

The Association Between Rheumatoid Arthritis and Women's Sexual Dysfunction

Halim Yilmaz*

Halim Yilmaz, The Department of Physical Medicine and Rehabilitation, Konya Education and Research Hospital, Konya, Turkey

Sexual dysfunction is a condition deteriorating general health status, destroying quality of life and leading to stress in women. Disorders leading to chronic pain and resulting in disability may give rise to sexual dysfunction. Rheumatoid arthritis (RA) is a chronic, inflammatory disorder seen more in women than men and progressing with joint destruction, disability and morbidity. While frequently encountered in individuals with chronic rheumatic disorders, sexual challenges are not questioned satisfactorily by health professionals [1-4].

In RA, sexual dysfunction may be encountered due to physical factors such as pain, morning stiffness, restricted joint movements and not performing sufficient physical activities, and emotional and/or psychological problems such as depression, anxiety and concerns about disfigured body image, concerns from fear of unattractiveness, and many other reasons such as increased disease activity, poor functional status, personal or social factors, decreased libido, H₂-receptor blockers used together, proton pump inhibitors and use of antihypertensive medications [1,2,4-8].

It was reported that pain in women with RA decreases sexual desire, satisfaction, duration of orgasm and number of intercourse, and patients may avoid due to the fear of increased pain and so shorten duration of intercourse [4,9]. As hand grasping force, a sign of disease activity in RA patients, decreases, sexual dysfunction increases [4,10]. Morning stiffness leads to feeling of disability; as parallel to the severity of morning stiffness, sexual dissatisfaction increases and gives rise to more concerns about disfigured body image [5].

Such factors as joint restrictions, joint deformities, swollen joints and existence of tender joints are of negative influence on sexual health [4,9-12]. Joint restrictions and deformities cause patients' bodies to be deformed, and existence of tender and swollen joints brings about chronic pain. In addition, involvement of joints may lead to sexual disability due to positional difficulties during intercourse, restrictions of physical movements and concerns from fear of unattractiveness due to disfigured body image [4,10,12,13]. Following total hip replacement performed due to severe hip involvement, nearly 50% of improvement was reported to take place in sexual dysfunction of sexually active RA patients [12]. In RA women with severe joint involvement, sexual dysfunction is more frequently encountered, compared to those without joint involvement [13]. Abdel-Nasser et al. reported that 62% of RA women experience difficulties in sexual performance, and of these, 17% fail to perform intercourse exactly due to RA [4].

Fatigue is one of the significant factors affecting sexual health negatively in RA, but fatigue is seen in different forms, so differentiating between types of fatigue is difficult. Whether an underline cause is present or not, mental or physical fatigue can be defined. Nikolous et al. reported that experiencing fatigue and related effects may differ from person to person and may change with gender, age, emotions and roles in daily life [14].

In RA patients, as well as physical problems, such psychological factors as depression, anxiety, and concerns about body image and from fear of unattractiveness are reported to lead to sexual dysfunction [3,4,6,8,10,12,15]. Depression is a commonly encountered finding in RA and causes sexual dysfunction by decreasing sexual desire,

arousal, lubrication, orgasm and satisfaction [4,6,10]. In a study, it was reported that perception of body image is destroyed in 50% of juvenile RA, and of these patients, only 28.2% experience challenges in sexual intercourse [8].

Another factor affecting sexual functions in RA women is disease activity [4,10,16]. Among subscales of disease activity, number of swollen joints, number of tender joints and level of pain affect sexual functions negatively. Therefore, the fact that severe disease activity leads to sexual dysfunction is an expected condition. Health assessment questionnaire (HAQ) is used to assess level of functional ability in RA patients and includes fine motor abilities of upper extremities, locomotor activities of lower extremities and different activities of both upper and lower extremities. In some studies, level of poor functional ability defined via HAQ was reported to affect sexual functions negatively [4,6,10].

Sexual dysfunction is one of the most commonly seen challenges among RA women and associated with many factors related to RA. Therefore, as a factor, sexual dysfunction should be suspected in women with RA by health professionals, and such patients should be evaluated as to existence of sexual dysfunction in RA. Sexual satisfaction is a significant indicator of general satisfaction obtained from life in RA patients, and lower rate of sexual well-being demonstrates that the rate of happiness in all fields of life is decreased. So, it is considered that pharmacologic treatments to increase physical activity and mobility and to decrease severity of disease, depressive symptoms and pain, and the use of physiotherapy interventions may contribute to decreasing sexual dysfunction in RA women.

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*Corresponding author: Halim Yilmaz, The Department of Physical Medicine and Rehabilitation, Konya Education and Research Hospital, Konya, Turkey, E-mail: drhalimyilmaz@hotmail.com

Received January 24, 2013; Accepted March 15, 2013; Published March 17, 2013

Citation: Yilmaz H (2013) The Association Between Rheumatoid Arthritis and Women's Sexual Dysfunction. *Int J Phys Med Rehabil* 1: 115. doi:10.4172/2329-9096.1000115

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