

## PSYCHIATRIC MORBIDITY AND RISK TAKING BEHAVIOUR IN STD

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This study compares the higher risk taking behaviour, mean number of sexual contacts in last 1 year and psychiatric morbidity in 117 consecutive patients attending SVD clinic with 2 groups of matched controls and discusses its importance on behavioural interventions strategy for the control of STD's including AIDS.

**Key Words :** High risk behaviour, Psychiatric morbidity, STD including HIV, Behavioural interventions

### Introduction

The association between high risk behaviour patterns and various sexually transmitted diseases including HIV has been reported in many studies.<sup>1</sup> Studies have also reported a high prevalence of psychiatric symptoms in patients with STDs. A question that arises here whether high risk behaviour patterns can be associated with some psychiatric disorders or conversely that persons with some underlying psychiatric disorders be prone to indulge in high risk behaviours and consequently be at a higher risk of contacting STDs. If this possibility holds true, then it can have profound implications on the STD and HIV prevention strategies.

In the present study we have compared the psychiatric morbidity and risk taking behaviour (promiscuity) of patients attending SVD clinic with 2 sets of controls.

### Materials and Methods

This study was conducted at Shree Krishna Hospital, attached to Pramukhswami Medical College. The total sample size was

351 comprising of 117 cases and 2 sets of equal number of controls matched for age, sex and marital status. These 3 groups were taken to compare the psychiatric morbidity and risk taking behaviour patterns. The cases comprised of all consecutive prospective STD patients attending skin and venereal diseases (SVD) clinic from January 1991 to December 1992. The first set of controls comprised of patients attending SVD clinic for non-STD complaints. The second set of controls were taken from healthy relatives accompanying patients to the clinics. The examination comprised of history taking, clinical examination and laboratory diagnosis for the presence of STDs and for any psychiatric illness. The psychiatric morbidity was assessed using DSM-III R.<sup>3</sup>

### Results

During the 2 year period of our study, 117 patients were examined comprising of 97 males and 20 females, of which 17 were unmarried and 100 were married. Their age ranged from 16 to 54 years. Majority (77%) were literates with education of primary standard and above.

The various diseases diagnosed were syphilis (52.1%), gonorrhoea (17.9%), chancroid (14.5%), lymphogranuloma

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**Table I.** Psychiatric morbidity and risk taking behaviour

Aspect	STD Patients 1	1st Control Group 2	2nd Control Group 3	Test of Significance
Psychiatric morbidity	52/117 (44.4%)	23/117 (19.7%)	10/117 (8.5%)	$X^2$ (1 & 2) = 16.50; $p < 0.001$ $X^2$ (1 & 3) = 38.71; $p < 0.001$ $X^2$ (2 & 3) = 5.96; $p < 0.05$
Promiscuity	117/117 (100%)	31/117 (26.4%)	24/117 (20.5%)	$X^2$ (2 & 3) # 1.16 $p > 0.1$
Mean number of sexual contacts in last 1 year	3.89	0.44	0.34	Bartlett's test shows variances in the sample to differ, hence mann-Whitney or Wilcoxon test (Kruskal Wallis test) has been used K-W (1 & 2) = 158.40 ; $p < 0.001$ K-W (1 & 3) = 165.26; $p < 0.001$ K-W (2 & 3) = 1.34; $p > 0.1$

venereum (2.6%), venereal warts (10.3%) and granuloma inguinale (2.6%). The psychiatric morbidity, history of extramarital relations including visits to prostitutes and the mean number of sexual contacts were significantly higher in STD patients as compared to both the control groups (Table I and II). None of the subjects was positive for HIV as per ELISA testing. A number of patients (76.9%) reported that their risk taking behaviour increased whenever the intensity of symptoms of their psychiatric illness increased and to seek relief from these symptoms they indulged in high risk behaviour. The severity of the psychiatric disorders was based on the psychological, social and occupational impairment in functioning, based on patients reporting and clinical examination.

### Comments

Sexual intercourse (specially heterosexual) is the major route of transmission of HIV. Various studies have suggested that STDs, particularly those which

cause genital ulceration can facilitate or are associated with the transmission of HIV. In the absence of any specific curative treatment of AIDS, behavioural interventions directed towards high risk groups, which may help reduce STD transmission (including AIDS)

**Table II.** Psychiatric disorders in the study and control groups

Psychiatric morbidity	STD Patients (N=117)	1st Set of Controls (N=117)	2nd Set of Healthy Persons (N=117)
Depression	15 (12.8%)	4 (3.4%)	1 (0.9%)
Anxiety	14 (12%)	6 (5.1%)	4 (3.4%)
Dysthymia	17 (14.5%)	11 (9.4%)	3 (2.6%)
MDP	3 (2.6%)	0 (0.0%)	0 (0.0%)
Substance Abuse	3 (2.6%)	2 (1.7%)	2 (1.7%)
Total	52 (44.4%)	23 (19.7%)	10 (8.5%)

seems to be indisputably the most important objective of the strategy to avert all the human, social and economic costs of HIV infection, which is life long and, believed to be ultimately fatal. Patients suffering from STD's are one such high risk group, both due to repeat risk of another STD episode,<sup>4</sup> as well as HIV contraction and transmission risk.<sup>5</sup>

The present study shows that both the high risk behaviour and the psychiatric morbidity was significantly more in the STD patients, as compared to the controls. The association between these 2 is further strengthened by the fact that the reported promiscuous behaviour increased whenever the intensity of psychiatric illness increased. May be, if prompt psychiatric help is made available to all patients attending STD clinics, their risk taking behaviour can be decreased. This association adds a new dimension in the overall prevention strategies available and needs to be verified further as it can have a major impact on the high risk behavioural changes strategies.

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