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## Original article

# Analysis of sexual function of patients with dermatomyositis and polymyositis through self-administered questionnaires: a cross-sectional study

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## ABSTRACT

**Introduction:** To date, there are no descriptions in the literature on gynecologic and sexual function evaluation in female patients with dermatomyositis (DM) and polymyositis (PM).

**Objective:** To assess sexual function in female patients with DM/PM.

**Patients and methods:** This is a monocentric, cross-sectional study in which 23 patients (16 DM and 7 PM), with ages between 18 and 40 years, were compared to 23 healthy women of the same age group. Characteristics on sexual function were obtained by applying the questionnaires Female Sexual Quotient (FSQ) and Female Sexual Function Index (FSFI) validated for the Brazilian Portuguese language.

**Results:** The mean age of patients was comparable to controls (32.7 ± 5.3 vs. 31.7 ± 6.7 years), as well as the distribution of ethnicity and socioeconomic class. As for gynecological characteristics, patients and healthy controls did not differ with respect to age at menarche and percentages of dysmenorrhea, menorrhagia, premenstrual syndrome, pain at mid-cycle, mucocervical secretion, and vaginal discharge. The FSQ score, as well as all domains of the FSFI questionnaire (desire, arousal, lubrication, orgasm and satisfaction), were significantly decreased in patients vs. controls, with 60.9% of patients showing some degree of sexual dysfunction.

**Conclusions:** This was the first study to identify sexual dysfunction in patients with DM/PM. Therefore, a multidisciplinary approach is essential for patients with idiopathic

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inflammatory myopathies, in order to provide prevention and care for their sexual life, providing a better quality of life, both for patients and their partners.

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## Análise da função sexual de pacientes com dermatomiosite e polimiosite através de questionários autoaplicados: um estudo transversal

### R E S U M O

#### Palavras-chave:

Dermatomiosite  
Disfunção sexual  
Miopatias inflamatórias  
Polimiosite  
Sexualidade

**Introdução:** Até o presente momento, não há descrições na literatura da avaliação ginecológica e da função sexual em pacientes do sexo feminino com dermatomiosite (DM) e polimiosite (PM).

**Objetivos:** Avaliar a função sexual em pacientes do sexo feminino com DM/PM.

**Casística e métodos:** Estudo transversal unicêntrico em que 23 pacientes (16 DM e sete PM), entre 18 e 40 anos, foram comparadas com 23 mulheres saudáveis, com a mesma faixa etária. As características sobre a função sexual foram obtidas por meio da aplicação dos questionários *Female Sexual Quotient* (FSQ) e *Female Sexual Function Index* (FSFI) validados para a língua portuguesa do Brasil.

**Resultados:** A média de idade das pacientes foi comparável à dos controles ( $32,7 \pm 5,3$  vs.  $31,7 \pm 6,7$  anos), assim como a distribuição de etnia e da classe socioeconômica. Quanto às características ginecológicas, pacientes e controles saudáveis não apresentaram diferenças em relação à idade na menarca e às porcentagens de dismenorrea, menorrágia, síndrome pré-menstrual, dor no meio do ciclo, secreção mucocervical e corrimento vaginal. O escore de pontuação do FSQ, assim como todos os domínios do questionário do FSFI (desejo, excitação, lubrificação, orgasmo e satisfação), estavam significativamente diminuídos nas pacientes comparativamente com os controles, 60,9% das pacientes apresentavam algum grau de disfunção sexual.

**Conclusões:** Este foi o primeiro estudo que identificou disfunção sexual nas pacientes com DM/PM. Assim, uma abordagem multidisciplinar é essencial para pacientes com miopatias inflamatórias idiopáticas para fornecer medidas de prevenção e cuidados para sua vida sexual e proporcionar uma melhor qualidade de vida das pacientes e de seus parceiros.

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## Introduction

Dermatomyositis (DM) and polymyositis (PM) form a heterogeneous group of acquired inflammatory myopathies associated with high morbidity, functional disability, and decreased quality of life related to health, predominantly affecting females and presenting different mechanisms and outcomes as to the impact on physical and psychosocial health.<sup>1-4</sup>

Sexual dysfunction is any change occurring in one of the phases of the sexual response cycle, potentially ending in frustration, pain and/or a reduced number of sexual intercourses,<sup>5</sup> a condition described in patients with systemic autoimmune diseases.<sup>6-23</sup> About 26% of women with systemic lupus erythematosus (SLE) with an active sexual life have some degree of sexual dysfunction,<sup>6</sup> with a potential relationship with a persistent disease activity, menstrual cycle changes, and/or an associated vascular involvement.<sup>7</sup> In addition, in these patients one can notice a reduced frequency of sexual activity and satisfaction, and also decreased vaginal lubrication.<sup>8</sup> In the population with juvenile SLE, one can perceive an increased sexual dysfunction, delayed menarche, and greater frequency of menstrual abnormalities, with

lengthy menstrual cycles.<sup>9-13</sup> In patients with rheumatoid arthritis (RA), desire and sexual satisfaction are decreased, with limitations during intercourse mainly related to fatigue and joint pain.<sup>14</sup> However, to date, studies that specifically evaluate sexual dysfunction in women with DM/PM have not yet been published. The only study available in the literature<sup>24</sup> pointed only to sexual impairment, along with other parameters, as factors relating to a diminished quality of life in this population. Considering the impact of sexual dysfunction on human functioning and its physical and psychosocial effects, the aim of this study is to evaluate the sexual and gynecological characteristics of patients with DM/PM.

## Materials and methods

### Patients and healthy controls

Twenty-three female patients (16 DM and 7 PM), aged 18-40 years, were consecutively selected and interviewed during the period from 2011 to 2013. All patients met the classification criteria of Bohan and Peter<sup>25</sup> and were in regular outpatient monitoring in our tertiary unit.

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