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Psychological distress and symptoms among patients attending sexually transmitted infections clinic in Lagos, Nigeria

Coker O.O[1], Coker A.O[2], Agiobu-Kemmer I[3]

[1]Medical Department, University of Lagos Medical Centre, University of Lagos, Akoka, Lagos, Nigeria
[2]Department of Behavioural Medicine, Lagos State University College of Medicine, Ikeja, Lagos, Nigeria
[3]Department of Psychology, University of Lagos, Akoka, Lagos, Nigeria

KEYWORDS

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ABSTRACT

Background
The study was carried out to investigate the manifestations of psychological distress and symptoms among individuals receiving treatment for sexually transmitted diseases and to compare them with individuals who were not suffering from sexually transmitted diseases.

Methods
Patients attending the sexually transmitted disease clinic of the Lagos State University Teaching Hospital, Ikeja, Lagos were recruited for this study; while the comparison group (n=50) was made up of participants attending the outpatient clinic of the University of Lagos Medical Centre, Akoka, Lagos. The participants completed the Symptoms Distress Checklist-90 (SLC-90) and Psychophysiological Symptoms Checklist (PSC).

Results
The findings showed that 80% were males. The ages of the respondents ranged from 22 to 52 years, with a mean of 31.4 years. The participants in the study group obtained higher mean scores on interpersonal sensitivity (C), depression (D), anxiety (E) and hostility (F). The participants in the study group also had higher mean score in the PSC than those in the control group. Significant differences were found in SLC-(B) obsessive-compulsive, (E) anxiety and (F) Hostility. Of the total participants, 15 (30%) of the study group had previous STI infections when compared to 3 (6%) of the comparison group.

Conclusion
It is suggested that clinicians running the sexually transmitted diseases should screen their patients for psychological disturbances and also work with mental health experts to provide psychological services for identified patients suffering from psychological distress among those attending the STI clinic.

Correspondence to:
Coker A.O
Senior Lecturer/Consultant Psychiatrist
Department of Behavioural Medicine,
Lagos State University College of Medicine,
Ikeja, Lagos, Nigeria
Email: cokerrotimi@gmail.com
Tel: (+234)8033267544

Introduction

Sexually transmitted Infections (STIs) are reported to be highly prevalent worldwide with an estimate of about 448 million new cases of curable STDs.[1] These reported cases of STIs also have serious public health and economic consequences.[2-3] Despite this high numbers, accurate estimates of incidence and prevalence of sexually transmitted infections in the world have been repeatedly reported to be elusive.[4] However, published literature demonstrated that individuals who seek treatment for sexually transmitted diseases experienced various degrees of psychological distress.[5-6] The reported prevalence rates of STI in the general population ranged from 5.2% to 21.3% [1,6] and for those in high risk groups, prevalence rates ranged from 22.0% to 51.0%.7-8 Common mental health illnesses such as generalised anxiety disorders, unipolar, bipolar and somatoform disorders have been reported

to make a significant contribution to the burden of disease and disability in developing countries.[9] These mental health disorders were also found to be responsible for up to 10% of the total global disease burden.[10] Recent reports also showed that at least a third of all patients seen in primary care settings in developing countries present with these common mental illnesses.[10-11] These comorbid psychopathologies are usually not recognised thus ineffectively treated. However, psychological symptoms such as low moods, panic, anxiety, hypochondriasis and depression were found to be common among patients receiving treatment for sexually transmitted illnesses.[11-13] Studies of the associations of STI and psychological morbidity remain unexplored in Nigeria and sub-Saharan countries. Both manual and electronic literature search showed very scanty reports from sub-Saharan countries. Many studies on the important association were carried out in Western countries. This study was therefore designed to determine the degrees of psychological distress and symptoms among patients attending a sexually transmitted disease clinic of a teaching hospital in Lagos, Nigeria and compare the findings with a control group of non-sufferers of sexually transmitted illnesses from another outpatient clinic of other physical diseases.

Materials and Methods

This study had a descriptive cross-sectional design. The study took place at the sexually transmitted illness (STI) clinic of the medical outpatients department of the Lagos State University Teaching Hospital, Ikeja (LASUTH), Lagos, Nigeria. The permission to carry out the study was sought from the Research and Ethics Committee of the hospital. Written informed consents were obtained from every participant of this study. Fifty consecutive patients who visited the STI clinic of the department of medicine of LASUTH were invited to take part in the study. Another fifty convenience consecutive participants were recruited from the medical outpatients' clinic of the University of Lagos, Medical Centre. The participants completed a questionnaire that collected data on sociodemographic details such as age, sex, education, previous STD infection and condom use. The participants also completed the Symptom Distress Checklist 90[14] and Psychophysiological Symptoms Checklist.[15] The Symptoms Checklist (SCL-90) is a 90-item inventory designed to assess [10] primary categories of symptoms associated with distress in medical and community settings. The ten categories are: somatisation, obsessive-compulsive behaviour, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychoticism and neuroticism. The Psychophysiological Symptoms Checklist (PSC) was designed to measure stress reaction among those various clinical populations. It is a 50-item inventory that has a 5-point Likert-typed response format. The PSC and SCL-90 had been widely used in university and community based studies in Nigeria.[16-17]

Data analysis

Data collected was analysed with the aid of the Statistical Package for Social Sciences (SPSS) version 15.0.1. Continuous variables were expressed as means and standard deviation. One-way Analysis of variance (ANOVA) was used to find out if there were significant

differences among the two groups of respondents in all the eleven psychometric measures. A p value < 0.05 was taken as significant.

Results

Of the one hundred participants that were surveyed, 40 (80.0%) were males while 10 (20%) were females. The ages of the respondents ranged from 22 to 52 years, with a mean of 31.4 years. Majority of the respondents, 36 (72.4%) were single and 12 (24%) were married. Approximately half of the respondent population 26 (52.2%) had higher education while 20 (40%) had secondary school completed as shown in Table I. With regards to psychopathological reactions, the mean scores and standard deviations of the 10 scales of the SCL-90 and PSC were computed. The results are reflected in Table II. The Summary of one-way ANOVA in comparing the two groups on the 11 psychological measures was shown in Table III.

Table I: Sociodemographic details of the participants

Variable	Frequency	Percent (%)
Age		
16-24	22	44
25-34	10	20
35-44	8	16
45-54	5	10
55-64	5	10
Sex		
Male	40	80
Female	10	20
Educational status		
No education		
Primary school completed	4	8
Secondary school completed	20	40
Tertiary education completed	26	52
Marital status		
Single	36	72
Married	12	24
Separated/ Divorced	2	4

Table II: Mean scores (x) and standard deviation (SD) of the two groups on II psychometric measures.

	Group I (n=50)		Group II (n=50)	
SN	**(X)**	**(SD)**	**(X)**	**(SD)**
SCL-90				
A	9.46	5.35	7.68	7.84
B	11.08	5.46	7.46	7.04
C	14.48	9.71	7.68	7.83
D	26.46	45.26	8.00	8.16
E	10.74	6.20	6.74	8.36
F	10.24	6.01	2.26	3.12
G	1,14	4.07	2.14	3.30
H	4.84	3.94	4.70	5.80
I	1.12	5.42	3.54	5.29
J	8.10	6.27	4.44	5.98
PSC	**43.70**	**27.29**	**26.04**	**23.60**

Table III: Summary of one-way ANOVA in comparing the two groups on the 11 psychological measures

Measures	Between Groups	Within Groups	Total	Feal
SS		MS		
SCL-90				
A	3213.56	1406.91	4620.48	91
B	1233.03	141.167	1374.20	3.24*
C	1092.34	371.33	1463.68	1.17
D	24123.07	76255.33	100378.42	.12
E	1633.45	252.167	1885.62	2.59*
F	1572.20	98.917	1771.12	3.16*
G	415.35	396.66	812.02	.41
H	642.25	122.167	764.42	2.10
I	788.61	652.66	1441.28	.48
J	1449.50	477.00	1936.50	1.21
PSC	668.52	334.26	73515.94	0.66

Discussion

This study sought out to investigate the psychological distress and symptoms among patients attending the sexually transmitted illnesses clinic of the medical department of the Lagos State University Teaching Hospital, Lagos, Nigeria and compared them with patients attending the outpatients' clinic of the Medical Centre of the University of Lagos, Lagos, Nigeria. The findings of this study showed that participants in the study group obtained higher mean scores on interpersonal sensitivity (C), depression (D), anxiety (E) and hostility (F) when compared with participants in the control group. The participants in the study group also scored higher in the PSC when compared to those in the control group. However, participants in the control group obtained higher mean scores on phobic anxiety (G) and psychotism (I) scales. Significant differences were found in three out of the 11 psychometric measures and these were (B) obsessive-compulsive, (E) anxiety and (F) Hostility. These findings appear to be in consonance with findings of similar studies from other countries. For example One Australian study showed that 44% of their patients with STI had psychological distress.[18] Another study from Pakistan showed that 34% of total sexually transmitted disease patients had mental health disorders. Anxiety disorder (11.2%) was found to be most common, followed by depressive disorder (8.4%), psychoactive substance use disorder (6.8%), sexual dysfunction (6.8%), bipolar mood disorder (0.4%), and schizophrenia (0.4%).[18] In a similar manner, Osborn et al18 reported that more than 50% of their respondents had significant levels of increased anxiety. However, Erbelding et al[19] found that 39.2% of their respondents in the STI clinic had depression and women were found to suffer more from depression. They concluded that symptoms of depression were extremely high among STI patients, which may compromise the success of risk reduction counselling.

The possible explanation for the manifestations of psychological distress and psychiatric symptoms could be due to social stigma associated with STIs, embarrassment and shame of visiting an STI clinic; physical and emotional pain associated with STI, possibility of transmitting sexually transmitted illnesses to partners, fear of infertility, the negative belief that certain forms of STIs are incurable or fear of death may have led to these high scores.5,18-19 Some individuals who are suffering from mental health disorders such as mania, personality disorders or grandiose delusions may easily contract sexual infection due to lack of control over their impulsive sexual desires or behaviour.[20-23] If these associated psychopathologies are not detected early, it could prolong recovery period or even worsen the disease conditions. However, In order to alleviate the psychological distress associated with STIs, sessions of cognitive behaviour therapy were observed to reduce the distress and also facilitate change in risk behaviour.24 This study is not without its shortcomings; they include its small sample size and specific prevalence of each psychiatric disorder was not determined. Likewise, specific diagnoses of the STI being treated were not included. Nonetheless, in spite of these limitations, the study was able to add to the body of knowledge as regards comorbidity between psychopathology and STI. However, future researches should be directed at replicating this study with larger samples in different hospitals

throughout Nigeria.

Conclusion

The findings of this study demonstrated that participants experienced various degrees of psychological distress and psychiatric symptoms. We therefore suggest that clinicians running STI clinics should screen patients with simple psychometric instruments for psychological distress and psychiatric symptoms. Thus, early discovery and management of associated psychopathology in these patients may enhance lifestyle change and quick alleviation of emotional symptoms associated with STI. Dermatologist should also collaborate with mental health experts to provide psychological services alongside dermatological services.

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