

Study of sexual dysfunction in men with Rheumatoid Arthritis

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Abstract

Introduction: Sexuality is a very complex aspect of human being's life. Usually it is an ignored subject in various questionnaires for evaluation of Rheumatoid arthritis patients. Sexual function in such patients can be affected by pain, fatigue, functional limitations, stiff joints, depressive mood, negative body image, anxiety, mental distress, erectile dysfunction, hormonal disturbances and drug treatment.

Aim: To study the importance of evaluating sexual dysfunction and the various causes for the same in Rheumatoid Arthritis in men.

Materials and Method: 50 males between the ages of 30-55 years with Rheumatoid Arthritis in a tertiary health care centre in Karnataka were included in this study.

Analysis: Patients were asked about various aspects of sexual functioning and main causes of dysfunction. Pain, libido, fatigue, depressive liability, erectile dysfunction and effect of drug treatment were included in the questionnaire.

Results: 40 out of the 50 patients reported some kind of sexual disability / dysfunction. 35 out of 40 patients complained of pain/stiffness of joints/functional limitations/ fatigue as the cause of their disabilities. 6 out of 40 patients reported erectile dysfunction. 11 out of 25 patients reported reduced libido out of which 2 blamed chronic medication for their reduced libido. 2 out of 40 patients admitted to altered body image to be the cause of sexual dysfunction. Mental distress and depressed mood were reported by 5 out of 40 patients.

Conclusion: At the end of this study, we have come to the conclusion that the major cause of sexual disability / dysfunction in men having Rheumatoid Arthritis is pain/stiffness of joints/functional limitations/ fatigue. Second major cause is erectile dysfunction and decreased libido. Depression, drug therapy and altered body image are the other causes. All these things can be attended to using various modes of treatment if the patient is asked about sexual aspect of his life which can eventually lead to improvement in overall quality of life of the patient.

Keywords: Rheumatoid Arthritis, Sexual dysfunction/disability, Pain, Libido, Erectile dysfunction

Introduction

The reality of living with illness impacts on the sexuality of many patients.⁽¹⁾ Rheumatoid Arthritis is an autoimmune chronic systemic, inflammatory disease with progressive destruction of joints which is painful causing impact on socioeconomic, psychological and sexual functions of the patients.

Sexual functioning includes sexual activity transitioning from arousal to relaxation, with a feeling of pleasure, fulfillment and satisfaction.^(2,3) Expression of sexuality is an important part of self identity and all stages of health and illness.⁽⁴⁾ This is a very neglected area of quality of life in patients with RA not routinely expressed by patients or addressed by doctors. The reasons given by doctors are usually time constraints, discomfort in talking it out with the patients and doubt whether it is their job to screen the patient for sexual function.⁽⁵⁾ The problem, however, is the patient being himself/herself uncomfortable to openly talk about the subject of sexuality to a doctor, a nurse, a friend, a relative and even to his/her spouse.

31-76% of patients with RA experience sexual problems.⁽⁶⁻⁹⁾ Sexual problems in RA may be mechanical or psychosocial. Mechanical problems include difficulty to perform the act and psychosocial aspects include reduced libido, depressive liabilities,

worry about the body image and spouse's sexual expression.⁽¹⁰⁻¹⁴⁾

Mechanical causes, i.e., pain, limitation of movements, fatigue, and difficulty to assume certain positions caused sexual disability in 50-61% of patients.^(11,15,16)

Aims and Objectives

The authors aim to study the importance of evaluating sexual dysfunction and its various causes in RA in men. Furthermore, the way it affects their relationship with their spouses, approachability to the health care professionals regarding sexual problems and actual screening of sexual dysfunction by doctors in RA patients has been touched upon.

Materials and Methods

Patients: 50 males between the ages of 30-55 years with diagnosed Rheumatoid Arthritis were provided questionnaires by the authors regarding their sexual function.

Methods: A self-administered questionnaire was used as it allows patients an option of anonymity, a larger sample, quick analysis and elimination of interviewer bias.

Questionnaire consisted of a total of 8 questions with objective answers. The patient had to mark the

relevant yes/no option. Assessment was made after explaining the patients about the need of study and they were advised not to use their names on the questionnaires for the sake of anonymity.

Results

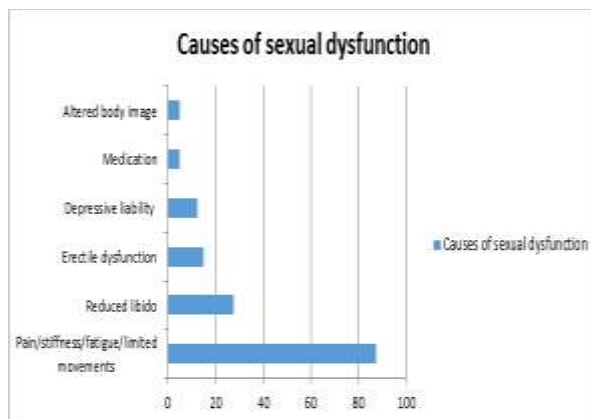
All the questionnaires were returned by the patients after being fully filled.

Mean age of the patients was 42.28 years with the mean duration of the disease being around 7 years. All patients were married. 3 patients were diabetic and 2 patients were hypertensive.

2 patients (4%) believed that arthritis affected their overall relationship with their partners although 8 patients (16%) thought that it affected their sexual lives in some way. 40 patients (80%) reported that arthritis limits their sexual intercourse. 47 patients (94%) said that sexual ability is important for them.

Out of 40 patients who reported sexual disability with arthritis, 35 (87.5%) believed it to be due to pain/stiffness of joints/ fatigue/ limitation of movements. 6 patients(15%) reported erectile dysfunction (5 non diabetic and 1 diabetic). 11 patients (27.5%) reported reduced libido out of which 2 patients (5%) blamed the medication for reduced libido. 2 patients (5%) admitted to altered body image to be the cause of their sexual dysfunction. 5 patients (12.5%) blamed mental distress/depression for their sexual dysfunction. 6 patients (12%) admitted that they discussed the effect arthritis is having on their sex lives with their partners.

None of the patients reported that a health care professional asked them about the effect of arthritis on their sexual lives. 3 patients (6%) reported that they discussed about their sexual problems with their relative/friend other than their spouses.



Discussion

Although many advances have been reached in last few years in the care of RA patients, the sexuality aspect has been often neglected by the patient as well as the doctor treating him. In India, sexuality still remains a very embarrassing topic to talk about as is highlighted by this study in which none of the patients approached their doctors about the issue and of the patients were enquired by their doctors about the impact of the disease on their sexuality.

There is a lack of specific tools to evaluate the problems imposed on sexual lives of the patients and the routine questionnaires for patients with RA don't usually contain the sexual aspect of their lives. As presented in this study, patients attribute great importance to sexual capacity, hence very important for their well being.

In our study, 80% patients reported some kind of sexual dysfunction which is closely related to a study by El Meidany *et al*⁽¹⁷⁾ which reported sexual dysfunction in 53.8% of men with RA. There were similar results in other studies by Yilmaz H *et al*,⁽¹⁸⁾ Packham *et al*⁽¹⁹⁾ and Elst *et al*.⁽²⁰⁾

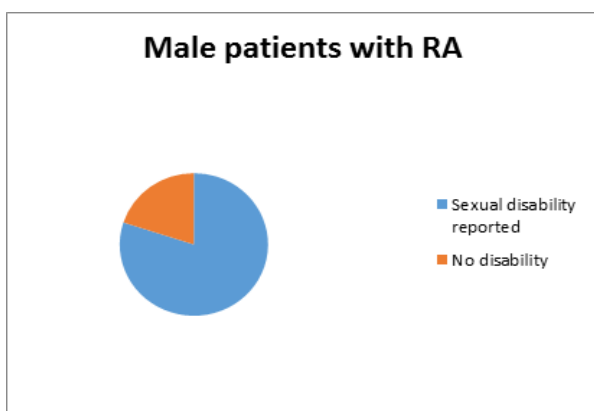
Pain/stiffness of joints/fatigue/limitation of joint movements (87.5%) was the most important limiting factor hindering patients' sex lives in our study. It is in close relation to observation made by Hill *et al*⁽²¹⁾ where 56% patients were limited by joint pain, mainly the hip joint, and fatigue. Similar observations were made in a study by van Berlo *et al*.⁽²²⁾

Other causes like reduced libido and erectile dysfunction have been reported in studies by Karlsson *et al*⁽²³⁾ and El Meidany *et al*.⁽¹⁷⁾

Altered body image was reported to be an important cause of sexual dysfunction by Peckham *et al*⁽¹⁹⁾ which is also reported in our study.

5% of patients in our study blamed medication (both patients on steroids, methotrexate and hydroxychloroquine) for their reduced libido as was reported in study by Le Gallez P.⁽²⁴⁾

Furthermore, inability to communicate with their partners about the effect of arthritis on their sex lives has been highlighted in our study.



Important limitations of the study were small number of individuals, heterogeneity of the cohort, and lack of control group and selection of only males for the study. Another limitation of this study is that there is no basic standard index used to assess the sexuality. Use of standardized sexual function indexes in both patients and controls would highlight more clearly about the issue of sexual dysfunction.

Management of all these issues⁽²⁵⁾ becomes easier in the hands of health care professionals. Pain/fatigue/morning stiffness can be treated by analgesics, heat and taking muscle relaxants before the act. Changing sexual positions can be helpful in case of limited mobility. Anxiety, diminished satisfaction, altered body image and depressive liabilities need a proper counseling or even prescription of anti depressants by qualified Psychiatrists. Erectile dysfunction can be treated by sex therapy and use of drugs like sildenafil and tadalafil.

Conclusion

RA does impact the sexual lives of a large majority of patients, the major cause being pain/stiffness of joints/functional limitations/fatigue. Other causes are erectile dysfunction, reduced libido, depressive liabilities, drug therapy and altered body image. Communication between two partners and also patient with his doctor is a very important part of the management of the sexual dysfunction caused by the disease. There is a need to screen all the patients affected by RA for any sexual problems. All these problems can be addressed by qualified health care professionals which will improve sexual life of the patients leading to improvement in overall quality of their lives.

References

- Serrant-Green L. Inequality in provision of sexual health information. *Prof Nurse* 2001;16:1038-42.
- Prady J, Vale A, Hill J. Body image and sexuality. In: Hill J, ed. *Rheumatology nursing: a creative approach*. Churchill Livingstone: Edinburgh, 1998:109-124.
- Wells D. *Caring for sexuality in health and illness*. Churchill Livingstone: Edinburgh, 2000.
- Pitts M. *Sexual health: The psychology of preventative health*. London: Routledge, 1996.
- Britto MT, Rosenthal SL, Taylor J, Passo MH. Improving rheumatologists' screening for alcohol use and sexual activity. *Arch Pediatr Adolesc Med* 2000;154:478-483. [PMID: 10807299 DOI: 10.1001/archpedi.154.5.478]
- Blake DJ, Maisiak R, Koplán A, Alarcón GS, Brown S. Sexual dysfunction among patients with arthritis. *Clin Rheumatol* 1988;7:50-60. [PMID: 3409645 DOI: 10.1007/BF02284057]
- Hill RH, Herstein A, Walters K. Juvenile rheumatoid arthritis: follow-up into adulthood - medical, sexual and social status. *Can Med Assoc J* 1976;114:790-796. [PMID: 1268790]
- Gordon D, Beastall GH, Thomson JA, Sturrock RD. Androgenic status and sexual function in males with rheumatoid arthritis and ankylosing spondylitis. *Q J Med* 1986;60:671-679. [PMID: 3094090]
- Kraaijaat FW, Bakker AH, Janssen E, Bijlsma JW. Intrusiveness of rheumatoid arthritis on sexuality in male and female patients living with a spouse. *Arthritis Care Res* 1996;9:120-125. [PMID: 8970270]
- Ehrlich GE. Social, economic, psychologic, and sexual outcomes in rheumatoid arthritis. *Am J Med* 1983;75:27-34. [PMID: 6660238 DOI: 10.1016/0002-9343(83)90472-2]
- Blake DJ, Maisiak R, Alarcón GS, Holley HL, Brown S. Sexual quality-of-life of patients with arthritis compared to arthritis-free controls. *J Rheumatol* 1987;14:570-576. [PMID:3625637]
- van Lankveld W, Ruitkamp G, Näring G, de Rooij DJ. Marital and sexual satisfaction in patients with RA and their spouses. *Scand J Rheumatol* 2004;33:405-408. [PMID: 15794200 DOI: 10.1080/03009740410010317]
- Channon LD, Ballinger SE. Some aspects of sexuality and vaginal symptoms during menopause and their relation to anxiety and depression. *Br J Med Psychol* 1986;59 (Pt 2):173-180. [PMID: 3730319 DOI: 10.1111/j.2044-8341.1986.tb02682.x]
- Frohlich P, Meston C. Sexual functioning and self-reported depressive symptoms among college women. *J Sex Res* 2002;39:321-325. [PMID: 12545415 DOI: 10.1080/00224490209552156]
- Yoshino S, Uchida S. Sexual problems of women with rheumatoid arthritis. *Arch Phys Med Rehabil* 1981;62:122-123. [PMID: 7235896]
- Bhadauria S, Moser DK, Clements PJ, Singh RR, Lachenbruch PA, Pitkin RM, Weiner SR. Genital tract abnormalities and female sexual function impairment in systemic sclerosis. *Am J Obstet Gynecol* 1995;172:580-587. [PMID: 7856689 DOI: 10.1016/0002-9378(95)90576-6]
- El Miedany Y, El Gaafary M, El Aroussy N, Youssef S, Ahmed I. Sexual dysfunction in rheumatoid arthritis patients: arthritis and beyond. *Clin Rheumatol* 2012;31:601-606. [DOI: 10.1007/s10067-011-1891-2]
- Yilmaz H, Polat HA, Yilmaz SD, et al. Evaluation of sexual dysfunction in women with rheumatoid arthritis: a controlled study. *J Sex Med* 2012;9(10):2664-2670.
- Packham JC, Hall MA, Pimm TJ. Long-term follow-up of 246 adults with juvenile idiopathic arthritis: predictive factors for mood and pain. *Rheumatology (Oxford)* 2002;41:1444-1449. [PMID: 12468828 DOI: 10.1093/rheumatology/41.12.1444]
- Elst P, Sybesma T, van der Stadt RJ, Prins AP, Muller WH, den Butter A. Sexual problems in rheumatoid arthritis and ankylosing spondylitis. *Arthritis Rheum* 1984;27:217-220. [PMID: 6696775 DOI: 10.1002/art.1780270214]
- Hill J, Bird H, Thorpe R. Effects of rheumatoid arthritis on sexual activity and relationships. *Rheumatology (Oxford)*. 2003 Feb;42(2):280-286.
- van Berlo WT, van de Wiel HB, Taal E, Rasker JJ, Weijmar Schultz WC, van Rijswijk MH. Sexual functioning of people with rheumatoid arthritis: a multicenter study. *Clin Rheumatol* 2007;26(1):30-38.
- Karlsson B, Berglin E, Wällberg-Jonsson S. Life satisfaction in early rheumatoid arthritis: a prospective study. *Scand J Occup Ther* 2006;13:193-199. [PMID: 17042467 DOI: 10.1080/11038120500462337]
- Le Gallez P. Teratogenesis and drugs for rheumatic disease. *Nurs Times* 1988;84:41-4.
- World J Orthop* 2014 April 18;5(2):107-111.