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## Original article

# Substance use and sexual function in juvenile idiopathic arthritis



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## ABSTRACT

**Objective:** To evaluate alcohol/tobacco/illicit drug use and sexual function in adolescent juvenile idiopathic arthritis (JIA) and healthy controls.

**Methods:** 174 adolescents with pediatric rheumatic diseases were selected. A cross-sectional study with 54 JIA patients and 35 controls included demographic/anthropometric data and puberty markers assessments, physician-conducted CRAFFT (car/relax/alone/forget/friends/trouble) screen tool for substance abuse/dependence high risk and a questionnaire that evaluated sexual function, bullying and alcohol/tobacco/illicit drug use. Clinical/laboratorial data and treatment were also assessed in JIA.

**Results:** The median current age was similar between JIA patients and controls [15(10–19) vs. 15(12–18) years,  $p=0.506$ ]. Frequencies of alcohol/tobacco/illicit drug use were high and similar in both JIA and controls (43% vs. 46%,  $p=0.829$ ). However, age at alcohol onset was significantly higher in those with JIA [15(11–18) vs. 14(7–18) years,  $p=0.032$ ], particularly in polyarticular onset ( $p=0.040$ ). High risk for substance abuse/dependence (CRAFFT score  $\geq 2$ ) was found in both groups (13% vs. 15%,  $p=1.000$ ), likewise bullying ( $p=0.088$ ). Further analysis of JIA patients regarding alcohol/tobacco/illicit drug use showed that the median current age [17(14–19) vs. 13(10–19) years,  $p<0.001$ ] and education years [11(6–13) vs. 7(3–12) years,  $p<0.001$ ] were significant higher in those that used substances. Sexual activity was significantly higher in the former group (48% vs. 7%,  $p<0.001$ ). A positive correlation was evidenced between CRAFFT score and current age in JIA patients ( $p=0.032$ ,  $r=+0.296$ ).

**Conclusion:** A high risk for substance abuse/dependence was observed in both JIA and controls. JIA substance users were more likely to have sexual intercourse. Therefore, routine screening is suggested in all visits of JIA adolescents.

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## Uso de substâncias e função sexual na artrite idiopática juvenil

### R E S U M O

#### Palavras-chave:

Álcool  
Tabaco  
Drogas ilícitas  
Bullying  
Artrite idiopática juvenil

**Objetivo:** Avaliar o uso de álcool/tabaco/drogas ilícitas e a função sexual em adolescentes com artrite idiopática juvenil (AIJ) e controles saudáveis.

**Métodos:** Selecionaram-se 174 adolescentes com doenças reumatológicas pediátricas. Fez-se um estudo transversal com 54 pacientes com AIJ e 35 controles. Foram feitas avaliações de dados demográficos/antropométricos e marcadores da puberdade; a escala de triagem CRAFFT (carro/relaxar/sozinho/esquecer/amigos/problemas) foi aplicada por um médico para determinar o alto risco de uso abusivo/dependência de substâncias. Um questionário avaliou a função sexual, a ocorrência de *bullying* e o uso de álcool/tabaco/drogas ilícitas. Também foram avaliados dados clínicos/laboratoriais e de tratamento da AIJ.

**Resultados:** A idade média atual foi semelhante entre pacientes com AIJ e controles [15 (10 a 19) vs. 15 (12 a 18) anos,  $p=0,506$ ]. As frequências de uso de álcool/tabaco/drogas ilícitas foram elevadas e semelhantes entre pacientes com AIJ e controles (43% vs. 46%,  $p=0,829$ ). No entanto, a idade em que começou a usar álcool foi significativamente maior naqueles com AIJ [15 (11 a 18) vs. 14 (7 a 18) anos),  $p=0,032$ ], em particular na doença de início poliarticular ( $p=0,040$ ). Encontrou-se um alto risco de uso abusivo/dependência de substâncias (pontuação no CRAFFT  $\geq 2$ ) em ambos os grupos (13% vs. 15%,  $p=1,000$ ), do mesmo modo que o *bullying* ( $p=0,088$ ). Uma análise mais aprofundada dos pacientes com AIJ em relação ao uso de álcool/tabaco/drogas ilícitas mostrou que a idade média atual [17 (14 a 19) vs. 13 (10 a 19) anos,  $p<0,001$ ] e os anos de escolaridade [11 (6 a 13) vs. 7 (3 a 12) anos,  $p<0,001$ ] foram significativamente maiores naqueles que usaram substâncias. A atividade sexual foi significativamente maior no primeiro grupo (48% vs. 7%,  $p<0,001$ ). Foi evidenciada correlação positiva entre a pontuação na escala CRAFFT e a idade atual dos pacientes com AIJ ( $p=0,032$ ,  $r=+0,296$ ).

**Conclusão:** Observou-se um alto risco de uso abusivo/dependência de substâncias em pacientes com AIJ e controles. Os usuários de substâncias que têm AIJ são mais propensos a ter relações sexuais. Portanto, sugere-se a triagem de rotina em todas as consultas de adolescentes com AIJ.

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## Introduction

Adolescence is an important phase to develop a positive body image, to establish social relationships, to achieve independence and sexual identity. Some of the biggest problems during this period in healthy adolescents are substance misuse,<sup>1,2</sup> precocious sexual activity, reduced use of contraceptive methods and higher risk of sexually transmitted infections.<sup>3</sup>

In addition, the use of alcohol, tobacco and illicit drugs seems to be relevant in adolescents with chronic conditions, that may lead to addiction<sup>1</sup> and high-risk sexual behavior.<sup>2,3</sup> Smoking provoke cardiovascular disease and alcohol intake can induce liver damage in patients with autoimmune diseases under methotrexate therapy.<sup>3</sup> The substance use in chronic conditions may also induce poor adherence to medical treatment, resulting in disease activity and decrease health-related quality of life.

Adolescents may also suffer from bullying victimization, particularly those with chronic diseases.<sup>4</sup> However, these issues have not been investigated simultaneously in an adolescent juvenile idiopathic arthritis (JIA) population.

Therefore, the aims of the present study were to evaluate alcohol, tobacco and/or illicit drug use in adolescent JIA patients and healthy controls. The possible associations between the use of the aforementioned substances in JIA patients and: demographic data, puberty markers, sexual function, bullying, JIA clinical parameters and treatments were also assessed.

## Materials and methods

### Patients and controls

We included all 174 adolescent outpatients (current age 10–19 years according to World Health Organization criteria) with pediatric rheumatic diseases followed at the Pediatric Rheumatology Unit of our University Hospital. These patients were selected between February to June 2014. Out of them, 55 JIA adolescents were approached and recruited for this study. The exclusion criterion was refusal to participate in this study. Both patients and controls had no apparent psychiatric disorders according the physician evaluation. One patient was excluded due to autism. Therefore 54 adolescents with JIA according to International League Against

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