



Disponible en ligne sur

ScienceDirect
www.sciencedirect.com

Elsevier Masson France

EM|consulte
www.em-consulte.com



ORIGINAL ARTICLE

Sexual dysfunction and chronic illness. Part 1. Epidemiology, impact and significance^{☆,☆☆}



M.-H. Colson

Faculty of Medicine, 63, cours Pierre-Puget, 13006 Marseille, France

Available online 8 February 2016

KEYWORDS

Chronic disease;
Sexual dysfunctions;
Sexuality;
Couple;
Sexual challenge;
Quality of life

Summary Chronic disease and disability affects 20% of the world population. Although prevention is much more prevalent today than in the past, screening and follow-up of these diseases, their consequences on sexuality and more broadly speaking, on the relationship between the subject and his/her partner, are still all too often underestimated and insufficiently managed. *Objective.* – Our objective is to investigate the importance of sexual dysfunctions in patients suffering from chronic pathologies, both in epidemiological terms and with regard to their psychological impact, effects on their relationships and their quality of life.

Methodology. – Review of the scientific literature published since 1997 (Pubmed, Psych'info, Webscience).

Results. – Patients suffering from a chronic disease are more frequently affected by sexual dysfunctions than a control group. Not only is the prevalence of sexual disorders higher, but the dysfunctions also carry more serious consequences from an emotional and interpersonal standpoint and on the subject's quality of life. Improvements in, or better compliance with the constraints of the disease and/or its treatment are very often directly correlated with management of the sexual difficulties where they exist, and improvements in that area.

© 2016 Published by Elsevier Masson SAS.

DOI of original article: <http://dx.doi.org/10.1016/j.sexol.2016.01.008>.

[☆] La version en français de cet article, publiée dans l'édition imprimée de la revue, est également disponible en ligne : <http://dx.doi.org/10.1016/j.sexol.2016.01.008>.

^{☆☆} This article is the first in a series of two. The second article will look more specifically at how sexual distress is managed in the population of patients suffering from chronic disease and disability.

E-mail address: marie.helene@colson.fr

<http://dx.doi.org/10.1016/j.sexol.2016.01.007>

1158-1360/© 2016 Published by Elsevier Masson SAS.

Introduction

The social challenge of chronic disease (CD) is now accepted as a fact of life, responsible for nearly two-thirds of annual deaths throughout the world, and where environmental concerns are suspected by the WHO of significantly affecting more than 80% of the main diseases (Prüss-Üstün and Corvalán, 2006). Chronic disease does not just affect the patient either, it also affects the patient's close circle of family and friends, and more generally speaking, the whole of our health system.

The sexual consequences of a disease are amongst the most difficult to live through and overcome. And yet they are all too often underestimated and poorly managed by the health professionals, resulting in a situation of silent anguish for the patient.

The societal burden of chronic disease and disability

Definitions

Defining chronic disease is a complex matter, knowing that the definition and its criteria will be the basis of our estimates of its consequences and challenges, in addition to public health decisions to set up a health system to cope with it. The generally accepted definition is that chronic diseases are long-term, non-communicable medical conditions that do not go away on their own and can rarely be cured (Center for Disease Control and Prevention, 2009). International definitions include two additional parameters: the duration of the condition, lasting at least three months, and likely to persist, and its impact on the subject's personal life. Since 2004 (Perrig-Chiello and Darbellay, 2004), the concept of perceived health would seem to be best suited to describe the impact and the limitations resulting from the chronic disease, for the individual him/herself, the family circle, but also more broadly in terms of consequences for society, necessary medical and paramedical care, or unfitness for work (Perrin et al., 1993).

Frequency

In France, 28 million people undergo long-term medical treatment, 9 million are registered with a long-term medical condition, and the number of people affected by a chronic disease, a disability or a situation of dependency is estimated at 15 million, i.e. 20% of the total French population (Briaçon et al., 2009).

The number of people suffering from chronic disease in France increases at a very regular pace, as is the case in all of the developed countries. The global ageing of the population in developed countries and improved screening cannot fully explain the growing numbers of patients affected by a chronic disease. For example, the number of people aged 60 or more in France has risen from 21.1% in 2003 to 23.1% in 2011, but the number of people suffering from chronic disease has increased 4 to 5 times faster (Cicoletta, 2013). This situation is due to the fact that screening has been extended to larger populations, diagnostic procedures are more

sensitive and reliable, there is more therapeutic innovation and better treatments. All these factors together have significantly increased the numbers and life-expectancy of people living with a chronic disease. The impact and cost of chronic disease is increasingly high in developed countries, but the effects of chronic disease can even be found today in low-income or intermediate countries, where the WHO estimates them to be responsible for 80% of deaths. Chronic disease has become an important problem for society and a challenge for our primary healthcare systems. It affects the subject suffering from the disease, but also his/her circle of family and friends, and more broadly speaking, our society as a whole.

The most frequent chronic diseases

In France, the most frequent chronic diseases can be divided into five main groups. Cardiovascular disease (2.8 million patients), cancer (1.7 million), diabetes, today affecting nearly three and a half million patients, and long-term psychiatric disorders (950,000 people). These four large groups represent 75% of all long-term illnesses. The remaining 25% include chronic respiratory conditions, then kidney failure, physical disability and neurological degenerative disease. These figures reflect estimates of financial cost, and do not necessarily take account of the significance of more "economical" chronic conditions in terms of healthcare expenditure or for prevention, but nevertheless carrying serious consequences in terms of limitations to quality of life. Chronic rheumatic diseases, for example, affect a large number of patients across the world. In the USA, the healthcare services estimate that nearly one American in four suffers from this kind of disease (22.6%) and 16 million of them are severely restricted in their daily lives by it (CDC, 2005). Future projections show these figures to be in constant progression, taking account of the ageing population (Hootman and Helmick, 2006). The same observation applies to the whole of Western Europe and France. Chronic inflammatory rheumatism, a rarer disorder, affects between 1% and 2% of the French population (Saraux, 2007). Chronic rheumatoid polyarthritis, affecting mainly women, concerns 3 people per thousand, which is also the case for ankylosing spondylitis, affecting mainly men (Roux et al., 2007). Psoriasis is an even commoner disease, affecting 2% of the global population (Langley et al., 2005), with an approximate prevalence of 14% of clinical rheumatic forms amongst this population (Ibrahim et al., 2009).

Living with a chronic disease or disability

In addition to its social cost, chronic disease has of course a human cost. Its impact on the patient is enormous. The men and women who are afflicted with a chronic disease will be significantly affected every day of their lives by its repercussions. The limitations they suffer will cause them daily suffering on a physical, moral and socio-professional level. Chronic diseases are not always recognised as such, through lack of definition or conclusive etiological exploration in a large number of cases, and it is not always easy to measure the true implications.

Download English Version:

<https://daneshyari.com/en/article/343096>

Download Persian Version:

<https://daneshyari.com/article/343096>

[Daneshyari.com](https://daneshyari.com)