



SEXUAL BEHAVIORAL DISORDERS AFTER THE COVID-19 PANDEMIC IN PATIENTS WITH ALCOHOLISM

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Abstract:

The COVID-19 pandemic was characterized by psychosomatic effects along with socioeconomic impacts. We aimed to study sexual behavioral disorders after the COVID-19 pandemic in patients with alcoholism. The study found that one of the possible factors determining the development of sexual dysfunction is the type of sexual constitution. A number of factors have been found to influence the formation of sexually transmitted diseases in alcohol-dependent patients with COVID-19. COVID-19 plays an important role in the formation of pathology in the genital area.

Keywords: *COVID-19 pandemic, alcoholism, sexual behavior disorders.*

INTRODUCTION

Sexual function plays an important role in human life along with sleep and food. However, sexual dysfunction is often underestimated and untreatable. Currently, available data on the effects of the COVID-19 pandemic on sexual function in alcohol-dependent patients are limited and inconsistent with respect to the nature of the effect on individual positions of sexual function [1, 3, 6]. The results of a review of the modern literature have shown that the COVID-19 pandemic, lifestyle changes, the need for self-isolation, income changes are a significant stress factor and have a significant impact on reproductive and sexual health of people of different ages. 'showed the secret [4, 5]. A number of studies have reported an increase in libido and sexual arousal during the pandemic. During the pandemic, sexual activity decreased by less than 40%, and most of the work showed a decrease in orgasm and satisfaction in alcohol-dependent patients. Studies to study the effects of the COVID-19 pandemic on the sexual health of alcohol-dependent patients have not yet been conducted [2]. Given the scarcity and inconsistency of the available data, we conducted a study to investigate the characteristics of sexual behavioral disorders after COVID-19 in patients with alcohol dependence.

PURPOSE OF THE STUDY:

To identify sexual behavioral disorders after the COVID-19 pandemic in patients with alcoholism.

MATERIALS AND METHODS:

The study included 80 men between the ages of 20 and 50 who suffered from alcoholism, COVID-19 and were being treated at the city drug dispensary. The clinical and psychopathological examination was conducted using Munich's "Anamnestic Card of a

Patient with Alcoholism" personal questionnaire. Clinical and sexological examination includes anamnestic, urological, endocrinological, neurological and other data using a vector scale to determine the sexual constitution of men, ASEX scale (Arizona sexual experience scale), marital satisfaction survey (Stolin VV, Romanova T.L., Butenko G.P.). Statistical analysis was performed using the software package Statistica-7.0. Non-parametric methods of statistics were used. The Spearman method was used to analyze the relationship between the two properties, and the Mann-Whitney test was used to compare the two groups.

DISCUSSION AND ACKNOWLEDGEMENT:

The study identified 2 groups of patients: group 1 with sexual dysfunction (40 people, 50%) and group 2 without sexual dysfunction (40 people, 50%). The age of the subjects in group 1 was 40 ± 4 years, and in the second group was 35 ± 6 years. In both groups, the onset of regular alcohol consumption was the same, 14 ± 7 years. The second stage of alcoholism occurs in the group of sexual disorders at the age of 25 ± 7 years and its duration is on average 7 ± 3 years. In the majority of patients in group 1, the daily intake of strong alcoholic beverages exceeded an average of 800 ± 550 ml, while in group 2 only a small amount reached 900 ml (average 700 ± 200 ml). In 60 percent of patients in group 1, sexual disorders were manifested by decreased sexual desire, in 30 percent by erectile dysfunction, and in 15 percent of these disorders, these disorders led to the abandonment of intimate relationships. Changes in the duration of sexual intercourse (in the direction of contraction) were noted in only 10% of patients. Most of the patients were not loaded due to lack of complete sex life. The analysis revealed that one of the possible



factors determining the development of sexual dysfunction is the type of sexual constitution. In patients with sexual dysfunction, a weak sexual constitution and a weak variant of the middle constitution predominated (40% and 50%, respectively), while in the group of patients without sexual dysfunction, a strong and strong variant of the average sexual constitution (40% and 50%, respectively) %. The data obtained suggest that sexual dysfunction occurs in individuals with a weak sexual constitution ($p < 0.001$). In addition, a certain relationship has been established between the type of sexual constitution and the structure of sexual disorders. In individuals with a stronger and stronger variant of the average sexual constitution, against the background of prolonged alcohol consumption, a decrease in sexual desire was observed, which reduced the need for intimacy. However, according to their needs, the unique attempts ended in successful sex. Erectile instability was rarely observed and did not interfere with sexual intercourse. In patients with a weak sexual constitution, sexual desire was almost completely lost, which led to a violation of all subsequent sexual reactions - erection, ejaculation and orgasm. These patients were unable to have a full sexual life. Some differences were identified in the analysis of forms of alcohol consumption. In the group of sexual disorders, mixed (40%) and persistent drinking (30%) predominated. Long-term counterfeit alcohol consumption occurred in 20 percent of subjects, while short-term false alcohol consumption occurred in only 10 percent. The majority of patients without sexual dysfunction (60%) drank intoxicated with short-term attacks. Mixed type of alcoholism (10%) and long-term bogus alcoholism (15%) are almost identical and only 10% are associated with chronic intoxication. The differences between the groups were significant ($p < 0.05$, Mann-Whitney test). A statistically significant positive correlation was found between patients with COVID-19 ($R = 0.29$; $p = 0.04$), daily dose ($R = 0.34$; $p = 0.01$), and the presence of sexually transmitted diseases, indicating a higher incidence of sexually transmitted diseases. can occur in patients who consume large amounts of alcohol, consume alcohol for long periods of time, and have short light intervals between them. We analyzed the sexual lives of patients at different stages of the disease: in remission, during heavy alcohol consumption, during the period of alcohol withdrawal syndrome, and during the period after alcohol withdrawal syndrome. In addition to clinical analysis, the ASEX scale was also used to assess the dynamics

of sexual appearances. It should be noted that the higher the ASEX score, the more pronounced the sexual dysfunction. In group 1 patients (with sexual disorders) there is a decrease in sexual desire during remission, a decrease in the frequency of intimate relationships, up to its absence. In some patients (30 people) erectile dysfunction occurred against the background of decreased desire. Patients did not complain of impaired orgasmic function, but they noted that sex life "began to bring less pleasure". These irregularities were recorded on the ASEX scale, with a total score of 19 ± 8.6 . Group 2 patients had no sexual problems, as confirmed by the results of the ASEX scale (total score 12 ± 3.1). Differences between groups on the scale were only statistically confirmed during remission ($p < 0.05$). Almost the same picture can be observed during alcohol withdrawal syndrome (AAS), which is reflected in the ASEX scale data (in group 1 during drinking, total score 28.3 , during AAS) 14 ± 5.7 ; In the 2nd group during the period of drinking 12 ± 3.7 , in the AAS - 20 ± 6.8). Improvement in sexual function is observed after withdrawal. In group 2, sexual activity almost reached the level of remission (total score n ASEX - 18 ± 2.9). Significant differences were found between groups 1 and 2 in the frequency of divorces ($p < 0.03$), the duration of the absence period of the partner ($p < 0.03$), and the frequency of remarriage ($p < 0.03$). Analysis of anamnestic data of patients with past COVID-19 has shown its known role in the formation of sexual pathology. In patients with sexual dysfunction, past COVID-19 predominated ($R = 0.33$; $R = 0.28$; $R = 0.30$, respectively). The clearer the clinical presentation of COVID-19, the higher the likelihood of sexual dysfunction ($p < 0.05$). Different fractions of ALT, AST, and bilirubin (total, direct) were higher in group 1 ($p < 0.001$). The difference between the groups was only significant in terms of aspartate aminotransferase levels in the blood ($p < 0.03$). These differences are confirmed by the ASEX results. The higher the values on the ASEX scale, the more pronounced the somato-neurological pathology ($p < 0.05$). Erectile dysfunction in patients with alcoholic polyneuropathy ($R = 0.33$; $p = 0.04$), hypertension ($R = 0.37$; $p = 0.01$), and encephalopathy ($R = 0.38$; $p = 0.02$) dysfunction was more common.

CONCLUSION:

Thus, the study found that a number of factors influence the formation of sexually transmitted diseases in alcohol-dependent patients with COVID-19. People with a weaker and weaker version of the



average sexual constitution are at greater risk of developing sexual dysfunction. Mixed or constant consumption of alcohol, high daily doses of alcohol consumed, short light intervals play an important role in the development of sexual dysfunction. Also, transmitted COVID-19 plays an important role in the formation of pathology in the genital area.

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