The varied presentations of dhat syndrome

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Dear Sir,

I read with interest the paper titled ‘dhat syndrome, an emergent condition within urology in Spain’ published in your journal on July 27, 2012 (Epub ahead of print), by Menendez and colleagues [1]. The authors described a study on patients seeking urologic consultation with complaints of loss of semen. They have described on two occasions that there was no suggestion of depression in any of these patients. However, there is no mention of any standard questionnaire or scale being applied, or of a psychiatry consultation being taken to confirm the same. Given that 32 patients complained of loss of semen and authors report that none of them suffered from depression is hard to accept. It only reflects the fact that depression was not actively looked for as various studies have suggested depression to be the commonest comorbidity and figures varying from 40 to 66 % have been quoted [2–4]. Similarly, a number of other psychiatric disorders such as anxiety and somatoform disorders might have been missed. This is particularly important because in patients with comorbid depression, antidepressants and other measures aimed at treating depression might have a significantly greater role than those without comorbid depression. Mere education regarding the misconceptions might not help those with comorbid depression and may unnecessarily prolong their misery. This issue is especially important keeping in mind the aim of the authors while publishing the paper. The authors have said that the purpose was to bring to the notice of urologists the existence of dhat syndrome in Spain. In this context, it is important not to send this wrong

message. Rather, the message to be driven home is to actively look for psychiatric comorbidity, particularly depression and to judiciously use antidepressants and other measures used in the treatment of depression wherever necessary. The other issue was regarding the definition of dhat syndrome. Although several authors consider loss of semen in urine as dhat syndrome, a number of others consider loss through any route [5]. In this context, patients with loss of semen during masturbation constitute a significant subset. Many of them might present with vague somatic, urologic or sexual symptoms requiring urologic consultation in the absence of complaints of passage of semen in urine. This history of masturbatory guilt is often not spontaneously reported and may not be elicited unless specifically asked for. This information was perhaps not collected from the study sample and has not been highlighted in the discussion or conclusions. Again, keeping in mind the purpose of the paper, this is another important message to be conveyed to the readers.

Conflict of interest None.

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