



Systemic sclerosis: Sexual dysfunction and lower urinary tract symptoms in 73 patients

Katherine Sanchez^{1,2}, Pierre Denys³, François Giuliano³, Clémence Palazzo^{1,2}, Alice Bérezné⁴, Hanane Abid^{1,2}, François Rannou^{1,2}, Serge Poiraudéu^{1,2,5}, Luc Mouthon^{4,5}

Received 28 November 2014
Accepted 26 August 2015
Available online: 23 March 2016

1. AP-HP, Cochin Hospital, Université Paris Descartes, Department of Rehabilitation, 27, rue du Faubourg-Saint-Jacques, 75679 Paris cedex 14, France
2. Inserm U1153 épidémiologie clinique des maladies ostéo-articulaires, Inserm Institut Fédératif de Recherche sur le Handicap (IFR 25), 75651 Paris, France
3. AP-HP, Raymond-Poincaré Hospital, Department of Rehabilitation, 104, boulevard Raymond-Poincaré, 92380 Garches, France
4. AP-HP, Cochin Hospital, Reference Center for necrotizing vasculitides and systemic sclerosis, Université Paris Descartes, Faculty of Medicine, Department of Internal Medicine, 27, rue du Faubourg-Saint-Jacques, 75679 Paris cedex 14, France

Correspondence:

Katherine Sanchez, Cochin Hospital, Department of Rehabilitation, 27, rue du Faubourg-Saint-Jacques, 75679 Paris cedex 14, France.
sanchez.katherine@gmail.com

Summary

Objective > To estimate the frequency of lower urinary tract symptoms (LUTS) and sexual dysfunction in patients with systemic sclerosis (SSc) and associate these symptoms with clinical and functional parameters including disability and quality of life.

Methods > Patients with SSc seen in Cochin hospital, Paris, between February and April 2010 were assessed for disease type, LUTS by the Urinary Symptom Profile scale, sexual dysfunction by the Feminine Sexual Function Index (FSFI) and International Index for the Erectile Function (IIEF-5), global disability by the Health Assessment Questionnaire and McMaster Toronto Arthritis Patient Preference Disability Questionnaire, anxiety and depression by the Hospital Anxiety and Depression scale, and quality of life by the Medical Outcomes Survey Short Form 36.

Results > The most frequent LUTS among the 73 patients included (13 males) were overactive bladder ($n = 11$, 84.6%) and dysuria ($n = 8$, 61.5%) for males and overactive bladder ($n = 51$, 85%) and incontinence ($n = 29$, 48.3%) for females. Among women, 32 (53.2%) were sexually active: 20 (62.5%) had sexual disorders (mean [SD] FSFI score 16.3 [6.2]), the most compromised domains being desire (mean score 2.6 [1.3]) and arousal (mean score 2.5 [1.4]). Sexual disorders were associated with short disease duration ($P = 0.01$) and high depression ($P = 0.04$) scores. For men, 7/8 (87.5%) had erectile dysfunction (mean IIEF-5 score 16 [5.3]).

Conclusion > LUTS seem to be more frequent in SSc patients than in the general population. The most frequent symptom was overactive bladder.

⁵ Both authors contributed equally to the work.

■ Résumé

Sclérodémie systémique : troubles sexuels et troubles urinaires du bas appareil chez 73 patients

Objectif > Déterminer la fréquence des troubles urinaires du bas appareil (TUBA) et les troubles sexuels chez les patients ayant une sclérodémie systémique (ScS) et associer ces symptômes aux caractéristiques cliniques et fonctionnelles, incluant le handicap et la qualité de vie.

Méthodes > Des patients ayant une ScS, suivis à l'hôpital Cochin, Paris, entre février et avril 2010, ont été évalués selon le type de sclérodémie, les TUBA avec le Urinary Symptom Profile (USP), les troubles sexuels avec le Feminine Sexual Function Index (FSFI) et le International Index for the Erectile Function (IIEF-5), le handicap global avec le Health Assessment Questionnaire et le McMaster Toronto Arthritis Patient Preference Disability Questionnaire, l'anxiété et la dépression avec le Hospital Anxiety and Depression scale et la qualité de vie avec le Medical Outcomes Survey Short Form 36.

Résultats > Les TUBA les plus fréquents parmi les 73 patients inclus (13 hommes) étaient l'hyperactivité vésicale (n = 11, 84,6 %) et la dysurie (n = 8, 61,5 %) chez les hommes et l'hyperactivité vésicale (n = 51, 85 %) et l'incontinence (n = 29, 48,3 %) chez les femmes. Parmi les femmes, 32 (53,2 %) étaient sexuellement actives, dont 20 (62,5 %) avaient des troubles sexuels (moyenne [DS] du FSFI de 16,3 [6,2]), les domaines plus atteints étaient le désir (score moyen : 2,6 [1,3]) et l'excitation (score moyen : 2,5 [1,4]). Les troubles sexuels étaient associés à une durée de la maladie plus courte (P = 0,01) et à la dépression (P = 0,04). Chez les hommes, 7/8 (87,5 %) avaient une dysfonction érectile (moyenne [DS] de l'IIEF-5 de 16 [5,3]).

Conclusion > Les TUBA semblent être plus fréquents chez les patients ayant une ScS que dans la population générale. Le symptôme plus fréquent était l'hyperactivité vésicale.

Systemic sclerosis (SSc) is a rare disease characterized by vascular hyperreactivity and fibrosis in the skin and other organs. Patients with SSc are classified according to the extent of skin involvement: limited SSc (lSSc), with no detectable skin involvement; limited cutaneous SSc (lcSSc), with skin involvement essentially limited to the hands and face; and diffuse SSc (dSSc), with proximal skin involvement [1]. In patients with lcSSc, visceral involvement is rare, and the prognosis is good, with the exception of the 10 to 15% of patients in whom pulmonary arterial hypertension eventually develops [2]. Patients with dSSc experience visceral involvement, which is responsible for reduced life expectancy [3–5]. In addition to diminishing life expectancy, SSc is responsible for skin, tendon, joint, and vessel damage, which lead to disability, handicap, and worsening of quality of life [6].

Lower urinary tract symptoms (LUTS) have been reported in patients with SSc, mainly in case revisions or small cohorts [7–12]. According to current International Continence Society definitions, LUTS can be divided into storage, voiding and post-micturition symptoms. Urinary incontinence and overactive bladder are 2 examples of storage symptoms, and dysuria is a type of voiding abnormality [13]. Urinary manifestations and LUTSs in SSc patients include microscopic hematuria [7,14],

macroscopic hematuria [12], incontinence [10], dysuria [10,12,15], suprapubic pain [8,12], decreased stream [8] and overactive bladder [11,12,16]. However, the true prevalence of these symptoms in SSc is poorly defined.

Sexual disorders have been less studied but are reported in SSc patients. In males, erectile dysfunction (ED) has been identified in 12 to 80% of patients [17,19]. Several suggested pathophysiological mechanisms include vascular, fibrotic and neuropathic/dysautonomic factors [17,18,20]. Sexual dysfunction has been much less investigated in females. Bhadauria et al. reported a decreased number and intensity of orgasms in 53% of female patients as a result of vaginal dryness, ulcerations and dyspareunia [21].

LUTS and sexual disorders have been rarely studied in the French SSc population in the last 10 years, which encouraged us to study the frequency of LUTS and genital-sexual disorders in patients with SSc and correlate these symptoms with clinical and functional parameters including disability and health-related quality of life (HRQoL). The knowledge of these manifestations could be used in future epidemiological studies to confirm our findings and could improve the quality of medical consultation, empathy with patients and therefore treatment and quality of life of SSc patients.

Download English Version:

<https://daneshyari.com/en/article/3817857>

Download Persian Version:

<https://daneshyari.com/article/3817857>

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