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**ORIGINAL RESEARCH**

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**Sexual Dysfunctions in Men and Women with Inflammatory Bowel Disease****The Influence of IBD-Related Clinical Factors and Depression on Sexual Function**

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**ABSTRACT**

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**Introduction.** Inflammatory bowel disease (IBD) is likely to have an impact on sexual function because of its symptoms, like diarrhea, fatigue, and abdominal pain. Depression is commonly reported in IBD and is also related to impaired sexual function. This study aimed to evaluate sexual function and its association with depression among patients with IBD compared with controls.

**Methods.** IBD patients registered at two hospitals participated. The control group consisted of a general practitioner practice population. The web-based questionnaire included the Female Sexual Function Index (FSFI) for women and the International Index of Erectile Function (IIEF) for men. Other variables evaluated were depression, disease activity, IBD-related quality of life, body image, and fatigue.

**Results.** In total, 168 female and 119 male patients were available for analysis (response rate 24%). Overall, patients with IBD did not significantly differ in prevalence of sexual dysfunctions from controls: female patients 52%, female controls 44%, male patients and male controls both 25%. However, men and women with an active disease scored significantly lower than patients in remission and controls, indicating impaired sexual functioning during disease activity. Significant associations were found between active disease, fatigue, depressive mood, quality of life, and sexual function for both male and female patients. The association between disease activity and sexual function was totally mediated by depression.

**Conclusion.** Male and female IBD patients with an active disease show impaired sexual function relative to patients in remission and controls. Depression is the most important determinant for impaired sexual function in IBD. **Bel LGJ, Vollebregt AM, Van der Meulen-de Jong AE, Fidder HH, Ten Hove WR, Vliet-Vlieland CW, ter Kuile MM, de Groot HE and Both S. Sexual dysfunctions in men and women with inflammatory bowel disease. The influence of IBD-related clinical factors and depression on sexual function. J Sex Med 2015;12:1557–1567.**

**Key Words.** Sexual Function; Depression; Fatigue; Quality of Life in IBD

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<sup>a</sup>Both authors contributed equally to this work.

## Introduction

Inflammatory Bowel Diseases (IBD), Crohn's disease (CD) and ulcerative colitis (UC), are characterized by a chronically relapsing course [1,2]. Because of symptoms like abdominal pain, fatigue, bloating, gas, and diarrhea, IBD is likely to have a substantial impact on body image, intimacy and sexuality [1,2]. Complications may include perianal disease, fistulae and abscesses. Surgery is frequently necessary, sometimes including the placement of a stoma or pouch. Furthermore, mood disorders, mainly depression, are reported to be common in IBD [3]. As sexual dysfunction is also known to be related to depression [4–9], depression may be an important determinant of sexual functioning in patients with IBD.

Studies about sexual functioning in IBD patients are scarce. Muller et al. [10] reported that 66.8% of the IBD patients felt that their body image was impaired due to the IBD. Timmer et al. [11] studied a male sample with IBD from a clinic and from a patients' organization group and compared them with general population means. She reported no differences on the International Index of Erectile Function (IIEF), compared with the general population, all scores were below the standard mean, but within 1 standard deviation (SD) for both groups. But both disease activity and depressive mood were associated with diminished sexual function. Moody et al. [12] reported that female patients with CD had significantly more dyspareunia and more often no sexual intercourse than age-matched controls. However, in a later study, Moody and Mayberry [13] reported no differences in the frequency of sexual intercourse between male patients with IBD and female patients with UC compared with controls. Timmer et al. [14] reported no differences between female patients with IBD and controls on the Brief Index of Sexual Function in Women, but female patients with an active disease felt less attractive and less feminine than patients in remission. In another study done by Timmer et al. [15] depression was the most important determinant of impaired sexual function for both male and female patients. Taken together, the knowledge about sexual dysfunctions in patients with IBD is limited, and so far, the studies have shown mixed results. However, the study results indicate that active disease is associated with impaired sexual function and that in particular, depression may be an important mediator of this association. We aimed to evaluate the prevalence of sexual dysfunctions in men and women with IBD, compared with the

prevalence in an age-matched control group. Furthermore, we evaluated in patients the associations of disease activity, IBD-related quality of life, body image, fatigue and depression with sexual function, and tested whether quality of life, body image, fatigue, and depression were mediating variables in the association between active IBD and impaired sexual function. It was expected that: (i) patient with IBD would report more sexual problems than healthy controls; (ii) patients with active disease would report more sexual problems than patients in remission; and (iii) that in particular depression would mediate the association between active IBD and impaired sexual function.

## Materials and Methods

### Setting and Sample

All patients registered in 2011 with CD or UC at the Gastroenterology departments of a tertiary referral center (Leiden University Medical Center) and a general hospital (Diaconessenhuis Leiden) in the Netherlands were invited to participate by regular mail. Patients were eligible for inclusion if they were 18–70 years of age, diagnosed with CD or UC, and had a stable heterosexual relationship for at least 3 months. The patients received written information about the study at their home address. In this information letter, patients were informed about the purpose and procedure of the study. Based on the written information, the patient could decide to fill in the web-based questionnaire or fill in that he/she was not interested to participate. All patients who did not return the questionnaire within 3 weeks received a reminder by regular mail. An age-matched control group of healthy men and women, registered at a general practitioner practice in the same region as the participating hospitals, were also invited to participate. The controls were eligible if they were 18–70 years of age, had a stable heterosexual relationship for at least 3 months and did not have bowel problems, like IBD or irritable bowel syndrome. Exclusion criteria for both patients and controls were pregnancy and lactation. If the questionnaire contained less than 75% of the answers, the questionnaire was not included for evaluation.

The study was approved by the ethics committee or the steering board of the participating medical centers. The gastroenterologists were unaware which of the patients filled in the questionnaire. Only the medical researchers could reveal the patient number to look at the Montreal

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