SEXUALITY AND SEXUAL FUNCTION IN IBD

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SPEAKER DISCLOSURE: CYNTHIA SEOW

Company	Participation/Type of Activity
Janssen, Abbvie, Takeda, Shire, Ferring	Speaker, Advisory Boards
Pfizer	Advisory Board

SPEAKER DISCLOSURE: MAGALI ROBERT

Company	Participation/Type of Activity
Abbvie	Speaker

SEXUALITY AND SEXUAL FUNCTION IN IBD

Learning objectives:

1. Sexuality is not just about sex
   – *Understand the multidimensional aspects of sexuality*

2. You won't know if you don't ask
   – *Be comfortable broaching the topic with your patient*

3. How do I contribute to comprehensive care?
   – *Understand your role and how to engage other providers*

ABSTRACT FYI

- 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 (http://www.who.int/topics/sexual_health/en/). Sexual health (function and dysfunction) in individuals with IBD is often overlooked due to an underestimation of the magnitude of the problem compounded by a gastroenterologists 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 which is defined as difficulty in sexual functioning for a minimum of 6 months (excluding substance of 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 and 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 should readily engage other care providers, including gynecology, physical therapy, psychology, and surgery, as appropriate.

SEX TO SEXUALITY

- Sensuality
- Intimacy
- Gender identity
- Sexual health

https://www.pexels.com/photo/home-real-estate-106399/

https://pxhere.com/en/photo/774550

https://pixnio.com/architecture/house/old-wooden-house-in-field

https://en.wikipedia.org/wiki/Forglen_House

SEXUAL HEALTH WHO DEFINITION

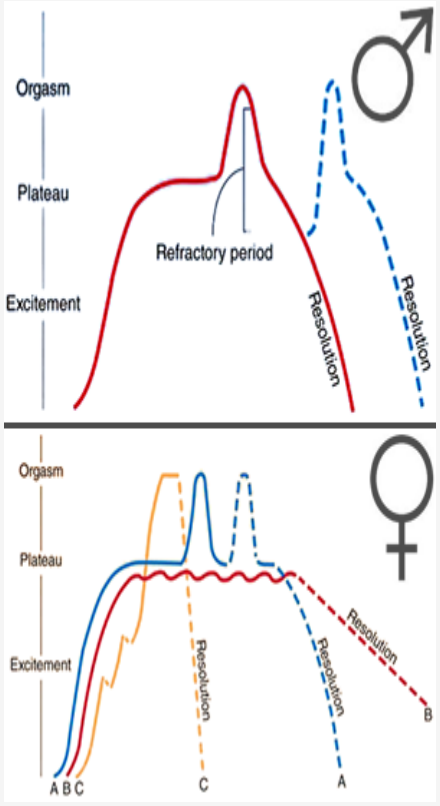
- ***Sexual health is a state of physical, mental and social well-being in relation to sexuality.***
- It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

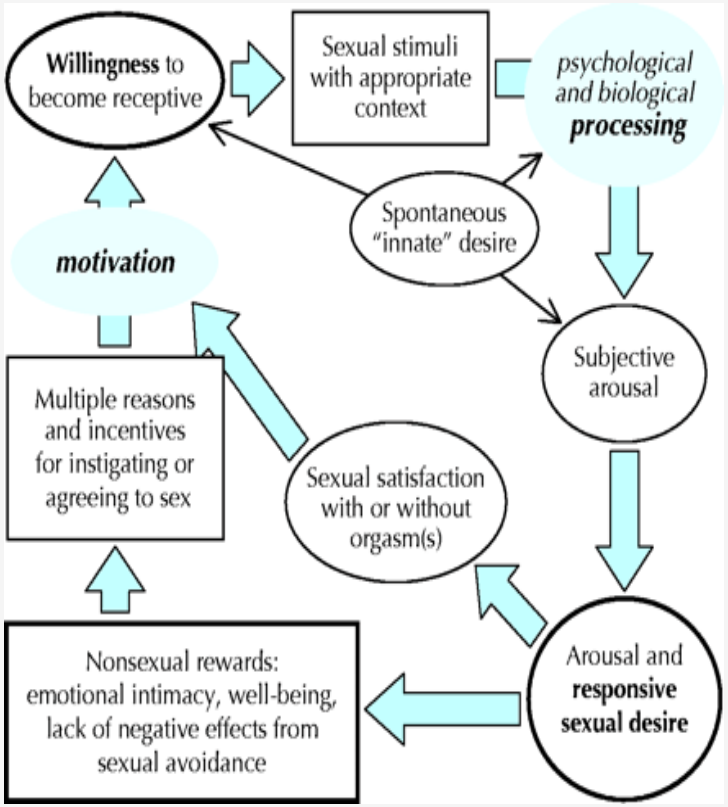
- http://www.who.int/topics/sexual_health/en/

SEXUAL DYSFUNCTION

- Difficulty for minimum of 6 months
  (excludes substance or medication induced)

- Desire
- Arousal
- Orgasm
- Pain





https://commons.wikimedia.org/wiki/File:Sexual-response-cycle.png

Basson CMAJ • MAY 10, 2005; 172 (10)

SOME NUMBERS LGBTQ: *LESBIAN, GAY, BISEXUAL, TRANS, TWO SPIRIT OR QUEER*

- In Canada: 2014, 1.7% gay/lesbian & 1.3% bisexual

- In USA: 2017 Gallup
  - 4.5% identify as LGBT (0.6% transgender)
  - 2003: In New York City, 12.4% of men reported sex exclusively with men in the 12 months prior to the survey. Most of them (~70%) identified as heterosexual.

SEXUAL BEHAVIOR AGE 25-59

	Men %	Women %
Solo masturbation	72-84	54-72
Partner masturbation	5-21	17-48
Vaginal intercourse	58-86	52-87
Oral receiving	47-78	35-74
Anal intercourse receiving	4-24	6-21

Most active age group is 30-39

LET'S BE SCIENTIFIC

- **Hypoactive sexual desire disorder**
  'Not in the mood'

- **Orgasmic disorder**
  'Can't perform'

- **Sexual pain disorder**
  'It hurts'

MAGNITUDE OF THE PROBLEM – GENERAL POPULATION

- **Females:**
- Sexual dysfunction 43.1%
- Sexually related personal distress 22.2%

- **Males:**
- Sexual dysfunction 31%
- Erectile dysfunction (age dependent)
- Premature ejaculation (age dependent)

Lack of interest:
Stable across the ages
-30% women
-15% men

ARE RATES OF SEXUAL DYSFUNCTION DIFFERENT IN THE IBD COHORT?

Issues with existing data

- Different study designs
- Different scoring tools

  (Domain vs disease specific)
- Different comparator groups

  (Other chronic diseases vs general population)
- Different outcome measures

  (Frequency of sexual intercourse vs. sexual interest vs. sexual satisfaction)
- Confounding

  (Comorbidities and medications)

SCOPE OF THE PROBLEM - IBD

- CCFA Partners n=2581 (68% survey completion)
- PROMIS® SexFS assessment

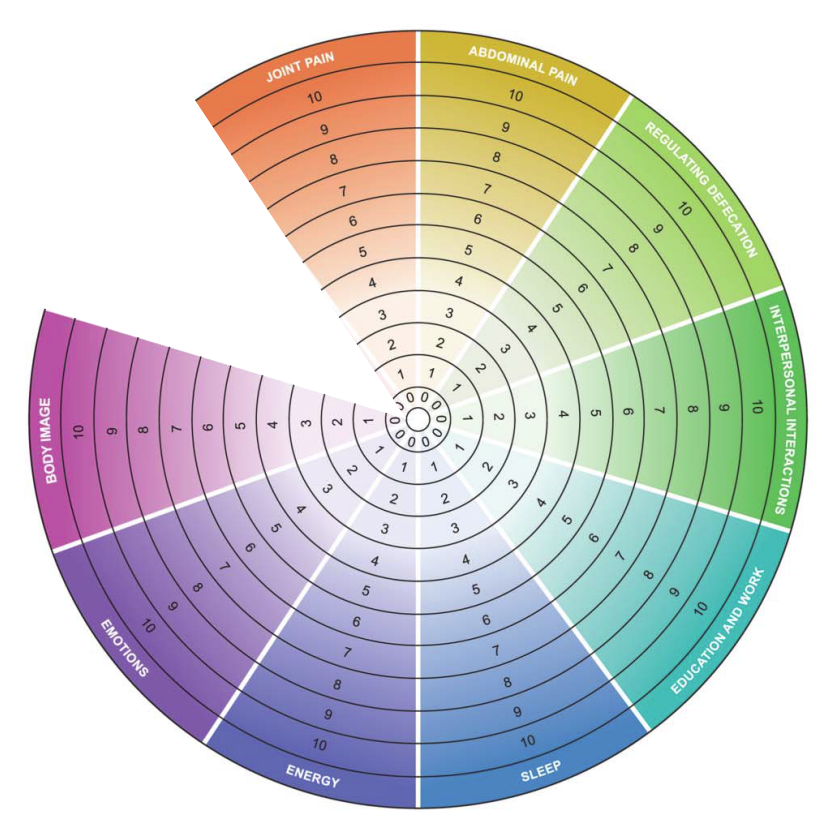
- **Interest** in sexual activity in men and women with IBD **comparable** to the general population
- **Satisfaction** with sex life was **lower**
- Sexual interest and satisfaction were inversely associated with **disease activity**
- Other negative factors: female sex, increasing age, fatigue, depression, pain, (anxiety)

WHY DON'T WE ASK ABOUT SEXUALITY AND SEXUAL FUNCTION?

- Underestimation of the magnitude of the problem

- Perceived lack of
  - confidence in discussing the topic
  - clinical time to discuss the topic
  - patient engagement
  - resources to deal with the topic
- Personal bias (experience)

IBD DISK (GHOSH IBDJ 2017)



- Abdominal pain
- Regulating defecation
- Interpersonal interactions
- Education and work
- Sleep
- Energy
- Emotions
- Body image
- Joint pain
- **Sexual functions**

UTILITY OF SCORING SYSTEMS??? LET'S BE PRACTICAL

SES-CD

CBIDQ

Mayo Score

Beck's anxiety and depression inventories

IBDQ

Rosenberg's scale for self-esteem

IBD-MSDS

PHQ-9

IBD-FSDS

SF-12

FSFI

FSDS-R

HBI

IIEF

CDAI

IBD-DI

IBDSHS

SIBDQ

JUST ASK

Only a minority discuss concerns with their physician

But as a physician, do you discuss sexual health with your patients?

PHYSICIAN-PATIENT GENDER MISMATCH: DOES IT MATTER?

- **Gynecologist:**
- Over 50% of women have no gender bias
- More important factor:
  - **Patient-centered communication**

- **Urologist:**
- 83% of males had no gender preference
- 17% preferred male

HOW TO ASK…

Sexual health is important to overall health; therefore, I always ask patients about it.

If it's okay with you, I'll ask you a few questions about sexual matters now.

Nusbaum *Am Fam Physician.* 2002 Nov 1;66(9):1705-1713.

HOW TO ASK…

Many people with IBD notice a change in their sexual life/health/function?

Has this happened to you?

HOW TO ASK…

Have you spoken to anyone about this?

I am not an expert in the area but let me try and help you as this is an important problem.

CASE STUDIES

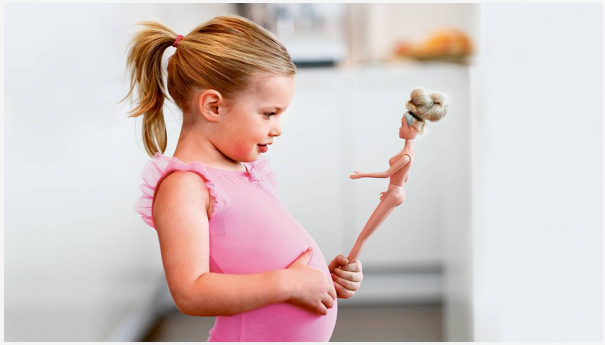
CASE 1: ACTIVE DISEASE

- 17 year old student
- Colonic Crohn's disease on infliximab
- Recent course of corticosteroids for a 'flare'
- Weight gain & acne

EFFECT OF AGE

- Peak prevalence of IBD is in the young adult population
- Adolescents with chronic diseases are more at risk for anxiety, depression, social isolation, and altered self-image.
- Implications for successful transition of this cohort.

EFFECT OF BODY IMAGE

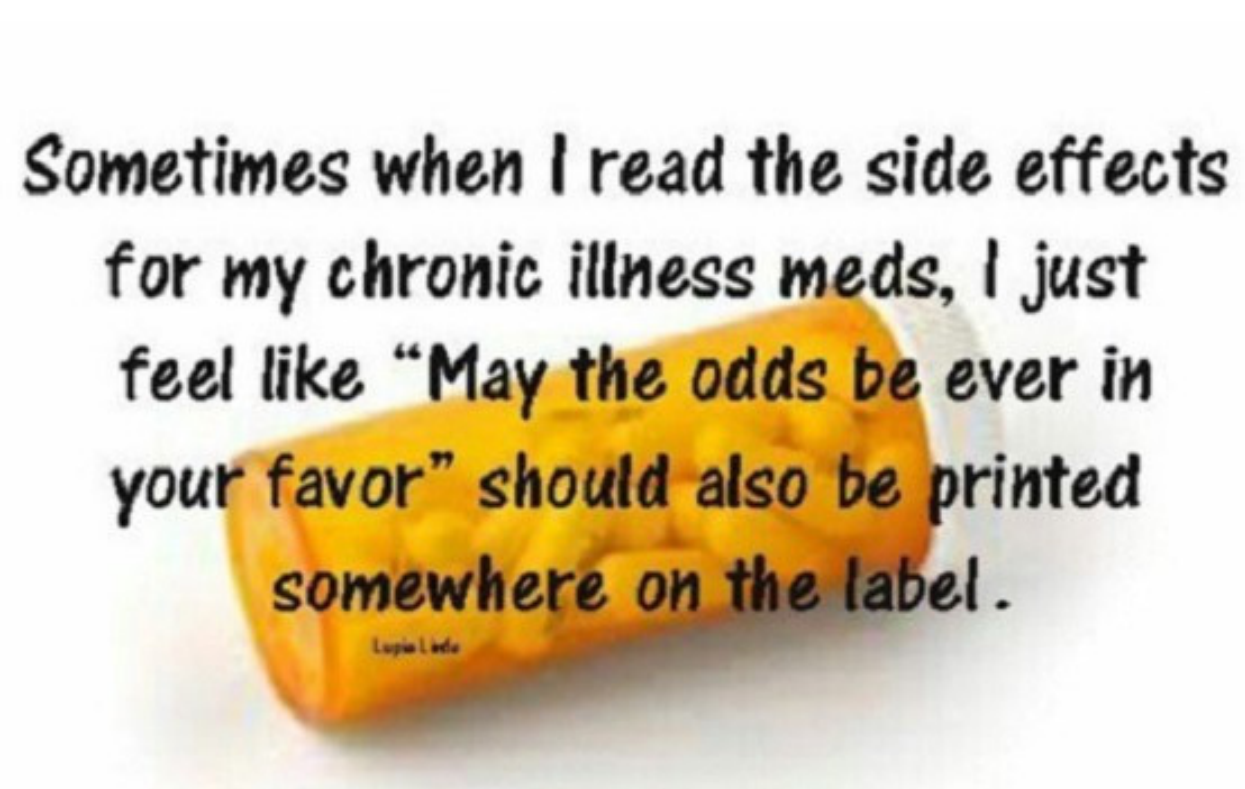


2/3 of IBD patients report impaired body image.

Significant association between body image, intercourse frequency and active disease.

Impaired function in women did not depend on the activity of the disease but also manifest in remission.

EFFECT OF MEDICATIONS



EFFECT OF MEDICATIONS

- **10% of pts omit doses due to perceived link between medications and sexual dysfunction**

- Effect of medications on body image
  e.g. corticosteroids
- Effect of medications on sexual function
  e.g. anti depressants, opiates
- Effect of medications on disease control
  e.g. biologics

KEY CONTRIBUTORS TO HYPOACTIVE SEXUAL DESIRE DISORDER

- Body image
  (includes extra intestinal manifestations)
- Medication side effects
- Comorbid illness especially depression

CASE 2: A STOMA AND PERIANAL DISEASE

- 32 year old engineer
- Ileocolonic and perianal Crohn's disease
- Has an ileostomy
- Previously had setons

SPECIFIC SURGICAL CONSIDERATIONS

- Stomas
  - Leakage
  - Noise
  - Odour
  - Body image
- Setons
  - Drainage
  - Irritation
  - Pain
  - Body image

CASE 3: ILEOANAL POUCH

- 45 year old accountant
- Has an ileo anal pouch
- Pelvic adhesions related to anastomotic leak

SURGICAL CONSIDERATIONS

- Effect of surgery on anatomy
  - Angulation of vaginal vault (pain/discharge)
  - Vaginal stenosis
- Effect of surgery on function
  - Pelvic floor dissection
  - Injury to the autonomic system plexi
- Surgical technique
  - Staple vs handsewn

WHO CAN HELP?
YOU ARE NOT ALONE!

- Family doctor
- Gastroenterologist
- Gynecologist
- Urologist
- Surgeon
- Psychologist
- Counsellor
- Physiotherapy

WEB RESOURCES

- **Sexual health resources**
- International Society for Sexual Medicine
  http://www.issm.info/
- Society of Obstetricians and Gynecologists of Canada
  https://www.sexandu.ca/
- International Society for the Study of Women's Sexual Health
  https://www.isswsh.org

- **IBD resources**
- www.badgut.org
- www.crohnsandcolitis.ca
- www.meetanostomate.org

SUMMARY

1. Sexuality is not just about sex
2. You won't know if you don't ask
3. You can contribute to comprehensive care