

Sexual dysfunction in Systemic Lupus Erythematosus patients

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To the Editor

Systemic lupus erythematosus (SLE) is an immune-mediated disease that affects mainly young women and can disturb several aspects of patients' life, leading to an impairment of its health-related quality (QoL)¹. Among the contributors to QoL impairment in this context, is the sexual dysfunction¹.

Female sexual dysfunction is a common health problem in the general population² and the presence of a rheumatic disease can aggravate it³. It may be predisposed by endocrine, social, anatomical and psychological disorders³. Pain, fatigue, functional impairment, depression, negative body image, and drug treatment are elements that may help to damage the sexual performance in SLE^{4,5}. Impaired relationship with a sexual partner was found in 55.1% of 168 Chinese lupus patients and 64.1% of them reported reduced sexual function⁴. Another study, from Spain, showed that 45.9% of 61 SLE had sexual dysfunction⁵. In both studies SLE patients had more sexual dysfunction than controls^{4,5}.

Data on SLE female sexual performance are scarce in our region; therefore, we studied 72 SLE patients and 72 controls aiming to know the prevalence of sexual dysfunction in the local population.

After approval by local Committee of Ethics in Research and signed consent, all included individuals were studied for sexual function using the Portuguese version of Female Sexual Function Index – (FSFI)⁶. FSFI is a questionnaire with 19 items that evaluate six domains: sexual desire, sexual arousal, vaginal lubrication, orgasm, sexual satisfaction and pain. Each domain had a maximum score of 6.0 with higher values meaning worse performance. Values >26.5 in the total score are considered as sexual dysfunction. All individuals were sexually active.

The clinical profile of SLE patients showed that 14% had discoid lesions; 55% malar rash; 71% photosensitivity; 59% arthritis; 21% serositis; 7% hemolysis; 27% leukopenia; 24% thrombocytopenia; 44% glomerulonephritis; 10% seizures and 6% psychosis. The serologic profile showed that 47% had anti-Ro, 19% anti-La; 23% anti-Sm; 35% anti-dsDNA; 13% aCl IgG; 10% aCl IgM; 13% were positive for lupus anticoagulant and 26% for rheumatoid factor. Antimalarials were used in 72%, glucocorticoids in 50%; methotrexate in 18%; azathioprine in 18%; mophetyl mycophenolate in 5%; and cyclophosphamide in 0.5%. None of patients were on hemodialysis.

Table I shows the comparison of FSFI results between SLE patients and controls.

Correlations studies showed that the FSFI had a weak and negative correlation with age ($p=0.006$; Spearman $Rho=-0.31$; 95% CI= -0.5 to -0.08) but no correlation with disease duration and body mass index ($p=ns$). SLE patients on antidepressants had a median vaginal lubrication score of 3.0 (IQR=0-4.2) and those without them had a median value of 3.5 (IQR=0-5.4) with $p=0.08$.

Our results showed that more than 2/3 of SLE patients from our region had sexual dysfunction and that it was 3.8 times more common than in controls. All domains of sexual performance were affected. This differs from the findings of Curry *et al.*⁷ that concluded that SLE patients has a diminished vaginal lubrication, poorer sexual adjustment, greater vaginal discomfort but normal sex drive, arousal, orgasmic attainment and satisfaction. Garcia-Morales *et al.*⁵ found differences between controls and lupus patients in all FSFI domains except satisfaction, a result that is closer to ours. As sexual behavior suffers influence of social and cultural background, such aspects may explain some of these disagreements. Sexual performance did not suffer influence of disease duration confirming the results of Garcia-Morales *et al.*⁵. The use of antidepressants did

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TABLE I. COMPARISON OF SEXUAL FUNCTION BETWEEN 72 SYSTEMIC LUPUS ERYTHEMATOSUS PATIENTS AND 72 CONTROLS

	SLE	Controls	P
Age	40.92±11.15	41.33±11.68	0.82 (*)
History of depression	27/72 (37.5%)	35/72 (48.6%)	0.17 (#)
Antidepressant use	31/72 (43.0%)	35/72 (48.6%)	0.50 (#)
Mean body mass index – Kg/m ²	27.5±6.0	26.4±4.6	0.22 (*)
Female Sexual Function Index – FSFI			
Patients with sexual dysfunction (n)	55/72 (76.3%)	33/72 (45.8%)	0.0003 (#) (§)
Sexual desire	2.4 (1.8-3.6)	3.6 (3.0-4.8)	<0.0001 (**)
Sexual arousal	3 (0-4.1)	3.9 (3-4.8)	0.002 (**)
Vaginal lubrication	3.3 (0-4.7)	4.5 (2.8-5.4)	0.007 (**)
Orgasm	3.2 (0-4.4)	4 (2.4-5.1)	0.01 (**)
Sexual satisfaction	4 (0.8-4.8)	4.8 (2.6-5.6)	0.01 (**)
Pain	4 (0-5.2)	5.6 (2.8-6.0)	0.0005 (**)
Total score – median (IQR)	20.5 (3.2-25.9)	27.4 (16.6-30.5)	0.0003 (**)

IQR= interquartile range; n= number; (#)- chi squared test, (*) unpaired t test; (**) Mann Whitney.
 (§) OR=3.8; 95%CI=1.8-7.8.

not affect vaginal lubrication with a tendency to worse values in those not using these medications.

We did not have results on secondary Sjögren's syndrome prevalence. This is a limitation of the present work, as this data would allow studying the influence of mucosal dryness on sexual performance.

Sexuality is a frequently ignored area of quality of life in SLE patients. Sexual dysfunction is a problem that can be improved by adequate counseling and intervention of health care providers. Our results points to an urgent need for careful evaluation of this problem.

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