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Prevalence and Correlates of Sexual Dysfunction in Men with Alcohol Dependence

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ABSTRACT

Alcohol use is known to cause sexual dysfunction. Affective symptoms and marital conflicts are also associated with alcohol use, which can additionally affect sexual relationship and functioning. Regarding this, there is a lack of data from state of Himachal Pradesh. In this study we aimed to assess prevalence and correlates of sexual dysfunction in men with alcohol dependence and investigate association between sexual dysfunction and various variables. Our study was a cross-sectional study wherein 100 patients were recruited from inpatient psychiatric and medicine setting. Patients were evaluated using tools International Classification of Disease, 10th revision, diagnostic criteria (ICD-10), Severity of Alcohol Dependence Questionnaire, (SADQ) Arizona Sexual Experience Scale, Revised Dyadic adjustment scale (RDAS). Forty-three 43 (43%) patients of (ADS) had sexual dysfunction as per ASEX. About 4/5th (79.06%) of patients of ADS suffering from (SD) had more than 1 type of sexual dysfunction. Most common type of SD was loss of sexual desire/drive which was present in about 2/3rd (two-third) of patients i.e., 26 (60.47%). It was followed by dysfunction in sexual arousal 22 (51.16%), erectile dysfunction 19 (44.19%) and dissatisfaction with orgasm 17 (39.53%). Sexual Dysfunction (SD) as per ASEX, in ability to reach orgasm was present in only 11 out of 43 patients (25.58%). Sexual dysfunction was significantly associated with severity of alcohol dependence and amount of alcohol consumed per day. Majority of patients also had lower dyadic adjustments as per Revised dyadic adjustment scale. The present study shows that alcohol has damaging effects on sexual health of patients, which in turn may be used to motivate them to quit alcohol. Longitudnal studies using validated tools need to be done to confirm these findings.

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Key Words

Alcohol dependence, sexual dysfunction, men, arizona sexual experience scale, severity of alcohol dependence questionnaire, dyadic adjustment

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INTRODUCTION

Sexual dysfunction is difficulty experienced by an individual or partners during any stage of normal sexual activity, including physical pleasure, desire, preference, arousal or orgasm. The World Health Organization defines sexual dysfunction as a "person's inability to participate in a sexual relationship as they would wish". In large epidemiological studies in the United States, more than 40% of women and 30% men were reported to have some form of sexual dysfunction[1]. Corresponding figures in European countries are 34% among women and 15% among men. A more recent general population study from India reports a 14% prevalence of sexual dysfunction among women and 21.2% among men[2]. The association between substance use and sexual dysfunction is being increasingly recognised[3]. In India, substance use disorders have a weighted prevalence of 22.4%, with tobacco use disorders (20.89%) and alcohol use disorders (4.64%) leading the numbers, according to the latest National Mental Health Survey of India[4]. Alcohol abuse is also a well known cause of sexual dysfunction[5]. Sexual dysfunction has been reported in 40-95.2 per cent of alcohol-dependent patients[5]. Also, marital conflict may also accompany alcohol dependence, which can additionally impact the sexual relationship and functioning[6]. Patients with alcohol use disorders may have affective symptoms which may also affect the desire to have a sexual encounter. Thus, the genesis of sexual dysfunction in patients with substance use disorders may have bio-psycho-social complex relationship[7]. Among the males from region of Himachal Pradesh there are no study data available regarding the assessment of relationship between duration of ADS, severity of ADS, and alcohol-induced sexual dysfunctions. Hence, the study was planned with aim to assess the prevalence and correlates of sexual dysfunction in patients with ADS as this will enable them to link their sexual dysfunction with use of alcohol, which in turn would motivate them to quit alcohol.

MATERIALS AND METHODS

Setting: The Study was carried out in the Department of Psychiatry of IGMC, Shimla. Patients diagnosed with Alcohol dependence syndrome admitted in psychiatry and medicine ward were recruited for study.

Study design: It was a cross sectional, point prevalence non-interventional study.

Sample size: Subjects, consecutively evaluated in the Psychiatry ward and Medicine ward, with diagnosis of Alcohol dependence Syndrome (ICD-10) meeting inclusion criteria during a period of 1 year from 1st April 2021-31st March 2022, were recruited for the study.

General inclusion criteria:

- **Age:** Between 21-50 years, males, married or having a stable heterosexual sexual partner with with diagnosis of Alcohol dependence Syndrome (ICD-10)

General exclusion criteria:

- Diagnosable psychiatric condition (MINI)
- H/o traumatic brain injury (signs of Head injury) in past/present
- History of a major medical condition or currently unstable medical condition likely to be associated with severe neurological dysfunction e.g., Stroke, seizures, brain tumors, Parkinson's disease, other neurodegenerative disorders like dementia (Alzheimer's disease), mental retardation, syphilis, HIV seropositive patients
- Use of alcohol or other illicit substances or medications with cognitive effects (BZD, muscle relaxants, antidepressants) on the day of testing
- Those with chronic comorbid medical illness which can cause sexual dysfunction [hypertension, diabetes mellitus, cardiovascular disorders (angina and myocardial infarction), thyroid dysfunction, renal dysfunctions and neurological disorders (stroke, spinal cord lesions and peripheral neuropathy
- Unwilling or unable to give consent

Instruments and tool: Patients meeting all the inclusion criteria and having none of the exclusion criterion were recruited for the present study. Demographic data was recorded , severity of alcohol dependence was assessed on Severity of alcohol dependence questionnaire (SADQ), sexual function of the participants was evaluated using arizona sexual experience (ASEX) scale and marital adjustment was assessed using revised dyadic adjustment scale (RDAS) scale. In addition, to rule out organic causes, relevant investigations were carried out. The relationship between sexual dysfunction and the different study variables was examined using relevant statistical tools.

Statistical analysis: The presentation of the Categorical variables was done in the form of number and percentage (%). On the other hand, the quantitative data with were presented as the Means±SD and as median with 25th and 75th percentiles (interquartile range). The association of the variables which were qualitative in nature were analysed using Chi-Square test. If any cell had an expected value of less than 5 then Fisher's exact test was used. The data entry was done in the Microsoft EXCEL spreadsheet and the final analysis was done with the use of Statistical Package for Social Sciences (SPSS) software, IBM manufacturer, Chicago, USA, ver 25.0. For statistical significance, p-0.05 was considered statistically significant

RESULTS

The study was conducted in the department of Psychiatry of IGMC, Shimla. 100 inpatients with alcohol dependence were included in the study. (CIWA-Ar) scale was used to quantify the severity of alcohol withdrawal syndrome. Sexual function of the participants was evaluated using ASEX scale, whereas marital adjustment was assessed by using RDAS scale and results are as follows:

- In more than one half i.e., 57 (57.00%) patients, Sexual Dysfunction was absent. Sexual Dysfunction was present in only 43 out of 100 patients (43.00%) (Table 1).
- In more than one half patients i.e., 57 (57.00%), arizona sexual experience scale (ASEX) cut off for sexual dysfunction was not met as per ASEX followed by ASEX score 5 on 1 domain but global score <19 20 (20.00%) and ASEX score 4 on 3 domains but global score <19 12 (12.00%). ASEX-global scores (>19) were present in only 11 out of 100 patients (11.00%) (Table 2)
- Distribution of sexual dysfunction was comparable with age (years). 21 to 30 (52.94%) vs 31-40 (37.21%) vs 41-50 (45%). (p = 0.512). This table depicts that percentage of individuals having sexual dysfunction is highest in age group 21-30 but this association was not statistically significant (Table 3)
- Distribution of sexual dysfunction was comparable with socioeconomic status. (Upper middle (II) {16-25} (46.67%) vs Lower middle (III) {11-15} (31.71%) vs upper lower (IV) {5-10} (50%) vs Lower (V) {<5} (66.67%)), (p = 0.229). In our study, proportion of patients with sexual dysfunction was significantly higher in patients of Lower socioeconomic status as compared to middle socioeconomic status, but this association was not statistically significant (Table 4)
- Distribution of sexual dysfunction was comparable with duration of alcohol dependence(years). <5 years (41.18%) vs 5-10 years (34.69%) vs 11-15 years (44.44%) vs >15 years (68.75%). (p = 0.125) (Table 5)
- Proportion of patients with sexual dysfunction was highest in >750 mL^{-1} day (53.45%), followed by 375-750 mL^{-1} day (40%) and <375 mL^{-1} day (11.76%), (p = 0.009). This table depicts that SD was directly associated with amount of alcohol use per day and this association was statistically significant (Table 6)
- Distribution of sexual dysfunction was comparable with concomitant tobacco dependence. Absent (22.22%) vs present (45.05%). (p = 0.293). In our study, the proportion of patients with sexual dysfunction were higher if concomitant tobacco dependence was present, although this association was not stastically significant (Table 7)
- Proportion of patients with sexual dysfunction was significantly higher in SADQ > = 31 (52.11%) followed by 16-30 (21.43%) and as compared to <16 (0%). (p = 0.007) (Table 8)
- In our study, there was direct association with severity of alcohol dependence and sexual dysfunction among patients and it was statistically significant
- Proportion of patients with ASEX-global scores (0.19) was significantly higher in SADQ > = 31 (14.08%) as compared to 16-30 (3.57%) and SADQ <16 (0%), Proportion of patients with ASEX score 4 on 3 domains but global score <19 was significantly higher in SADQ 16-30 (17.86%), > = 31 (9.86%) as compared to SADQ <16 (0%).

Table 1: Distribution of sexual dysfunction of study subjects

Sexual dysfunction	Frequency	Percentage
Absent	57	57.00
Present	43	43.00
Total	100	100.00

Table 2: Distribution of study subjects as per Arizona sexual experience scale (ASEX)

Arizona sexual experience scale (ASEX)	Frequency	Percentage
Cut off for sexual dysfunction (SD) not met as per ASEX	57	57.00
ASEX-global scores (>19)	11	11.00
ASEX score 4 on 3 domains but global score <19	12	12.00
ASEX score 5 on 1 domain but global score <19	20	20.00
Total	100	100.00

Table 3: Association of age(years) with sexual dysfunction

Age (years)	Sexual dysfunction absent (n = 57)	Sexual dysfunction present (n = 43)	Total	p-value
21-30	8 (47.06%)	9 (52.94%)	17 (100%)	0.512†
31-40	27 (62.79%)	16 (37.21%)	43 (100%)	
41-50	22 (55%)	18 (45%)	40 (100%)	

†Chi square test

Table 4: Association of socioeconomic status with sexual dysfunction

Socioeconomic status	Sexual dysfunction absent (n = 57)	Sexual dysfunction present (n = 43)	Total	p-value
Upper middle (II) {16-25}	8 (53.33%)	7 (46.67%)	15 (100%)	0.229*
Lower middle (III) {11-15}	28 (68.29%)	13 (31.71%)	41 (100%)	
Upper lower (IV) {5-10}	19 (50%)	19 (50%)	38 (100%)	
Lower (V) {<5}	2 (33.33%)	4 (66.67%)	6 (100%)	

*Fisher's exact test

Table 5: Association of duration of alcohol dependence (years) with sexual dysfunction

Duration of alcohol dependence (years)	Sexual dysfunction absent (n = 57)	Sexual dysfunction present (n = 43)	Total	p-value
<5	10 (58.82%)	7 (41.18%)	17 (100%)	0.125†
5-10	32 (65.31%)	17 (34.69%)	49 (100%)	
11-15	10 (55.56%)	8 (44.44%)	18 (100%)	
>15	5 (31.25%)	11 (68.75%)	16 (100%)	

†Chi square test

Table 6: Association of amount of alcohol use per day(mL^{-1} day) with sexual dysfunction

Amount of alcohol use per day (mL^{-1} day)	Sexual dysfunction absent (n = 57)	Sexual dysfunction present (n = 43)	Total	p-value
<375	15 (88.24%)	2 (11.76%)	17 (100%)	0.009†
375-750	15 (60%)	10 (40%)	25 (100%)	
>750	27 (46.55%)	31 (53.45%)	58 (100%)	

†Chi square test

Table 7: Association of concomitant tobacco dependence with sexual dysfunction

Tobacco dependence	Sexual dysfunction absent (n = 57)	Sexual dysfunction present (n = 43)	Total	p-value
Absent	7 (77.78%)	2 (22.22%)	9 (100%)	0.293*
Present	50 (54.95%)	41 (45.05%)	91 (100%)	

*Fisher's exact test

Table 8: Association of sexual dysfunction with severity of alcohol dependence questionnaire (SADQ) score

Severity of alcohol dependence questionnaire (SADQ) score	Sexual dysfunction absent (n = 57)	Sexual dysfunction present (n = 43)	Total	p-value
<16	1 (100%)	0 (0%)	1 (100%)	0.007*
16-30	22 (78.57%)	6 (21.43%)	28 (100%)	
≥31	34 (47.89%)	37 (52.11%)	71 (100%)	

*Fisher's exact test

Table 9: Association of severity of alcohol dependence questionnaire (SADQ) scores with arizona sexual experience scale (ASEX)

Severity of alcohol dependence score questionnaire (SADQ)	Cut off for SD not met as per ASEX (n = 57)	ASEX-global scores (>19) (n = 11)	ASEX score 4 on 3 domains but global score <19 (n = 12)	ASEX score 5 on 1 domain but global score <19 (n = 20)	Total	p-value
<16	1 (100%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)	0.001*
16-30	22 (78.57%)	1 (3.57%)	5 (17.86%)	0 (0%)	28 (100%)	
≥31	34 (47.89%)	10 (14.08%)	7 (9.86%)	20 (28.17%)	71 (100%)	

*Fisher's exact test

Table 10: Association of severity of alcohol dependence questionnaire(SADQ) scores with marital adjustment scores (RDAS)

SADQ score	RDAS score <48	RDAS score >48	p-value
<16 (n = 1)	0 (0%)	1 (3.50%)	<0.0001*
16-30 (n = 28)	9 (12.50%)	19 (67.86%)	
≥30 (n = 71)	63 (87.50)	8 (28.57%)	

*Fisher's exact test

Proportion of patients with ASEX score 5 on 1 domain but global score <19 was significantly higher in SADQ > = 31(28.17%) as compared to 16-30 (0%) and SADQ <16 (0%), (p = 0.001) (Table 9)

- This table depicts that Proportion of patients with SADQ score> = 31 had significantly lower marital adjustment scores (RDAS) <48 (Table 10)

DISCUSSIONS

The present study was aimed to find out the prevalence and type of sexual dysfunction in alcohol dependent male and co-orelates of sexual dysfunction with socio-demographic and clinical profile of patient with Alcohol dependance syndrome. In our study, we tried to ensure that reported sexual dysfunction were due to chonic alcohol use and not due to transient effect of alcohol (intoxication or withdrawl state), not due to co morbid medical conditions. In the present study, a total of 100 male inpatients with diagnosis of ADS were evaluated.

In the present study, about one half of the study participants 43 (43%) were in the age group of 31-40 years which was similar to Devaramani *et al*.[8] and Dinesh *et al*.[9] but different from Prabhakaran *et al*.[10] who found that about one half of the study participants 40 (47.6%) were in the age group of 41-50 years. In the present study the mean age of the study participants was 37.65±6.65 years (range: 24-50 years). Mean age of the study participants in the study conducted by Arackal and Benegal[11] was 37.09±6.74 whereas, it was 39.14±6.6 years (range: 22-49 years) in the study conducted by Prabhakaran *et al*.[10]. In the present study, more than one half of study subjects belonged to middle socioeconomic status 56 (56%) which was similar to what was found by Dinesh *et al*.[9] who found that 50.62% of patients belonged to Middle socioeconomic status. Grover *et al*.[12] also found that more than one half of study subjects belonged to Middle-High socioeconomic status (55.44%) whereas Bajaj *et al*.[13] found that majority of patients belonged to Higher socioeconomic status (82%).

In present study, the mean duration of AD was 9.76±5.10 years, which was higher in comparison to previous studies i.e, Benegal and Arackal[11] found in their study that mean duration of AD 8.59±6.64 years and Grover *et al*.[12] found that mean duration of AD in study subjects was 8.65±5.01 years. In present study, about 2/3rd of the study participants (66 [66%]) had duration of alcohol consumption up to 10 years. Similar finding was observed by Prabhakaran *et al*.[10] who had observed that majority of their study participants (65 [77.5%]) had 1-10 years period of alcohol dependence. In present study, amount of alcohol use per day >750 mL^{-1} day was found in more than one half [58(58.00%)] of patients. Bajaj *et al*.[13] found that amount of alcohol =750 mL^{-1} day was found in about 1/3rd (30 %) of patients. In the present study, majority of the study participants 71 (71%) had severe ADS based on the SADQ scores. Prabhakaran *et al*.[10] also observed similar finding with majority of the study participants 58 (69%) having severe ADS according to the SADQ scores.

Ninety-one 91 (91%) patients in the study group reported a history of tobacco dependence also, most of the similar studies have also included tobacco use because it was found to be a common comorbidity in alcohol-dependent patients[11].

In the present study, the prevalence of sexual dysfunction among patients of ADS was 43%, which was similar to the previous study reporting rates ranging from 40-95.2 percent[5]. In present study, majority 34 (79.06%) had more than one sexual dysfunction. This is in concordance with other studies[11,14]. This finding probably indicates that patients suffering from ADS are at increased level of developing multiple sexual dysfunctions as compared to non-alcoholics. Most common type of sexual dysfunction observed in the present study was that of low sexual drive/desire which was seen in 26 (60.47%) of our study participants, followed by difficulty in sexual arousal 22 (51.16%), ED 19 (44.19%), dysfunction in satisfaction with orgasm 17 (39.53%) and difficulty in reaching orgasm 11 (25.58%). These findings were similar to study conducted by Vijayasenan[15], Saha[16] and Pendhrakar *et al*.[10] whereas in a review study done, as per Grover *et al*.[17] the common sexual dysfunction reported was erectile dysfunction followed by premature ejaculation, retarded ejaculation and decreased sexual desire. According to Benegal and Arackal[11] the most common sexual dysfunction was found to be premature ejaculation followed by erectile dysfunction and low sexual desire. In the present study the least common type of sexual dysfunction was ability to reach orgasm (25.58%) which was similar to findings observed by Grover *et al*.[12] but contrary to the findings of Benegal and Arackal [11], who reported orgasmic dissatisfaction (9.37) to be the least common type of sexual dysfunction. These differences among studies indicated variations in sexual dysfunction profiles due to ADS across various studies.

In the present study, among sociodemographic variables, sexual dysfunction in patients with ADS was associated with the low level of education and unemployment. Prabhakaran *et al*.[10] had only found association of sexual dysfunction with occupation variable. In our study, no direct association of age with sexual dysfunction could be found, which is similar to as reported by Benegal and Arackal[11].

In our study, among alcohol dependence syndrome-related variables, sexual dysfunction had no significant association with the duration of alcohol dependence. Benegal and Arackal[11] reported similar findings whereas, Saha[16] and Prabhakaran *et al*.[10] observed significant association of sexual dysfunction with the duration of alcohol dependence. In present study, while examining other alcohol related parameters such as amount of alcohol use per day and severity of alcohol dependence, they showed positive association with sexual dysfunction. The present study shows higher SADQ score in alcohol-dependent patients with sexual dysfunction which can be seen by positive association between SADQ and ASEX scores. Prabhakaran *et al*.[10] and Grover *et al*.[12] also reported similar association.

In our study, there was significant association found between marital adjustment and sexual dysfunctions in study participants which means that the marital adjustment in the couple was affected if the male alcohol-dependent patients had sexual dysfunctions. This finding is similar to Grover *et al*.[12] and Tak *et al*.[18] .

LIMITATIONS OF THE STUDY

Few of the limitations of our study were:

- Our sample size was 100 patients, a larger sample size would be required for better generalization of the results
- The study was conducted among patients admitted in psychiatry ward and medicine for de-addiction services and management of withdrawl symptoms which also narrowed the chances for generalization of the findings
- Cross-sectional nature of our study shows association rather than causality
- A comparison with appropriate age-or sex-matched sober individuals as controls would have given more reproducible results
- The data on alcohol, tobacco and sexual function-related parameters were based on self-report, which is vulnerable for bias

- Other environmental and psychosocial elements which may be additional contributory factors for sexual dysfunction in alcohol dependence syndrome, were not explored in the current study

CONCLUSION

The present study shows that about about one half i.e., 43 (43%) patients with alcohol dependence may have risk of developing sexual dysfunction, usually in multiple domains. Severity of alcohol dependence and amount of alcohol use per day appears to be the most important risk factors for developing sexual dysfunction. Clinician are advised to screen for sexual dysfunction in such patients. This information may also be used to motivate the patients to quit alcohol.

REFERENCES

1. Moreira, E.D. D.B. Glasser, A. Nicolosi, F.G. Duarte and C. Gingell, 2008. Sexual problems and help-seeking behaviour in adults in the United Kingdom and continental Europe. BJU. Int., 101: 1005-1011.
2. Rao, T.S., M. Darshan and A. Tandon, 2015. An epidemiological study of sexual disorders in south Indian rural population. Indian J. Psychiatr., 57: 150-157.
3. Johnson, S.D., D.L. Phelps and L.B. Cottler, 2004. The association of sexual dysfunction and substance use among a community epidemiological sample. Arch. Sexual. Behav., 33: 55-63.
4. Ghadigaonkar, D.S. and P. Murthy, 2019. Sexual dysfunction in persons with substance use disorders. J. Psychosexual. Health., 1: 117-121.
5. Grover, S., S.K. Mattoo, S. Pendharkar and V. Kandappan, 2014. Sexual dysfunction in patients with alcohol and opioid dependence. Indian J. Psychol. Med., 36: 355-365.
6. O'Farrell, T.J., K.A. Choquette, H.S. Cutter and G.R. Birchler, 1997. Sexual satisfaction and dysfunction in marriages of male alcoholics: Comparison with nonalcoholic maritally conflicted and nonconflicted couples. J. Stud. Alcohol., 58: 91-99.
7. Martin, S., E. Atlantis, D. Wilson, K. Lange, M.T. Haren, A. Taylor and G. Wittert, 2012. Clinical and biopsychosocial determinants of sexual dysfunction in middle aged and older Australian men. J. Sexual. Med., 9: 2093-2103.
8. Devaramani, S., S. Kumar and P.K. Kumar, 2017. Does alcoholism influence sexual functioning? Int. J. Indian. Psychol., 4: 55-63.
9. Dinesh, J., V. Sudha and A. Pandey, 2018. Sexual dysfunction among men with alcohol dependence syndrome in a tertiary care hospital, puducherry. J. Med. Sci. Clin. Res., 6: 31993-31998.
10. Prabhakaran, D., A. Nisha and P. Varghese, 2018. Prevalence and correlates of sexual dysfunction in male patients with alcohol dependence syndrome: A cross-sectional study. Indian. J. Psychiatr., 60: 71-77.
11. Benegal, V. and B. Arackal, 2007. Prevalence of sexual dysfunction in male subjects with alcohol dependence. Indian. J. Psychiatr., 49: 109-112.
12. Grover, S., S. Pendharkar and S. Mattoo, 2016. Sexual dysfunctions in alcohol-dependent men: A study from north India. Indian. J. Med. Res., 144: 393-399.
13. Bajaj, M., N. Kaur and A. Sidana, 2018. Sexual functions and marital adjustment among persons with alcohol use disorder. J. Mental. Health. Hum. Behaviour., Vol. 23. 10.4103/jmhhb.jmhhb_29_18
14. Fahrner, E.M., 1987. Sexual dysfunction in male alcohol addicts: Prevalence and treatment. Arch. Sexual. Behav., 16: 247-257.
15. Vijayasenan, M.E., 1981. Alcohol and sex. N Z. Med. J., 93: 18-20.
16. Saha, A., 2015. Prevalence of sexual dysfunction in cases of alcohol dependence syndrome. Int. J. Adv. Med., 2: 110-119.
17. Grover, S., S. Sarkar, N. Nebhinani, S.K. Mattoo and D. Basu, 2014. Sexual dysfunction in alcohol-dependent men on disulfiram or baclofen prophylaxis: A preliminary report. J. Pharmacol. Pharmacother., 5: 205-207.
18. Tak, P., J. Rohilla, G. Dhanda, P. Meena, C. Jilowa and M. Jain, 2020. Sexual dysfunction in alcohol-dependent men and its correlation with marital satisfaction in spouses: A hospital-based cross-sectional study. Ind. Psychiatr. J., 29: 82-87.