



Original Article

Impact of Asthma on the Sexual Functioning of Patients. A Case–Control Study[☆]

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ABSTRACT

Introduction: Sexual limitations play an important role in the quality of life of patients with chronic diseases. Very limited information is available on the impact of asthma on the sexual functioning of these individuals.

Materials and methods: Cross-sectional, observational, multicenter study. Asthma patients and healthy individuals were recruited. All subjects participated in an interview in which demographic and clinical data were recorded, and completed the Goldberg Anxiety–Depression Scale (GADS) to evaluate the presence of concomitant psychiatric disease. Men also completed the International Index of Erectile Function (IIEF), and women, the Female Sexual Function Index (FSFI).

Results: A total of 276 cases were included, comprising 172 asthma patients (63 men and 109 women) with a mean age of 42 (± 14) years, and 104 controls (52 men and 51 women) with a mean age of 39 (± 12) years. Time since onset of asthma was 15 years and severity distribution was: 6.4% intermittent, 17.9% mild persistent, 47.4% moderate, and 28.2% severe. Disease was considered controlled in 57.7%, partially controlled in 28.2%, and uncontrolled in 14.1%. Women with asthma had greater sexual limitations than women in the control group, with a total FSFI score of 22.1 (± 9) compared to 26.5 (± 6.8), respectively ($P < .005$). Men with asthma had significantly more severe erectile dysfunction with a total IIEF score of 59.5 (± 12.5) compared to 64.3 (± 8.2) in male controls ($P < .05$). An association was also observed between sexual problems and poorer asthma control.

Conclusions: Asthma is associated with a poorer sexual quality of life among patients. These results should arouse the interest of healthcare professionals in detecting and alleviating possible sexual limitations among their asthma patients in routine clinical practice.

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Impacto del asma en la vida sexual de los pacientes. Un estudio de casos y controles

R E S U M E N

Palabras clave:
Asma
Calidad de vida
Función sexual

Introducción: Las limitaciones de la vida sexual de los pacientes con enfermedades crónicas desempeñan un importante papel en su calidad de vida. La información disponible sobre el impacto de la enfermedad asmática en la vida sexual de las personas es muy limitada.

Material y métodos: Estudio transversal, observacional y multicéntrico. Se reclutaron pacientes asmáticos y sujetos sanos, a los que se les efectuó una entrevista en la que se recogieron datos demográficos y clínicos y en donde además cumplimentaron los siguientes cuestionarios: la escala *Goldberg Anxiety-Depression Scale* (GADS) para la valoración de la existencia de comorbilidad psiquiátrica, y en varones el Índice Internacional de la Función Eréctil (IIEF) y en mujeres el Índice de la Función Sexual Femenina (FSFI).

Resultados: Se incluyeron un total de 276 casos, de los que 172 eran asmáticos (63 hombres y 109 mujeres) con una media de edad de 42 (± 14) años y 104 controles (53 hombres y 51 mujeres) con una media de edad de 39 (± 12) años. El asma presentaba una evolución de 15 años y su gravedad se distribuía: 6,4% intermitente, 17,9% persistente leve, 47,4% moderada y 28,2% grave. La enfermedad se consideró controlada en un 57,7%, parcialmente controlada en un 28,2% y no controlada en un 14,1%. Las mujeres asmáticas presentaron una mayor limitación de la vida sexual que las mujeres del grupo control, con una puntuación total del FSFI de 22,1 (± 9) frente a 26,5 ($\pm 6,8$), respectivamente ($p < 0,005$). Y los varones asmáticos, una significativa mayor disfunción eréctil, con una puntuación total del IIEF de 59,5 ($\pm 12,5$) frente a 64,3 ($\pm 8,2$), respectivamente ($p < 0,05$). Se observó además una relación entre la existencia de problemas sexuales y un peor control del asma.

Conclusiones: La enfermedad asmática condiciona una peor calidad de vida sexual en las personas afectadas. Estos resultados deberían promover, en la práctica clínica habitual, el interés de los profesionales sanitarios por determinar y paliar las posibles limitaciones sexuales de sus pacientes con asma.

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Introduction

There is ample evidence that sexual difficulties can accompany chronic disease.¹⁻⁴ The association between sexual activity and asthma was observed some time ago, but little quantitative information is available. The notion that sex can trigger an asthma exacerbation is not implausible, and some cases have been documented. In a letter to *The Lancet* in 1976, the investigators Symington and Kerr found that sexual activity could induce both asthma and rhinitis.⁵⁻⁸ It has been reported that sexual intercourse can trigger severe asthma exacerbations requiring emergency care, hospitalization or even assisted ventilation.^{9,10}

The physical requirements of sexual activity may cause an exacerbation of asthma, although some authors believe that emotional arousal alone is sufficient to cause or aggravate the condition. Sexercise-induced asthma,⁵⁻⁸ as it has been called, is for some no more than a variant of exercise-induced asthma.

However, very few studies have evaluated the sexual quality of life of patients with asthma, and the design and methodology of those that do are questionable. In a study carried out in the emergency department of the Harlem Hospital Center, New York,¹¹ researchers asked 356 patients to assess the degree to which their asthma had adversely affected how they performed specific activities. Of these, sexual limitation was the third most frequently mentioned. Recently, Basar et al.¹² found sexual dysfunction in 18 female asthma patients (47.4%) compared to four women in the control group (20%). Finally, some singular cases of erectile dysfunction (ED) in asthmatic men and the resulting impact on their sexual relations have been reported.^{13,14}

Given these shortcomings, our objective in this study was twofold. Our first aim was to assess the potential impact of asthma on the sexual function of male and female asthma patients, and our second aim was to determine the possible factors associated with dysfunction, such as disease severity, level of control and comorbidities.

Materials and Methods

This was an observational, cross-sectional, multicenter study conducted in a group of asthma patients of both sexes, 18 years of age and older, selected consecutively in the outpatient clinics of seven Spanish tertiary hospitals. The study was performed after approval was obtained from the respective local ethics committees. All patients were asked for written consent before participation.

Asthma was diagnosed according to GEMA criteria,¹⁵ on the basis of corresponding clinical criteria and reversible airflow obstruction documented in at least one previous lung function study. Disease severity and degree of control were also evaluated according to GEMA criteria.¹⁵ Data were collected on smoking, time since onset of asthma, possible exercise-induced asthma, pre-existing morbidity (exacerbations and hospitalizations in the year prior to inclusion), spirometry, comorbidities (allergic rhinitis, nasal polyposis, reflux, fibromyalgia, anxiety, depression, high blood pressure, diabetes), and maintenance therapy. Rhinitis was classified by severity according to the ARIA guidelines.¹⁶ All patients had stable asthma at the time of inclusion, defined as no exacerbations in the four weeks prior to inclusion.

A control group of healthy volunteers was selected from among the visitors or companions of the patients in the same outpatient clinics at the participating centers. The group selected was of a similar age to the asthma group and had no chronic respiratory diseases nor significant comorbidities.

Both groups were asked if they were concerned about their sex life, and if so, for what reasons.

Study Procedures

- Psychological status was evaluated using the Goldberg Anxiety-Depression Scale (GADS).¹⁷ The GADS questionnaire asks respondents how they have felt in the past month in terms of 9 anxiety and depression items, answered dichotomously: "yes" or "no".

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