Intimacy, Sexuality and Reproductive Issues in IBD

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Intimacy in IBD

- IBD has an impact on the quality of life regarding partner relationships and sexual health.
- unique psychologic issues in addition to the difficulties of living with a chronic disease
- targeted minimally for investigation in the literature
- most patients do not discuss such issues (e.g., sexuality, body image, and effect on relationships)
Furthermore,...

- because of the private nature of sexuality, physicians feel uncomfortable discussing such issues.
- those physicians who are comfortable discussing are not appropriately trained to assess such issues.
- the psychiatrist or psychologist, who, although trained to assess these issues, may not be well-versed in IBD.
- a multidisciplinary approach to treatment
Problems

• Difficulties in forming relationships <-fear of rejection
• both direct (e.g., fatigue, constant diarrhea, abdominal pain) and indirect (e.g., side effects of medication, consequences of surgery) effects disrupt body image, sexual functioning, and interpersonal relationships.
• Behaviors that are “hidden,” such as chronic diarrhea and abdominal pain, flatulence are especially difficult to discuss
## Impact of IBD in sexuality

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<thead>
<tr>
<th>Therapy related</th>
<th>Disease related</th>
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<tbody>
<tr>
<td>Surgery</td>
<td>Skin lesions</td>
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<td></td>
<td>– Perianal complications</td>
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<td>– Draining cutaneous fistulae</td>
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<td>Medical</td>
<td>Joint involvement</td>
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<td>Deformities</td>
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<td>General</td>
<td>fatique</td>
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<td>General</td>
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<td>Pain, fatigue, flatulence</td>
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- Surgical scars
- Stoma
- Side effects from medications (candida, hair loss, moon face, acne)
- Perianal complications
- Draining cutaneous fistulae
- Fatigue
- General

4/30/14
Sexual Functioning in Surgical Patients with Ibd

- 25% UC, 70% of CD will require surgery within 10 and 20 years of their diagnosis
- 26% of women complained of dyspareunia following pelvic surgery
- Most of the investigations reported that because of improved general
Causes of sexual dysfunction

• 49% women had a distressing vaginal discharge, compared with 9% before surgery (Scaglia et al)
• 12% of women reported dyspareunia before surgery and 27% recounted dyspareunia afterwards;
• 35% of 23 women stated that the frequency of intercourse increased, none reported a decrease in sexual functioning, and 16% reported an increased quality of orgasm (Damgaard)
Solutions

• rapport between partners following surgery correlated with poor sexual relations before surgery -> indicating the importance of effective communication and support in interpersonal relationships.

• Gloeckner reported that patients wished their partners had been included in sexual counseling postoperatively.

• uncertainty of disease activity, energy level, being a burden on others, and producing unpleasant odors.
However..

• keeping quiet may not fare well with respect to relationship and sexual health.
• it is often the healthy partner who recounts how the identified patient refuses to discuss his or her illness or his or her feelings surrounding it.
• Anxiety regarding possible symptoms of disease inhibits sexual drive and activity and may be representative of one of the difficulties that individuals with these illnesses encounter.
Solutions..

- A level of trust and closeness must be felt before disclosure; find the right moment to disclose such information.
- Although disclosure is difficult, it increases intimacy and relieves anxiety.
- “her/his problem” is now “your problem”
- see gastroenterologists initially with the partner
Gynecological Issues

• 25% patients incur some gynecologic difficulty (CD>UC).
• the difficulties that are experienced are both physically painful and emotionally troublesome
• abscesses and fistulas, urgency may interfere with individual's ability to have intercourse or engage in other sexual activities.
• irregularities in the menstrual cycle, long delays and amenorrhea, and pelvic masses
Menses & Pre-Adolescence

Pre-adolescence:
• Delayed onset of menses
• Delayed growth rates
• Delayed maturation & secondary sex characteristics

Adolescence:
• Bowel-pattern fluctuation during the menstrual cycle
• IBD symptoms may increase during the menstrual cycle
Use of Oral Contraceptive (OCP)

- OCPs used for contraception should probably have a lower estrogen content
- OCPs should be avoided in women with known history of high coagulation
- OCPs should be avoided in IBD-associated liver disease
- Oral contraceptives not likely high risk
Abnormal Pap Smears in IBD

• IBD is associated with higher incidence of having an abnormal Pap smear
• Abnormal Pap smears associated with both infection and progression to cancer
• Use of azathioprine - increase three-fold the risk of having abnormal Pap smear
• *It is the immune suppression and not IBD that increases the risk for abnormal Pap smears*
IBD and Human Papilloma Virus

• Annual pap smear
• Consider HPV vaccine for all women ages 9-26
• Squamous cell anal cancers associates with HPV (increase risk with perianal disease)
IBD and Menopause

- IBD does not affect menopause
- Patients on HRT significantly less likely to flare within the first 3 years after menopause
Fertility in women with IBD

• Similar compared to the general population (15% infertility rate)
  - 1.0 births/CD (n=128) vs 1.81
  - 1.2 birth/ UC (n=85) vs 1.81

• Voluntary childlessness leads to smaller family independent of prior pregnancy due to the disease related fear
  - CD 18%, UC 14% vs 6.2%

InFertility in women with IBD

SURGERY:
- **IPAA** 3X infertility: 26-48% vs 12-15% sec to adhesions and scaring tubes;
- injuries of pelvic nerves (clitoral sensation, dyspareunia) (36% vs 17%)
- colectomy with ileostomy, IRA & lap IPAA lower infertility rates (30%)
- alternatively IVF should be considered

ACTIVE DISEASE (CD):
- inflammation of the fallopian tubes & ovaries, dyspareunia caused by recto-vaginal fistulas perianal disease
- decreased sexual drive due to changes in body image, fear of incontinence, fatigue, steroids

Fertility in men with IBD

- lower than general population (voluntary or related to disease)
- Abnormal semen quality in CD has been associated with disease activity, poor nutritional status, and zinc deficiency malnutrition
- Tobacco and ETOH reduce fertility
- Sulfasalazine causes oligospermia; independent of the dose, resolves in 3 months
- Post-IPAA retrograde ejaculation and erectile dysfunction (0-10%); sexual function is reported to improve with/wo therapy

Effect of IBD in Pregnancy

• Woman with **inactive** IBD have the same course of pregnancy as woman without IBD
• Woman with inactive IBD appear no more likely to experience spontaneous abortions, still birth, or children with congenital abnormalities
• The goal is to be in remission at the time of conception and keep the remission during pregnancy
• In pregnant women with inactive disease, relapses when they occur, usually occur in the first trimester or postpartum.

Disease Activity Trends During Pregnancy in women with CD

Disease Activity Trends During Pregnancy in women with UC

Effect of IBD in Pregnancy

- Woman with *inactive* IBD appear no more likely to experience spontaneous abortions, still birth, or children with congenital abnormalities.
- Based on the data available outcomes studies and literature patients should be informed that there is a small risk for SGA and preterm delivery (CD>UC); however, this risk mainly seems to be associated with poor disease control, rather than the diagnosis itself.
- Women with IBD are 1.5 times more likely to undergo C section, regardless of perianal disease.

PIANO study: 1,115 pregnant women from 30 IBD centers, questionnaires based, entry, during each trimester, at delivery, and then at months 4, 9, and 12 of the first year of the child's life. 896 women who have thus far delivered their babies (57% CD):

• 33 (4.1 %) spontaneous abortions and 37 (4.6 %) CAs.
• Thiopurines and anti-TNF agents does not increase spontaneous abortions, congenital abnormalities, preterm birth, intrauterine growth retardation, caesarean section, even when adjusted for disease type or disease activity.
• 72 % were breastfed but not association with an increase or decrease in infection risk among drug exposures and within each drug category.
• The study showed a significant increase in infant infections at 12 months of age in the combination therapy group relative to the unexposed group (group AB, RR 1.50 [1.08-2.09]

Conclusions

- Psychosocial aspects of IBD as they relate to interpersonal relationships, body and sexual self-image, pregnancy, and surgery are topics that women need to explore and discuss with their physicians and significant others to facilitate adjustment to these diseases.
- Effective communication not only between partners but also between patient and physician is essential to adequately address the psychosocial and emotional consequences of these women in the context of their sexual identities and interpersonal relationships.
Thank you!