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CORRELATION OF SEXUAL FUNCTION WITH QUALITY OF LIFE, DISEASE ACTIVITY AND SYMPTOMS OF DEPRESSION IN PATIENTS WITH PSORIATIC DISEASE

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INTRODUCTION

Multiple psychological comorbidities as depression, anxiety, feelings of embarrassment, social isolation, low self-esteem, decreased quality of life and stigmatization are common in psoriatic patients and may contribute to sexual dysfunction. The objective of this work was to correlate sexual function with quality of life, disease activity and symptoms of depression in patients with psoriatic disease.

MATERIALS AND METHODS

Observational and cross-sectional study of 55 patients (32 women and 23 men with an average age of 56 years) from cutaneous-joint disease sector of the university hospital was performed using sexual quotient (SQ), the female sexual function index (FSFI) and the International Erectile Function Index (IEFI) questionnaires to assess sexual function. Quality of life and symptoms of depression were assessed by DLQI and BDI, respectively; disease activity was measured by PASI and by counting painful and swollen joints. Data analysis was performed, using the chi-square and Student's t-tests. Pearson's correlation was performed. The significance criterion was 5%.

RESULTS

Thirty-five patients had PASI < 10, while 20 had PASI > 10. Twenty-five patients had joint involvement with an average of 12.8 painful joints and 5.8 swollen joints. The mean, median, standard deviation and p-value were, respectively, 12, 9, 10 and 0.140 for BDI; 56, 64, 29 and 0.624 for SQ; 17, 24, 15 and 0.804 for FSFI; 19, 21, 9 and 0.295 for IEFI; 9, 6, 8 and 0.484 for DLQI. There was a positive correlation (+0.571, $p = 0.01$) between DLQI and BDI and a negative correlation between BDI and QS (-0.519, $p = 0.01$). There was a trend for an association between age and SQ ($p = 0.126$) and between DLQI and SQ ($p = 0.147$). The disease, regardless of PASI and the number of compromised joints, led to an unsatisfactory sexual performance, without statistical significance.

DISCUSSION

Sexual health is defined by the WHO as a state of physical, emotional, mental, and social well-being in relation to sexuality, and not merely the absence of disease, dysfunction or illness. A pioneering study conducted in 1997 showed sexual dysfunction to be present in up 40.8% of psoriatic patients, even after controlling for potential confounders, such as alcohol consumption and depression. The effect of psoriasis on sexual health may be linked to several factors, including the physical appearance, sedentary lifestyle, decreased libido, skin desquamation, pain joints and by treatment.

CONCLUSION

The symptoms of depression correlated with sexual function in psoriatic patients and should be taken into account when assessing patients' quality of life, which is ultimately the individual's perception of their disease.

Table 1.

		AGE	SQ
AGE	Pearson's correlation	1	- 209
			0.126
	N	55	55
SQ	Pearson's correlation	- 209	1
		0.126	
	N	55	55

There is a negative linear correlation between age and sex ratio and vice versa, but not significant ($p = 0.126$)

Table 2.

		BDI	SQ
BDI	Pearson's correlation	1	- 0.519
			0.000
	N	55	55
SQ	Pearson's correlation	- 0.519	1
		0.000	
	N	55	55

There is a correlation with statistical significance ($p = 0.01$). There is a strong negative linear correlation (-0.519)

Table 3.

		DLQI	SQ
DLQI	Pearson's correlation	1	- 0.198
			0.147
	N	55	55
SQ	Pearson's correlation	- 0.198	1
		0.147	
	N	55	55

There is a negative linear correlation between DLQI and SQ. Again, without significance ($p = 0.147$)

Table 4.

		DLQI	SQ
DLQI	Pearson's correlation	1	0.571
			0.000
	N	55	55
BDI	Pearson's correlation	0.571	1
		0.000	
	N	55	55

There is a correlation with statistical significance ($p = 0.01$). There is a strong positive linear correlation (+0.571)

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