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Prevalence of sexual complaints in subjects aged 20 to 40 consulting at the central hospital of Yaoundé

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Abstract

Background: Male sexual dysfunction is a problem that is becoming more common with the increase in life expectancy. Few data are available in sub-Saharan Africa, and in Cameroon, no study has been documented. The objective was to determine the prevalence of sexual complaints among subjects aged 20 to 40 consulting the Urology Service at the Central Hospital of Yaoundé. Methods: We conducted a descriptive cross-sectional study at the Central Hospital of Yaoundé over a 4-month period from January 1 to April 30, 2019. Men aged 20 to 40, sexually active, and freely consenting to participate were included in our study (66 had sexual complaints and 39 had other complaints). Results :105 patients were included in the study, with 66 reporting sexual complaints and 39 presenting other complaints. The average age of our study population was 31.7 years. Alcohol was found in 60.6% of cases, followed by tobacco at 30.3% for toxicological history. 78.7% of patients were overweight. Digital rectal examination was mostly normal; however, hemorrhoids were the most common finding at 14.2%. Decreased libido was very common in our study population, with a proportion of 41%, followed by erectile dysfunction at 37.1%. 66.3% of patients had a normal ejaculation time of 1 to 20 minutes. 21.2% of patients had premature ejaculation. 80.3% of patients had a Perceived Stress Scale (PSS) score higher than 27. 9.2% of patients had severe erectile dysfunction according to the IIEF5 score. 3.8% of patients had low testosterone levels. 62.2% of patients had never talked to anyone in their circle about sexual problems. 68.1% of patients resorted to self-medication, while 18.1% turned to traditional medicine. Conclusion: Despite the increasing frequency of sexual disorders worldwide, the subject remains taboo in our context, leading to underdiagnosis and undertreatment.

Keywords: Prevalence, Sexual complaints, Yaoundé, Cameroon.

INTRODUCTION

The normal sexual function of a man requires interaction between the vascular, neurological, hormonal, and psychological systems. Male sexual dysfunction is a problem that becomes more common with the increase in life expectancy and includes erectile dysfunction, decreased libido, and ejaculation disorders [1]. Sexuality deemed "normal" is a part of the "good health" of every individual. Disturbance in any of its physiological components leads to severe psychological distress for the individual [2]. Moreover, they represent genuine reasons for consultation in urology services. The Massachusetts Male Aging Study (MMAS) estimates that at least 10 to 20 million Americans suffer from erectile dysfunction [3]. Few data are available on sexual disorders motivating consultations in sub-Saharan Africa. In Cameroon, no study has been documented regarding sexual disorders in the total population, particularly among the youth.

The objective of the study was to determine the prevalence of sexual complaints among subjects aged 20 to 40 consulting the Urology Service at the Central Hospital of Yaoundé.

MATERIAL AND METHODS

This was a descriptive cross-sectional study conducted at the Central Hospital of Yaoundé over a period of 4 months, from January 1 to April 30, 2019.

Men aged 20 to 40, who were sexually active and willingly consented to participate, were included in our study, constituting a sample of 105 patients selected for the study, of which 66 had sexual complaints and 39 had other complaints.

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Data analysis was performed using EPI Info version 3.5.3 and SPSS 22.0 software. Graphs were generated using Microsoft Office Excel 2016.

Qualitative variables were presented in frequencies and percentages, while quantitative values were presented as mean and standard deviation.

The parameters studied included age, level of education, ethnicity, occupation, marital status, reason for consultation, mode of presentation, medical and surgical history, and clinical examination.

RESULTS

Prevalence

During our study period, 173 patients aged 23 to 82 were recruited at the Central Hospital of Yaoundé. Among these patients, 68 were excluded for not meeting inclusion criteria (60 due to age over 40 and 8 who refused to participate), leaving 105 finally included in the study. Among these included patients, 66 reported sexual complaints, and 39 had complaints related to dysuria, pyuria, pollakiuria, testicular pain, testicular swelling, itching, rashes, desire for paternity, and inguinal swelling.

Sexual Complaints and Sociodemographic Characteristics

The majority age group in our study population was 26 to 30 years, accounting for 31.8%. Testicular pathologies were the most commonly reported medical and surgical history, representing 37.8%. Alcohol was found in 60.6% of cases among patients with sexual complaints. Clinical results showed 78.7% of patients were overweight. Digital rectal examination was mostly normal; however, the presence of hemorrhoids was the most encountered sign during rectal examination, with a percentage of 14.2%. The sudden onset was the most represented mode of appearance for at least one sexual disorder in our study population, with a proportion of 87.8%. Decreased libido was very common in our study population, with a proportion of 41%. 66.3% of patients had a normal ejaculation time of 1 to 20 minutes. However, premature ejaculation was observed in a significant percentage of cases, accounting for 21.2%.

Reasons for Consultation

The figure below illustrates the distribution of consultation reasons within the study population (Figure 1).

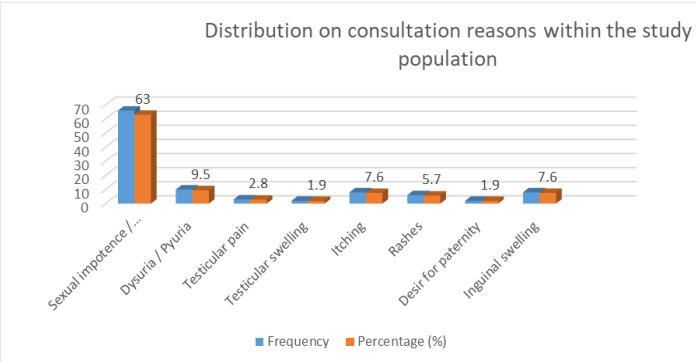

Figure 1: Distribution of reasons for consultation in the study population

Types of Sexual Disorders

The distribution of the study population based on different types of sexual disorders (Figure 2).

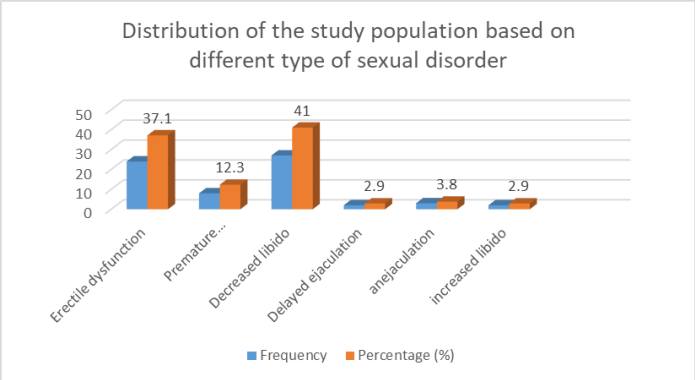

Figure 2: Proportion of different sexual disorders in the study population

Evaluation of IIEF5 score

The table below illustrates the distribution of patients according to the IIEF5 score (Table 1).

Table 1: Distribution of patients according to the severity of erectile dysfunction (IIEF5 score)

Severity	Frequency	Percentage
Score between 5 and 10: Severe dysfunction	6	9.2
Score between 11 and 15: Moderate dysfunction	15	22.7
Score between 16 and 20: Mild dysfunction	22	33.3
Score between 21 and 25: Normal erectile function	23	34.8
Score between 1 to 4: not interpretable	00	00
Total	66	100

Perceived Stress Measurement

The table below shows the distribution of patients according to the measurement of perceived stress.

Table 2: Distribution of patients based on the Perceived Stress Scale (PSS)

Stress Score	Frequency	Percentage
Less than 21: Person can manage stress	9	13.6
Between 21 and 26: Person generally manages stress but struggles in some situations	4	6.1
Greater than 27: Person cannot manage stress and feels overwhelmed by all situations	53	80.3
Total	66	100

Among patients with sexual disorders, 3.8% had a low serum testosterone level. Ultrasound results were not always available; however, 25.7% of patients had abnormal Doppler ultrasound results. 62.2% of patients with sexual complaints had never discussed them with anyone in their social circle. 68.1% of patients resorted to self-medication by purchasing medications from the street or hoping that the issue would resolve on its own, while 18.1% turned to traditional medicine.

DISCUSSION

Prevalence

The prevalence of erectile dysfunction was 37.1% in our study. Erectile dysfunction has traditionally been considered an age-dependent condition, with a high percentage of men developing signs and symptoms after the age of 65 [4]. A study conducted at the University of California, San Francisco, showed a prevalence of 13% in young men with psychogenic erectile dysfunction. In Switzerland, a recent study of 2500 young individuals aged 18 to 25 revealed a 30% prevalence of erectile dysfunction [4]. In our study population, we observed 13.3% of young individuals experiencing premature ejaculation, 4.8% with anejaculation, and 2.9% with delayed ejaculation. According to Rosen et al., premature ejaculation occurs in 4% of the male population, although more than 30% of men in community surveys complain of ejaculating too quickly [5].

Sexual Complaints and Demographic Characteristics

The average age of our study population is 31.7 years, with the most represented age group being 25 to 30 years, accounting for 31.8%. These values differ from those found in other studies; for instance, Diallo et al. in 2015 reported a predominance of patients over 60 years old, with a percentage of 34.2%, as did Nguyen et al. in 2017 [4,6]. This difference is attributed to the fact that these studies apply to a representative sample of the general population, unlike ours, which only focuses on patients aged 20 to 40 years. Our statistical series shows a majority of testicular abnormalities in the medical and surgical history of patients, with a percentage of 23.8%. The testicular abnormalities found here are mostly varicoceles. There is no conclusive evidence yet of a correlation between varicoceles and sexual disorders, but rather between varicoceles and secondary infertility. Regarding the consumption of toxic substances, our study reveals a majority of young individuals consuming alcohol (60.6%), tobacco (30.3%), and various drugs, including opioids (6.1%). Tobacco use is associated with a 14 to 15% increased risk of erectile dysfunction [8]. The use of opioids is significantly linked to an increased risk of erectile dysfunction [9].

Reasons for Consultation

In our series, 55.2% of patients reported that the onset of their current complaint was sudden, while 7.6% of patients stated that their issue had appeared progressively. Sexually related problems with a sudden onset are often of psychogenic etiology, while those with a gradual onset are more likely to have organic etiologies [4,6,10]. Until the 1970s, erectile dysfunction in men under 40 was primarily considered to be of psychogenic origin [4]. Recent studies have reported that approximately 87% of young men with erectile dysfunction also have organic components inherent to their condition (vascular, neurological, hormonal, fibroproliferative, or induced by medications) [4,7,14]. We observed 3.8% of patients with low serum testosterone levels. Physiologically, testosterone stimulates sexual desire. Pathologically, complete hypogonadism is associated with very low sexual desire, which testosterone replacement therapy can restore [14,15,16].

According to our study, 62.2% of patients have never sought external help, and they have never discussed their sexual issues with anyone in their social circle. Sexual disorders are considered underdiagnosed in Africa, primarily due to the cultural dimensions attached to this continent [6,11]. This may be explained by the fact that the topic of sex in our context is considered taboo and is not easily discussed.

Types of Sexual Disorders

These disorders (erectile dysfunction, decreased libido, premature ejaculation) are sometimes associated in the same patient, where perceived stress can be the underlying cause of the persistence of these various issues [10].

Evaluation of IIEF5 Score

Among patients with erectile dysfunction, we obtained 9.2% with severe erectile dysfunction, 22.7% with moderate erectile dysfunction, and 33.3% with mild erectile dysfunction according to the classification of the IIEF-5 score. In a study conducted in Egypt in 2001 by Abolfotouh and Al Helali, erectile dysfunction was classified as follows: 19% severe erectile dysfunction, 60% moderate erectile dysfunction, and 21% mild erectile dysfunction [17,18]. These values are significantly higher than ours. This could be explained by the fact that the study conducted in Egypt was based on a sample of the population that is representative of the general population.

Perceived Stress Measurement

In our series, the triggering factor is often a stressful situation. We obtained 29.5% of patients who reported experiencing a sexual problem after undergoing a significant stress-inducing situation. We assessed perceived stress in each patient using the Perceived Stress Scale (PSS). Similarly, performance anxiety proved to be a significant risk factor in the occurrence of sexual disorders. Psychological components are often implicated in the development of premature ejaculation [10]. Traditionally, premature ejaculation is considered a psychological issue, particularly in psychoanalytic theory, as a neurosis related to unconscious conflicts [11,12,13]. Since many cases involve both psychogenic and organic components, many young men may experience a vicious circle of emotional and physical stress associated with their erectile dysfunction [4].

Management

68.1% of patients initially resorted to self-medication. Diallo et al. in 2015 found that erectile dysfunction is undermedicalized due to the central role played by traditional herbal medicine in our sociocultural context and the significant role of self-medication [6].

In our series, we observed 18.1% of patients treating themselves with herbal medicine, 71.2% of patients opting for therapeutic abstention and self-medication. In other countries, especially in Europe, patients tend to choose medical or surgical treatment. This could be explained by the fact that in our context, cultural norms are deeply rooted in personal values. Hence, the significant role of herbal medicine in the population.

CONCLUSION

The study we conducted revealed erectile dysfunction at 37.1%, premature ejaculation at 13.3%, and decreased libido at 41%. Regarding erectile dysfunction, severity is age-dependent. Premature ejaculation is often of psychogenic origin. Decreased libido could be associated with a drop in serum testosterone levels. Herbal medicine and self-medication retain a significant place in our society. Cultural norms, being part of African heritage, are one of the reasons these disorders are underdiagnosed and undermedicalized in Africa, especially in Cameroon.

Conflict of Interest

The authors declare no conflict of interest.

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