (10%)
	Upper middle class	21 (26.25%)
Relationship status	Single	0 (0%)
	Married	71 (88.75%)
	divorced	9 (11.25%)
Employment	Employed	76 (95%)
	Unemployed	4 (5%)
Age of Onset	10s	21 (26.25%)
	20s	48 (60%)
	30s	10 (12.5%)
	40s	1 (1.25%)
Frequency of drinking	Daily	52 (65%)
	Weekly	21 (26.25%)
	Occasionally	7 (8.75%)

The Severity of Alcohol Dependence Questionnaire (SADQ) scores indicated

varying levels of dependence among the participants. The mean SADQ score was 32.96, ranging from 10 to 49. Based on the SADQ scoring categories, 65% of participants fell into the severe dependence group (SADQ score >31), 26.25% were categorised as moderately dependent (SADQ score between 16-30), and the remaining 8.75% were identified as having mild physical dependence (SADQ score <16). These results demonstrate a high prevalence of alcohol dependence, with a majority of participants experiencing moderate to severe dependence.

The proportion of sexual dysfunction among males with alcohol dependence syndrome was significantly high, with 58 individuals (72.5%) reporting some form of dysfunction. The most common specific issue identified was related to sexual drive, affecting 41 participants (51.25%). This was closely followed by difficulties in achieving orgasm with ease, reported by 40 individuals (50%). Erection difficulties were reported by 37 participants (46.25%), while 35 individuals (43.75%) experienced arousal challenges. Additionally, concerns regarding orgasm satisfaction were reported by 26 participants (32.5%). These findings underscore the considerable prevalence of sexual dysfunction in this population, highlighting the need for targeted clinical interventions. (Figure 2)

The analysis of the types of sexual dysfunction reported by males with alcohol dependence syndrome revealed a varied distribution among individuals. Specifically, 22 participants (27.5%) reported experiencing no type of sexual dysfunction. Conversely, five participants (6.25%) indicated experiencing all five dysfunctions. The most common scenarios included 17 participants (21.25%) reporting four types of dysfunctions, while 18 (22.5%) experienced three types. Furthermore, 15 participants (18.75%)

reported experiencing two types of dysfunctions, and 3 (3.75%) reported having only one. These findings illustrate a significant prevalence of multiple types of sexual dysfunction within this population, highlighting the complexity of sexual health issues among individuals with alcohol dependence. (Table 2)

Figure 2: Proportion of Sexual Dysfunction in Alcohol Dependence Syndrome

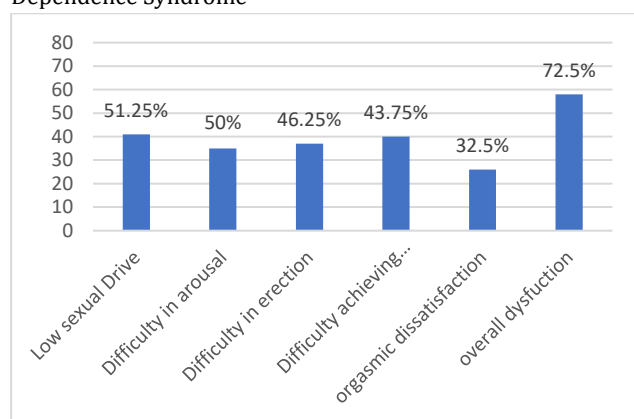


Table 2: Types of Sexual Dysfunction in Alcohol Dependence Syndrome

Severity of alcohol dependence	Sexual Dysfunction		χ^2 p
	Present	Absent	38.83 <0.001
Severe	48 (92.3%)	4 (7.7%)	
Moderate	4 (19%)	17 (81%)	
Mild	4 (57.1%)	3 (42.9%)	

A chi-square test of independence was conducted to examine the association between alcohol dependence and sexual dysfunction among participants. The analysis yielded a significant result ($\chi^2 = 38.83$, d.f +2, $p < 0.001$). Specifically, among the participants with severe alcohol dependence, 48 out of 52 (approximately 92.3%) reported experiencing sexual dysfunction. In contrast, only four out of 21 (approximately 19%) with moderate dependence and four out of seven (approximately 57.1%) with mild dependence reported similar dysfunction. These findings indicate a strong association between the

severity of alcohol dependence and the prevalence of sexual dysfunction, highlighting the critical need for targeted interventions to address sexual health concerns in individuals with alcohol dependence (Table 3).

Table 3: Severity of alcohol dependence and sexual dysfunction

Types of Sexual Dysfunction	Number of Participants (N)	Percentage (%)
No Dysfunction	22	27.5
Only 1 type of Dysfunction	3	3.75
Only 2 types of Dysfunctions	15	18.75
Only 3 types of Dysfunctions	18	22.5
Only 4 types of Dysfunctions	17	21.25
All 5 types of Dysfunctions	5	6.25

ANOVA analyses revealed significant associations between alcohol dependence and various sexual dysfunctions. Sexual drive, sexual arousal, erection difficulty, difficulty achieving orgasm, and orgasmic dissatisfaction were significantly worse in patients with severe dependence. These findings suggest a significant relationship between the severity of alcohol dependence and sexual dysfunction across all domains. (Table 4)

Table 4: Association of Severity with types of sexual dysfunction

Dysfunction Type	Alcohol dependence	Mean \pm SD	F p
Low Sexual Drive	Severe	4.92 \pm 0.74	36.26 < .001
	Moderate	2.33 \pm 2.43	
	Mild	3.86 \pm 3.48	
Difficulty in arousal	Severe	4.69 \pm 1.32	22.07 < .001
	Moderate	2.43 \pm 2.36	
	Mild	3.43 \pm 3.95	

Difficulty in erection	Severe	4.69 ± 1.04	25.67 < .001
	Moderate	2.43 ± 1.96	
	Mild	4.14 ± 3.81	
Difficulty achieving Orgasm	Severe	4.81 ± 0.98	20.20 < .001
	Moderate	2.76 ± 2.19	
	Mild	4.00 ± 4.33	
Orgasmic dissatisfaction	Severe	4.52 ± 0.88	21.82 < .001
	Moderate	2.57 ± 1.76	
	Mild	3.57 ± 3.62	

DISCUSSION

Sexual health is crucial for emotional intimacy, reproductive health, and overall life satisfaction.²⁰ While alcohol use is often socially accepted for celebrations and bonding,²¹ it can escalate to dependence, leading to significant negative consequences for sexual health.²² This shift contributes to widespread sexual dysfunction, including erectile dysfunction and reduced libido.^{10,23,24} Such issues adversely affect intimate relationships and mental well-being.²⁵ As alcohol becomes further ingrained in social behaviours, its detrimental effects on sexual health raise significant public health concerns.²⁶

In our study, we observed that 65% of the males exhibited severe alcohol dependence, as indicated by their scores on the Severity of Alcohol Dependence Questionnaire (SADQ). The predominance of severe alcohol dependence in our sample may be attributed to the tertiary-care setting, where individuals often seek help only after years of problematic drinking, leading to advanced stages of dependence. Additionally, 26.25% showed

moderate dependence, while 8.75% demonstrated mild dependence. The average SADQ score was 32.96 (range: 10-49), underscoring the substantial alcohol consumption in this population. This level of alcohol use is a well-established contributor to sexual dysfunction.^{7,10,11} Additionally, previous literature has found Demographic factors such as age, education, marital status, and socioeconomic background to influence the extent and severity of alcohol use and, consequently, sexual dysfunction.²⁷⁻²⁹

The prevalence of sexual dysfunction in alcohol-dependent populations has seen a shift over the years. The prevalence of sexual dysfunction among alcohol-dependent males has increased from 37% in 2018 to 62% in 2022.¹⁰ In comparison, our study identified a slightly higher prevalence, with 72.5% of participants reporting sexual dysfunction. This discrepancy could be due to the high levels of severe alcohol dependence in our sample population, which aligns with research showing that greater alcohol dependence is associated with more significant sexual dysfunction.¹¹ Studies suggest that alcohol's impact on sexual function can be attributed to a combination of physiological and psychological mechanisms.³⁰⁻³² Studies point to alcohol's physiological effects—such as hormonal imbalances, reduced testosterone levels, and alcohol-induced vascular issues—combined with psychological factors like depression and anxiety, as contributing factors to the rising incidence of sexual dysfunction in alcohol-dependent males.³⁰⁻³³

In line with the Arizona Sexual Experiences Scale (ASEX) criteria for men, our study examined five types of sexual dysfunction: Low Sexual drive, Difficulty in arousal, Difficulty in erection, difficulty in achieving orgasm, and orgasmic dissatisfaction. The most prevalent

dysfunction was low sexual drive, affecting 51.2% of participants, followed by Difficulty achieving orgasm in 50%, Difficulty in erection in 46.25%, Difficulty in arousal in 43.75%, and orgasmic dissatisfaction in 32.5%. These findings are consistent with previous studies.³⁻⁷ For instance, it was reported that erectile dysfunction is the most common issue among alcohol-dependent men, with a prevalence rate of 33%, while decreased libido and orgasmic dysfunction were also commonly observed.²⁴ The causes of these dysfunctions are primarily linked to alcohol's depressant effect on the central nervous system, resulting in reduced blood flow to sexual organs and hormonal disruptions.²

The relationship between alcohol dependence and sexual dysfunction is complex and cyclical, where increased alcohol use impairs sexual function, leading to frustration and psychological distress. This distress often drives individuals to consume more alcohol as a coping mechanism, creating a vicious cycle. Chronic alcohol use exacerbates sexual health issues and deepens psychological problems, particularly in those with severe dependence. Addressing this intertwined relationship is crucial for developing effective interventions that target both alcohol use and sexual health.¹²

When examining the relationship between the severity of alcohol dependence and the types of sexual dysfunction, a clear correlation emerged. Men with severe alcohol dependence reported higher rates of erectile dysfunction, reduced libido, and orgasmic dysfunction compared to those with mild or moderate dependence.^{23,30,32} Our findings are consistent with these studies, further highlighting the strong association between alcohol dependence and the severity of various types of sexual dysfunction. This emphasises the urgent need for targeted

interventions that address both alcohol dependence and its impact on sexual health, ultimately aiming to improve the overall well-being of affected individuals. Moreover, enhancing awareness among healthcare providers about these interconnected issues can facilitate more comprehensive treatment approaches.

This study offers valuable insights into the relationship between alcohol dependence and sexual dysfunction; however, certain limitations must be acknowledged. The relatively small sample size limits the generalizability of the findings to broader populations, and the lack of demographic diversity further restricts the applicability of the results across different subgroups. In addition, psychological variables were not controlled, which may have influenced the observed associations. Moreover, the study did not independently evaluate the impact of nicotine use, a potential confounding factor known to affect sexual functioning.

The findings of this study highlight the critical need for clinical interventions that incorporate sexual health assessments in the treatment of alcohol dependence. Addressing sexual dysfunction alongside alcohol use can lead to improved treatment outcomes and enhance the overall quality of life for individuals affected by these issues. Finally, creating focused intervention programs that address both alcohol consumption and sexual health is crucial for improving outcomes for those affected by these issues.

CONCLUSION

The relationship between alcohol dependence and sexual dysfunction is a critical public health concern that adversely affects individuals' overall well-being. This study

revealed that 72.5% of men with alcohol dependence syndrome experience sexual dysfunction, with many reporting multiple dysfunctions. The severity of sexual dysfunction was notably higher among those with severe alcohol dependence, demonstrating a strong correlation between the level of dependence and the types of sexual dysfunction present. These findings imply the necessity of integrating sexual health assessments into alcohol treatment programs. Future research should focus on exploring the underlying psychological factors and developing targeted interventions to address both alcohol use and sexual health.

Financial support and sponsorship: Nil

IEC Number: MIMS / IEC / 2023 / 814, Dated: 29.11.2023

Conflicts of interest: There are no conflicts of interest."

The author(s) attest that there was no use of generative artificial intelligence (AI) technology in the generation of text, figures, or other informational content of this manuscript."

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