

Sexuality, Fertility, and Pregnancy in Crohn's Disease

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KEYWORDS

• Sexuality • Infertility • Pregnancy • Crohn's disease • Immunomodulators
• Biologics

KEY POINTS

- Fertility in men with inflammatory bowel disease (IBD) can be decreased by certain medications and by having active disease. In women with IBD, fertility is decreased in the setting of active disease and following surgery within the pelvis.
- Many factors influence sexuality in patients with Crohn's disease, including symptoms of active disease, extraintestinal manifestations of disease, medication side effects, and evidence of prior surgery.
- Having Crohn's disease has been associated with a higher risk for preterm delivery, small for gestational age infants, low birth weight babies, and stillbirth, but no increased risk for congenital anomalies. Being in a state of disease remission before conception is associated with the best pregnancy and neonatal outcomes.
- Other than methotrexate, most medications used to treat Crohn's disease are safe to continue throughout pregnancy.
- Infants with gestational exposure to anti-tumor necrosis factor medications should avoid live vaccines for the first 9 months of life or until the serum drug concentrations are undetectable.

INTRODUCTION

Crohn's disease (CD) is a chronic, transmural, inflammatory disease involving any area of the gastrointestinal tract, from mouth to anus. CD is commonly diagnosed in the late teens to early adulthood,¹ overlapping a time when people are discovering their sexuality, establishing relationships, and beginning family planning. The symptoms of CD

Disclosures: Dr J.K.J. Gaidos has no relevant commercial or financial conflicts of interest to disclose. Dr S.V. Kane serves as a consultant to AbbVie, Janssen, and Samsung Bioepis, and has research funding from UCB.

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Gastroenterol Clin N Am ■ (2017) ■–■
<http://dx.doi.org/10.1016/j.gtc.2017.05.007>

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include abdominal pain, diarrhea, weight loss, and poor nutrition, and can include hair loss and other extraintestinal manifestations, including ulcerating skin lesions. Complications, including strictures, enterocutaneous fistulas, and perianal fistulas, often require surgical repair with up to 50% of patients with CD undergoing surgery by 10 years after their diagnosis,² which Sometimes results in a temporary or permanent ostomy or permanent scarring.

Many patients with inflammatory bowel disease (IBD), including CD and ulcerative colitis (UC), worry about the impact that IBD will have on their sexual functioning and body image.^{3,4} In addition, several studies have shown that patients with IBD, both men and women, are afraid that having IBD will impair their sexual performance, decrease their libido, as well as negatively affect intimacy and relationship quality.³⁻⁶ Further, many questions arise when patients are considering conception, particularly with regard to the safety of their medications during pregnancy. This article reviews the most current literature regarding the influence of CD on sexuality, fertility, and pregnancy so that providers are well prepared to address these concerns with their patients.

SEXUALITY

Sexuality is the ability to have sexual experiences and responses. Normal sexual function requires intact physiologic functions, including sex hormones, neurotransmitters, pelvic muscles, and genital blood flow; and psychological components, including personal and interpersonal factors. Physiologic impairments of sexual functioning lead to decreased sexual satisfaction, difficulty with arousal and orgasm, reduced lubrication and dyspareunia in women, and erectile dysfunction/impotence and retrograde ejaculation in men. Psychological difficulties can result in reduced sexual satisfaction and decreased interest in sexual intercourse.

There are many factors that affect sexuality and sexual function in patients with CD. Survey studies have shown that more than half of both men and women with IBD report difficulties with some aspect of sexual function,^{7,8} although women seem to be more affected than men. In one study, more than half of the male and female subjects thought that having IBD had negatively affected their relationship status, but more women than men reported that having IBD had decreased their libido (67.1% of women vs 41.9% of men; $P = .0005$) and led to a decrease in sexual activity (66.3% of women vs 40.5% of men; $P < .0001$).⁵ Another survey study of patients with IBD found that women overall had more concerns about their bodies, attractiveness, and having children, whereas women with CD were more likely than men with CD to have concerns about intimacy and sexual performance.³ Several studies have reported higher rates of dyspareunia in women with IBD,^{6,9} although other studies have suggested the rates are similar in controls.¹⁰

Disease activity, body image, and depression also play key roles in the sexuality of patients with CD. In women, active disease has been showed to result in low sexual desire,⁷ whereas in men it has been found to affect libido, attractiveness, enjoyment, and frequency of sexual activity as well as causing difficulties with erection and ejaculation.^{10,11} Symptoms associated with active CD can lead to impaired intimacy and sexual inactivity⁹ as well as decreasing libido and feelings of attractiveness.¹¹ Having IBD led to a negative body image in more than two-thirds of respondents in one study, with higher rates in women (74.8% of women vs 51.4% of men; $P = .0007$) and in those with prior surgery (81.4% operated vs 51.3% no prior surgery; $P = .0003$).⁵ Depression is a major contributor to sexual dysfunction in men and women with IBD.^{7,10,12}

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