
Profound disturbances of sexual health in patients with acne inversa

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Background: Acne inversa (AI) leads chronically to painful eruptions and extensive scarring in predominantly intimate areas. We hypothesized an impairment of sexual life caused by the disease.

Objectives: By means of validated questionnaires, sexual health and quality of life were assessed in patients with AI and in healthy control subjects.

Methods: A self-administered questionnaire was given to 85 voluntary study participants. In all, 45 women (24 patients vs 21 control subjects) and 40 men (20 patients vs 20 control subjects) were enrolled in the study. The Female Sexual Function Index, the International Index of Erectile Function, and the Frankfurt Self-Concept Scale for Sexuality were used to assess sexual health. Quality of life was measured with the Dermatology Life Quality Index.

Results: This study demonstrated, for the first time to our knowledge, that patients with AI have sexual dysfunctions and sexual distress in comparison with matched control subjects. Sexual distress was particularly higher in female than in male patients with AI. Surprisingly, severity of cutaneous alterations correlated neither with sexual dysfunctions nor with sexual distress. However, the sexual dysfunction and sexual distress negatively correlated with the quality of life in female patients with AI who had a lower quality of life compared with gender-matched control subjects and male patients.

Limitations: Small sample size is the main limitation of this study.

Conclusions: Sexual health is diminished in patients with AI. We underscore the need for physicians to implement attention on the impact of AI on sexual health and quality of life when treating patients for this disease. (J Am Acad Dermatol 2012;67:422-8.)

Key words: Dermatology Life Quality Index; Female Sexual Function Index; Frankfurt Self-Concept Scale for Sexuality; hidradenitis suppurativa; International Index of Erectile Function; sexual dysfunction; sexual health.

Acne inversa (AI), also referred to as “hidradenitis suppurativa,” is a chronic inflammatory disease of terminal hair follicles, which affects the intertriginous skin of axillary, perianal, and inguinal sites.^{1,2} It is estimated that AI affects 1% to 4% of the general population.^{3,4} Apart from the clinical symptoms such as pain, swelling, and oozing, AI has a profound impact on the patient's quality of life.⁵⁻⁹ Matusiak et al,⁷ von der Werth⁵ and Jemec³

Abbreviations used:

AI:	acne inversa
BMI:	body mass index
DLQI:	Dermatology Life Quality Index
FKKS SSEX:	Frankfurt Self-Concept Scale for Sexuality
FSFI:	Female Sexual Function Index
IIEF:	International Index of Erectile Function

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showed that patients with AI have a significantly lower quality of life, compared with patients with other chronic skin diseases, such as acne vulgaris,¹⁰ psoriasis,^{11,12} atopic dermatitis,¹³ alopecia,¹⁴ Darier disease,¹⁵ and morbus Hailey-Hailey.¹⁵

Although the affected body regions are intimate, the effect of AI on sexual health, as an integral part of quality of life, is an underexplored area.

In dermatology, only a few studies on sexual function and chronic skin diseases have been carried out. Examples are psoriasis vulgaris,¹⁶⁻¹⁸ atopic dermatitis,¹³ chronic hand eczema,¹⁹ vitiligo, and chronic urticaria.²⁰ To our knowledge, the degree of sexual dysfunction in patients with AI is unknown, until today.

The aim of the study was to explore the impairment of quality of life in our German population of patients with AI and, for the first time to our knowledge, investigate sexual health in patients given a diagnosis of AI.

METHODS

We conducted a case-control study with a prospective observational cross-sectional design. Approval for this study was obtained from the Charité Ethics Committee (EA1/271/09).

Patients

In all, 44 patients (24 women, 20 men) given a diagnosis of AI were included in our study. All patients with AI enrolled in the study: (1) visited the Department of Dermatology, University Hospital Charité, Berlin, Germany, from August 2009 to August 2010; (2) gave written informed consent; and (3) fulfilled the following inclusion criteria: age of at least 18 years, a diagnosis of AI, and absence of any malignant, psychiatric, and/or hormonal disorders.

The diagnosis of AI was primarily made on the basis of the characteristic clinical presentation and had to meet the diagnostic criteria adopted by the Second International Conference on hidradenitis suppurativa, March 5, 2009, San Francisco, CA.²¹ A standardized data form was used for each patient to record demographic characteristics, details of the course of the disease (eg, age at onset, region at onset, duration of the disease), and details of the lesions. Disease severity was assessed by the

Sartorius score.^{22,23} A higher score indicates greater severity of the disease.

Control group

The patients were compared with control subjects without AI matched for age, sex, and body mass index (BMI) (matched pairs), who were selected randomly as healthy volunteers from the population. Control subjects aged 18 years or older were eligible for inclusion. They were informed about the purpose and anonymity of the study and signed the informed consent, as well. We recruited 41 control subjects (21 women, 20 men).

Questionnaires

Subsequent to the clinical evaluation, the following 4 self-administered questionnaires were given to the patients and control subjects to measure their sexual health and quality of life (Supplemental Table S1; available at <http://www.jaad.org>):

Female Sexual Function Index. The Female Sexual Function Index (FSFI)²⁴ contains 19 questions that describe the female sexual function in 6 domains. The domains are: desire, arousal, lubrication, orgasm, satisfaction, and pain, which can both be evaluated individually and in their entirety. Calculations were performed as previously described by Rosen et al.²⁴ Any missing response resulted in the questionnaire being excluded from the final calculation of the questionnaire, according to the FSFI manual. Higher scores indicate a good sexual function (range 2-36).²⁴

International Index of Erectile Function 15. The International Index of Erectile Function (IIEF)²⁵ contains 15 questions that were assigned in 5 domains of male sexuality: erectile function, orgasmic function, sexual desire, intercourse satisfaction, and overall satisfaction. The 5 domains are each set up by a different cluster of items and summing the scores for individual items computes domain scores.²⁵ Any missing response resulted in the questionnaire being excluded from the final calculation of the questionnaire, according to the IIEF manual. Higher scores indicate a good sexual function (range 5-75).

Frankfurt Self-Concept Scale for Sexuality. Frankfurt Self-Concept Scale for Sexuality (FKKS SSEX)²⁶ measures to what extent the individual has difficulties with their sexuality, how much the individual is concerned about their sexuality, if one feels

CAPSULE SUMMARY

- Acne inversa has a detrimental impact on quality of life. To our knowledge, sexual health has never been analyzed in these patients.
- Patients with acne inversa experience a high level of sexual dysfunction.
- Counseling for sexual health should be established for these patients to improve their general health and quality of life.

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