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Original article

Prevalence of sexual dysfunction among female patients followed in a Brasília Cohort of early rheumatoid arthritis



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ABSTRACT

Objective: To determine the prevalence of sexual dysfunction in women diagnosed with early rheumatoid arthritis (RA) (less than one year of symptoms at the time of diagnosis), as well as to evaluate the possible association between sexual dysfunction with AR activity and functional disability.

Methods: Cross-sectional study assessing women diagnosed with early RA, accompanied per protocol in the Brasília Cohort, Hospital Universitário de Brasília. Demographics, disease activity index (Disease Activity Score 28 – DAS 28) and functional disability questionnaire (Health Assessment Questionnaire – HAQ), were obtained by direct interviews. The Female Sexual Function Index (FSFI) was used questionnaire which contains 19 items that assess six domains: sexual desire, sexual arousal, vaginal lubrication, orgasm, sexual satisfaction and pain.

Results: 68 patients studied, of whom 54 (79.4%) reported sexual activity in the last four weeks. The participants were 49.7 ± 13.7 (mean \pm SD) years old and the majority were married (61.4%). The mean DAS 28 was 3.6 ± 1.5 and the mean HAQ was 0.7. The prevalence of sexual dysfunction (FSFI ≤ 26) was 79.6%. There was no association of disease activity or of functional disability with the occurrence of sexual dysfunction in the female patients evaluated.

Conclusion: The prevalence of sexual dysfunction found in this study was higher than that reported in the literature in healthy women. A knowledge of the extent of the problem is needed to provide adequate therapeutic options for these patients.

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Prevalência de disfunção sexual entre pacientes acompanhadas na coorte Brasília de artrite reumatoide inicial

R E S U M O

Palavras-chave:

Disfunção sexual
Sexualidade
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Objetivo: Determinar a prevalência de disfunção sexual em mulheres com diagnóstico de artrite reumatoide (AR) inicial (menos de um ano de sintomas ao diagnóstico), bem como avaliar a possível associação entre disfunção sexual com atividade da AR e incapacidade funcional.

Métodos: Estudo transversal, que avaliou mulheres com diagnóstico de AR inicial, acompanhadas de forma protocolar na coorte Brasília, no Hospital Universitário de Brasília. Dados demográficos, índice de atividade da doença (Disease Activity Score 28 – DAS 28) e dados do questionário de incapacidade funcional (Health Assessment Questionnaire – HAQ) foram obtidos por entrevistas diretas. Usou-se o índice de função sexual feminina (Female Sexual Function Index – FSFI), questionário que contém 19 itens que avaliam seis domínios: desejo sexual, excitação sexual, lubrificação vaginal, orgasmo, satisfação sexual e dor.

Resultados: Foram estudadas 68 pacientes, das quais 54 (79,4%) relataram atividade sexual nas últimas quatro semanas. A média de idade foi de $49,7 \pm 13,7$ anos e a maioria era casada (61,4%). O DAS-28 médio foi de $3,6 \pm 1,5$ e a média do HAQ foi de 0,7. A prevalência de disfunção sexual (FSFI ≤ 26) foi de 79,6%. Não houve associação de atividade de doença nem de incapacidade funcional com a ocorrência de disfunção sexual nas pacientes avaliadas.

Conclusão: A prevalência de disfunção sexual encontrada neste estudo foi superior à relatado na literatura em mulheres saudáveis. Há necessidade de conhecimento da extensão do problema para oferecer possibilidades terapêuticas adequadas aos pacientes.

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Introduction

Rheumatoid arthritis (RA) is a systemic chronic and progressive disease that preferentially affects the synovial membrane of joints and can lead to bone and cartilage destruction.^{1,2} The disease leads to various degrees of disability and has a profound impact on the social, economic and psychological aspects of the patient's life.³

Sexual function (FS) is a major component of quality of life, with higher amplitude than sexual intercourse itself.^{4,5} Sexual expression is a crucial part of the individual's own identity, and therefore important in all stages of health and disease.⁶ A full sexual functioning consists in the transition between phases, from excitement to relaxation, with pleasure and satisfaction.⁷ Sexual dysfunction (SD) is defined as the inability to participate in the sexual act with satisfaction, compromising the desire and/or arousal and/or orgasm.⁴ Sexuality influences behavior and defines gender roles; and both in the physical and psychological sense, becomes part of the lifestyle of the individual of all ages.³ SD not only compromises sexual satisfaction, but also overall life satisfaction, determining a lower quality of life, low self-esteem, depression, anxiety and prejudice in interpersonal and partner relationship.⁴ The main risk factors for SD have organic, psychosocial and sociodemographic origin, with emphasis on age, family income and education.^{4,8} Some authors suggest

that female sexual dysfunction sometimes reaches more than 40% of women.⁹

Competence, motivation and sexual expression are decreased in patients with RA.¹⁰ Most of the sexual problems experienced by these patients are related to disease activity, pain, loss of joint motion, functional disability, or fatigue.¹¹ Other factors include depression, anxiety, loss of self-esteem and difficulty in discussing the disease.¹¹ The percentage of patients with arthritis who experience sexual problems varies across studies, from 31 to 76%.^{4,7,10-12}

The two main fields of sexual problems experienced by patients with RA are: difficulty in performing the sexual act (sexual disability) and decreased sex drive, reflected both in sexual desire and in a decreased sexual satisfaction. Sexual incapacity is manifested by problems such as joint pain and fatigue during intercourse, presented by 50–61% of patients with RA. Difficulty in assuming certain positions when hip or knee movements are limited and dyspareunia due to vaginal dryness in secondary Sjögren's syndrome are observed. Decreased sex drive is manifested by a decreased desire in 50–60% of patients with RA, and by a low frequency of sexual intercourse in 73% of patients.^{3,7,13}

Although SF's commitment is a major problem for patients diagnosed with RA, adequate information on this subject are scarce.³ Sexuality is rarely addressed in questionnaires on quality of life or during interviews between doctor and patient.

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