IBD is a chronic disorder that can lead to significant morbidity and impairment in quality of life. The World Health Organisation defines sexual health as a state of physical, mental and social well-being in relation to sexuality. Sexual health (function and dysfunction) in individuals with IBD is often overlooked. This may be due to an underestimation of the magnitude of the problem, compounded by a gastroenterologist’s perceived lack of confidence or time to discuss the topic, a perceived lack of patient engagement and/or a perceived lack of resources to deal with the issues at hand. Sexual dysfunction, defined as difficulty in sexual functioning for a minimum of six months (excluding substance or medication induced dysfunction), is common. The dysfunction may involve any part of the sexual cycle: desire or arousal (hypoactive sexual desire disorder), orgasm (orgasmic disorder), or pain (sexual pain disorder). Chronic illness with resultant psychological effects—including fatigue, altered body image, and the effects of medical and surgical therapies—can independently contribute to sexual dysfunction. While sexual dysfunction affects 41% of women worldwide, it has been reported in up to 54% of women with IBD. Erectile dysfunction is age dependent, affecting up to 52% of men aged 40–70 years in the general population but with reports of 43% in a younger IBD cohort. The reluctance to discuss sexual health in individuals with IBD is reflected in the relative paucity of data in this area. Gastroenterologists should understand that they can contribute to the comprehensive biopsychosocial care of the patient by considering sexual health as part of the routine clinical assessment and by readily engaging other care providers, including gynecology, physical therapy, psychology and surgery, as appropriate.

References
Society of Obstetricians and Gynecologists of Canada: https://www.sexandu.ca/
Options for Sexual Health: https://www.optionsforsexualhealth.org