## ORIGINAL RESEARCH—MEN'S SEXUAL HEALTH

# Sexual Dysfunctions and Sexual Quality of Life in Men with Multiple Sclerosis

Michal Lew-Starowicz, MD, PhD* and Rafal Rola, MD, PhD†‡

*III Department of Psychiatry, Institute of Psychiatry and Neurology, Warsaw, Poland; †I Department of Neurology, Institute of Psychiatry and Neurology, Warsaw, Poland; ‡Department of Human Physiology and Pathophysiology, The Medical University of Warsaw, Warsaw, Poland

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**ABSTRACT**

***Introduction.*** Multiple sclerosis (MS) is one of the most frequent diseases of the central nervous system and usually occurs at the age when people would be expected to be in the prime of their sexual lives. Clinicians working in this field commonly concentrate on the classical neurological deficits and often overlook symptoms that seriously affect the quality of life, such as sexual dysfunction (SD). Sexual functioning of MS patients remains poorly understood.
***Aim.*** The aim of this study was to assess the prevalence of SDs, their relationship with demographic factors, and sexual quality of life in men with multiple sclerosis (MS).
***Methods.*** Sixty-seven patients from the National Multiple Sclerosis Center were interviewed, completed the questionnaires, and underwent neurological assessment.
***Main Outcome Measures.*** Primary outcome measures included the International Index of Erectile Function (IIEF), the Sexual Quality of Life Questionnaire (SQoL), and the Expanded Disability Status Scale (EDSS).
***Results.*** The most common complaints were erectile dysfunction (52.9%), decreased sexual desire (26.8%), and difficulties in reaching orgasm (23.1%) or ejaculation (17.9%). The severity of SD had a clear impact on sexual quality of life, especially in the domains of erectile function and intercourse satisfaction. However, neither IIEF nor SQoL scores were correlated with age, time since onset of MS symptoms, or EDSS scores. Only 6% of the patients had ever discussed their concerns with a medical professional or undergone sexual therapy.
***Conclusions.*** SD is highly prevalent but commonly overlooked in MS patients and has a significant impact on their sexual quality of life. The data support a multifactorial etiology of SD in MS. More focus on SD and use of appropriate screening tools in clinical practice with MS patients are recommended. **Lew-Starowicz M and Rola R. Sexual dysfunctions and sexual quality of life in men with multiple sclerosis. J Sex Med 2014;11:1294–1301.**

***Key Words.*** Multiple Sclerosis; Male Sexual Health; Sexual Dysfunction; Quality of Life

### Introduction

Multiple sclerosis (MS) is one of the most frequent diseases of the central nervous system and often leads to chronic disability [1]. It usually occurs in people between 20 and 50 years of age, that is, those who would be expected to be in the prime of sexual and reproductive life [2,3]. The traditional therapeutic approach among neurologists concentrates on the classical neurological deficits. Other symptoms interfering with quality of life are often ignored in routine clinical work. Such symptoms include sexual dysfunction (SD), a very important but often overlooked symptom of multiple sclerosis [4]. Although SD is not life-threatening, its occurrence can seriously affect the quality of life in these patients [5–7].

The causes of SD in MS are commonly divided into primary (disease-specific brain and spinal cord lesions), secondary (indirect physical impact, effect of fatigue, bladder and bowel dysfunction, spasticity, muscle weakness, and other physical disability), and tertiary (psychosocial aspects of chronic

 

disease, especially depression and couple issues) [8–11].

The literature on the prevalence of distinct types of SD in MS patients and their influence on the sexual quality of life as measured by validated clinimetric assessment methods remains scant. Most studies rely on very small groups of patients. According to a review article by Schmidt et al. [12], SDs are estimated to occur in between 64% and 91% of men with MS, erectile dysfunction (ED) being the most commonly reported (19–62%). Other, frequent complaints include decreased sexual desire, decreased sensation during sexual stimulation, and ejaculatory and orgasm dysfunction. Diagnosing SDs in MS men seems to be increasingly important, as effective methods to treat these conditions are available. Chao et al. found that intracavernosal therapy with trimix could be effective for neurogenic ED, including in MS patients [13]. More recently, studies on the promising efficacy of sildenafil and tadalafil have been published [14,15]. However, the efficacy of new treatments needs to be further investigated in this particular population [16]. According to Mattson et al., corticosteroid treatments that were started for problems other than SD resulted in improved sexual functioning in many MS patients. They also found that 43 of 60 patients who discussed sexual problems with their spouses and four of six who tried formal counseling found these courses of action helpful. This further supports the significance of nonpharmacological interventions for sexual problems in this particular group of patients [17].

The impact of level of disability and duration of illness on sexual function in men with MS remains unclear. Likewise, it is not known whether existing literature on the occurrence of SD in MS has had a sufficient impact among medical professionals working with this particular group to change the probability of the patient's being properly diagnosed and treated. In a previous study, we assessed the prevalence of SD in women with MS [18]. We found that only 2.2% of the female patients had ever discussed their sexual or couple problems with a clinician. The aims of this study were to (i) evaluate the frequencies of particular types of SD in MS men and compare them with those in the general population, (ii) assess the relationships of SD with demographic factors and sexual quality of life, and (iii) investigate what proportion of patients had ever been checked or treated for SD.

## Methods

All of the subjects were patients at the National Multiple Sclerosis Center in Dabek, Poland. The design of the study was approved by the local ethics committee. Only adult men with a definite diagnosis of MS who gave written informed consent were included in the study. Subsequently, patients were interviewed, completed the questionnaires, and underwent neurological assessment.

MS diagnosis was established according to the McDonald diagnostic criteria for MS. These criteria require evidence for at least two episodes of neurological dysfunction with the involvement of two different brain regions and MRI confirmation of substantial numbers of demyelination foci in the central nervous system [19].

Sexual activity was defined as any activity that might lead to sexual arousal or sexual enjoyment that occurred during a 1-month period before admission to the rehabilitation center. It included sexual intercourse, caressing, and masturbation.

### *Demographics and Disease- and Treatment-Specific Variables*

Demographic data were obtained from semistructured interviews and medical chart reviews. Information was collected regarding age, onset of symptoms of MS, comorbidities, concomitant medications, and history of depression and how it had been treated if present.

### *Sexual Functioning and Quality of Life*

Patients completed the International Index of Erectile Function (IIEF) and the Sexual Quality of Life Questionnaire—Male Version (SQoL-M).

The IIEF is a commonly used multidimensional self-report instrument for the evaluation of male sexual function; it is the most widely used questionnaire worldwide for evaluation of erectile dysfunction (ED). A high degree of internal consistency and test–retest reliability has been demonstrated for the five domains separately and for the scale as a whole in validation studies [20–22]. The questionnaire is composed of 15 items, each graded on a 5- or 6-point Likert-type response scale, investigating five domains: erection, orgasm, desire, intercourse satisfaction, and overall satisfaction. For the erectile function domain, there are reference range scores: 1–10 indicates severe ED, 11–16 moderate ED, 17–21 mild to moderate ED, 22–25 mild ED, and 26–30 no ED. For the other domains, higher scores mean less SD (no standard reference cutoffs).