Mini Review

BIOMEDICAL Journal of Scientific & Technical Research

ISSN: 2574 -1241

DOI: 10.26717/BJSTR.2023.48.007610

Sexual Dysfunction in Inflammatory Bowel Disease: What do we Know Nowadays?

Claudio Marino*, Marco Capece, Alessandro Giordano and Carlo D'alterio

University Federico II, Naples, Italy

***Corresponding author:** Claudio Marino, University Federico II, Naples, Italy

ARTICLE INFO

Received: January 09, 2022

Published: January 19, 2023

Citation: Claudio Marino, Marco Capece, Alessandro Giordano and Carlo D'alterio. Sexual Dysfunction in Inflammatory Bowel Disease: What do we Know Nowadays?. Biomed J Sci & Tech Res 48(2)-2023. BJSTR. MS.ID.007610.

ABSTRACT

Abbreviations: IBD: Inflammatory Bowel Disease; UC: Ulcerative Colitis; CD: Crohn's Disease; QoL: Quality of Life; IPAA: Ileal Pouch–Anal Anastomosis

Mini Review

Inflammatory Bowel Disease (IBD) is a chronic condition, which includes Ulcerative Colitis (UC) and Crohn's Disease (CD). It involves more than 1 million people in the United States and roughly 2.5 million people in Europe [1]. IBD globally affects the health of people who suffer from it, deteriorating their Quality of Life (QoL). Both classes of IBD are characterized by relapsing intestinal inflammation frequently, abdominal pain, fatigue, weight loss, and diarrhea. An aspect that healthcare providers have not often explored is the influence of the disease on the sexual sphere. This is mainly due to an unconscious resistance when asking the patients about their sexual functioning and to a lack of professional knowledge to tackle this topic [2]. In particular, regarding men with IBD, there is a paucity of literature describing their sexual function. In addition, the fact that IBD occurs between the second and fourth decades of life, when sexual identity and relationships are developing, makes it even more complex to understand its mechanisms as well as its management [3]. What we know nowadays is that physical and psychological factors come into play. Perez de Arce et al. in 1978 first described sexual dysfunction among men with IBD: of 52 married men involved in the study, 12 of them ceased sexual contact completely [4]. Instead, Moody et al. in 1993 reported no difference in sexual frequency between men with IBD and non-IBD controls. However, they noted patients' concerns related to their disease and the potential impact on sexual function [5].

In 2007, Timmer et al showed that 44% of men felt that IBD could seriously affect their sexual activity with greater dysfunction noted among men with active disease [6]. Since then, several studies have confirmed that SD rates are higher in patients with IBD than in the general population, affecting up to 15% of men with IBD compared 5% in men in the general population [7]. In July 2017, P. Rivière et al. highlighted the role of psychological factors in sexual and erectile dysfunction due to the change in image caused by malnutrition [8]. According to Jessica Philpott, MD, PhD, a gastroenterologist at Cleveland Clinic, if a person is having active inflammation, abdominal cramping, or recently underwent surgery, they may not be in the mood for sex. Moreover as reported Castillo et Al in a study published in 2021, sexual dysfunction is related to disease activity, and patients who have more severe disease have more sexual dysfunction [9]. Active inflammation in the body, in fact, can cause hormonal changes, which can decrease sex drive.

Moreover, the inflammatory cytokines, in addition to their local effect on your colon, could have a "central effect" by inhibiting sexual desire.Some researchers have also shown that while Ileal Pouch–Anal Anastomosis (IPAA) surgery (also known as J-pouch surgery) can reduce complications in the natural history of IBD, it may either improve or worsen sexual function. The surgery requires several procedures, which in some cases can damage the nerve structures responsible for the erection. This is even more frequent after the final surgery (dissection of the pelvis, where the ileal pouch is connected to the anus) [10]. In conclusion, the genesis of IBC is multifactorial, involving biological and psychosocial factors, and disease-specific factors, such as the duration and activity of the disease, drug use, and surgery. Similar to other chronic diseases, sexual dysfunction in IBD patients is higher than in the general population and may be present even before the IBD diagnosis. An early and correct diagnosis, ideally before developing surgical complications, is important to achieve better outcomes. Furthermore, a multidisciplinary approach that also provides correct psychological support of the patient could be the key to timely management and reduction of the complications of the disease, including sexual dysfunction.

References

1. Ng SC, Shi HY, Hamidi N, Underwood FE, Tang W, et al. (2017) Worldwide Incidence and Prevalence of Inflammatory Bowel Disease in the 21st Century: A Systematic Review of Population-Based Studies. Lancet 390(10114): 2769-78.
2. Perez de Arce E, Quera R, Ribeiro Barros J, Yukie Sassaki L (2021) Sexual Dysfunction in Inflammatory Bowel Disease: What the Specialist Should Know and Ask. Int J Gen Med 24(14): 2003-2015.
3. Shapiro JM, Zoega H, Shah SA (2016) Incidence of Crohn's disease and ulcerative colitis in Rhode Island: report from the Ocean State Crohn's and Colitis area registry. Inflamm Bowel Dis 22(16): 1456-1461.
4. Gazzard BG, Price HL, Libby GW, Dawson AM (1978) The social toll of Crohn's disease. Br Med J 21(2): 1117-1119.
5. Moody GA, Mayberry JF (1993) Perceived sexual dysfunction amongst patients with inflammatory bowel disease. Digestion 54(4): 256-260.
6. Timmer A, Bauer A, Kemptner D (2007) Determinants of male sexual function in inflammatory bowel disease: a survey-based cross-sectional analysis in 280 men. Inflamm Bowel Dis 13(10): 1236-1243.
7. Rivière P, Zallot C, Desobry P (2017) Frequency of and factors associated with sexual dysfunction in patients with inflammatory bowel disease. J Crohns Colitis 11(11): 1347-1352.
8. P Rivière, C Zallot, P Desobry, J M Sabaté, J Vergniol, et al. (2017) Frequency of and Factors Associated With Sexual Dysfunction in Patients With Inflammatory Bowel Disease. Journal of Crohn's and Colitis 11(11): 1347-1352.
9. Castillo, Gabriel MD Beaty, William BS Miller, Jennifer DO Sultan, Keith MD Vrabie, et al. (2021) S911Sexual Dysfunction Improves With Biologic Therapy in Men and Women With IBD. The American Journal of Gastroenterology 116: S430.
10. Hueting, W E Gooszen, H G, van Laarhoven C J H M (2004) Sexual function and continence after ileo pouch anal anastomosis: a comparison between a meta-analysis and a questionnaire survey. Int J Colorectal Dis 19(3): 215-218.

ISSN: 2574-1241

DOI: 10.26717/BJSTR.2023.48.007610

Claudio Marino. Biomed J Sci & Tech Res