

Incidence and Pattern of Venereoneuroses: A Retrospective Study

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Abstract

Introduction: Venereoneuroses is an emotional illness, in which a person experiences strong feelings of fear or worry with respect to sexually transmitted infections (STIs).

Aim: To study the incidence and pattern of venereoneuroses.

Materials and Methods: A retrospective study of people attending our department with some psychological morbidity in relation to STIs. Our study group included 87 patients. All were males. There was no female or transgender.

Results: The highest incidence was seen in the age group of 25-29 years. Most of them were heterosexuals. The number of contacts was highest in the age group of 25-29 years. In the majority of patients, the partner was a known person. In the present study, two patients developed suicidal tendency.

Conclusion: The incidence of STIs may be coming down, but the fear is increasing day by day. Hence, after ruling out all STIs, the patient must be counseled and convinced to prevent suicidal tendencies.

Key words: Acquired immune deficiency syndrome phobia, Syphiliphobia, Venereoneuroses

INTRODUCTION

Venereoneuroses are those neuroses that manifest with exposure to infection, including over reaction to infection, venereophobias and abnormal disease convictions and factitious sexually transmitted diseases (STDs), and acquired immune deficiency syndrome (AIDS).¹ The syphiliphobia of yesteryears has become AIDS phobia now.

MATERIALS AND METHODS

This study was done in Coimbatore Medical College and Hospital, Coimbatore. A retrospective study was done on people attending our department with some fear of sexually transmitted infections (STIs). Period of the study was from May 2012 to Jan 2015.

Inclusion Criteria

1. All those who had some exposure risk
2. All those who had some mental agony regarding STI

Table 1: Educational status

Age	Primary	Up to +2	College	Professional	Total
<20		2	1		3
21-24	1	11	10	1	23
25-29	3	14	16	1	34
30-34	0	6	3		9
35-39	1	4	7		12
40-44		1	2		3
>45		3			3
Total	5	41	39	2	87

Table 2: Age-wise analysis

Age	Total
<20	3
21-24	23
25-29	34
30-34	9
35-39	12
40-44	3
>45	3
Total	87

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Table 3: Occupation

Age	Student	Daily wages	Skilled	Service provider	Professional	Self-employed	Total
<20	1	2					3
21-24	1	8	2		7	5	23
25-29	3		4	9	11	7	34
30-34				7		2	9
35-39		1	2			9	12
40-44				3			3
>45				1		2	3
Total	5	11	8	20	18	25	87

Table 4: Marital status

Age	Married	Unmarried
<20		3
21-24	4	19
25-29	27	7
30-34	7	2
35-39	12	
40-44	3	
>45	3	
Total	56	31

Table 5: Sexual behavior

Age	Heterosexual	Male sex with male	Bisexual	Total
<20	2	1		3
21-24	19	3	1	23
25-29	33		1	34
30-34	9			9
35-39	10	2		12
40-44	3			3
>45	3			3
Total	79	6	2	87

Table 6: Sexual activity

Age	Genital	Oral		Anal		MM	Total
		I	R	I	R		
<20	2		1				3
21-24	19	2		1	1		23
25-29	33		1				34
30-34	9						9
35-39	10		2				12
40-44	3						3
>45	3						3
Total I	79	2	4	1	1		87

I: Insertive, R: Receptive, MM: Mutual masturbation

Table 7: Number of contacts

Age	Single	2-3	>3	Total
<20	3			3
21-24	19	4		23
25-29	27	5	2	34
30-34	7	2		9
35-39	10	1	1	12
40-44	1	2		3
>45	1	1	1	3
Total I	68	15	4	87

Table 8: Type of partner

Age	Known	Casual	Sex worker	Total
<20	1	1	1	3
21-24	4	8	11	23
25-29	21	8	5	34
30-34	5		4	9
35-39	7	2	3	12
40-44			3	3
>45	1	1	1	3
Total I	39	20	28	87

- or human immunodeficiency virus (HIV)
- 3. Who had symptoms related to genitals without any clinically or investigation wise proven STIs.

Exclusion Criteria

All those who had any clinical or serological evidence of STI/HIV.

RESULTS

A total number of 87 cases presented with this condition. All of them were males. There was no female or transgender. The highest incidence was seen in the age group of 25-29 years. The majority of patients with this condition had either done only schooling or had studied up to college. The majority of patients were self-employed. In this group, 56 patients were married and 31 unmarried. Most of the patients were heterosexuals. The sexual activity was mainly genital. The number of contacts was mostly single, and it was with a known partner. In the majority of patients, the protection status was only occasional. Two patients developed suicidal tendency (Tables 1-8).

DISCUSSION

Very few studies have been done on this subject. A morbid fear of syphilis has been present in the human race ever since the great plague of the early 16th century.² The problem often significantly impairs the quality of life. It can cause personal distress and keep people apart from loved ones and business associates. Syphiliphobia is created by the unconscious mind as a protective mechanism. Dr. Ida

Mc Alphine, who outlined seven case studies in her report argued that syphilophobia and venereophobia are not unitary conditions but rather non-specific symptoms of a range of psychiatric disorders. In Mc Alphine study, among 24 cases of venereophobia only one was female.³ In another study out of 24 cases, there were 14 males and 10 females.⁴ In our study, out of 87 cases, there were no females. In a study by Kousch, 2 case reports of suicidal tendency have been reported in patients with AIDS phobia.⁵ In our study also, 2 patients presented with suicidal tendency.

CONCLUSIONS

Classical STDs are coming down. AIDS has come down to the earth. The initial message about the killer effect of the disease is still there. The media and easy availability of information have produced more fear than clearing doubts.

There comes the ordeal of tackling these persons. Are we really equipped to handle these so-called venereoneuroses the term used by our specialty people? It needs counseling and convincing the person. Some develop suicidal tendency. In our study, two patients developed this tendency. We should think about having a link with psychiatrists also.

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