

Correlation among gender, genital psoriasis and sexual function in patients with psoriasis and psoriatic arthritis

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INTRODUCTION

Psoriasis is a multisystem, inflammatory, chronic and recurrent disease that affects the skin, genitals, nails, scalp and joints, with a significant impact on quality of life and may contribute to sexual dysfunction. The aim of this study was to correlate gender, genital psoriasis and sexual function in patients with psoriasis and psoriatic arthritis.

Table 1. Genital lesions in psoriasis and psoriatic arthritis

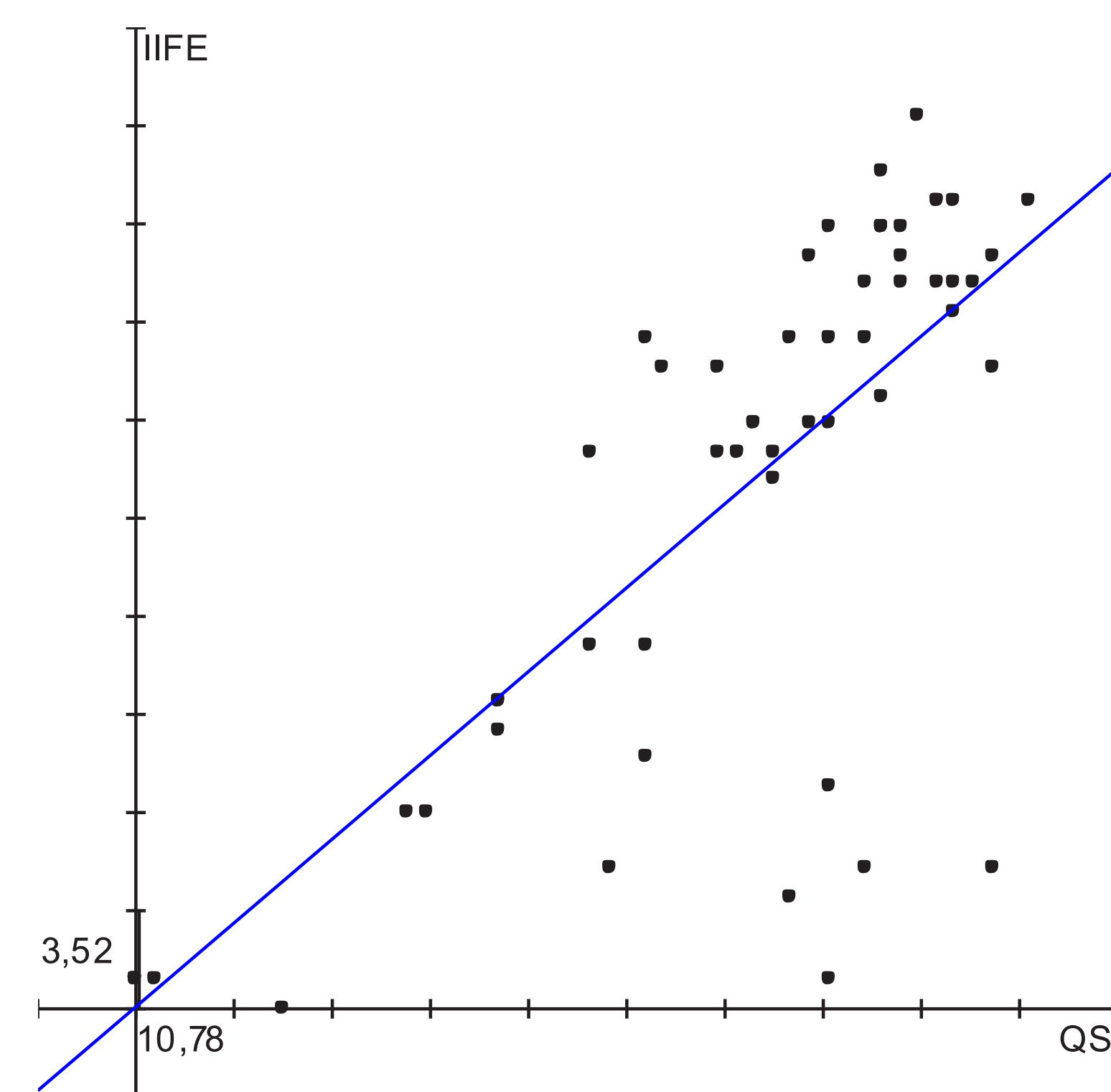
Genital lesions	Psoriasis	Psoriatic arthritis	Total
No lesion	35	41	76
With lesion	25	19	44
Total	60	60	120

Table 2. Average in International Erectile Function Index and Female Sexual Function Index

Gender	IIFE	FSFI
Male	18.05	–
Female	–	16.78
Total	18.05	16.78

IIFE: International Erectile Function Index
FSFI: Female Sexual Function Index

Graphic 1. Correlation between International Erectile Function Index and Sexual Quotient



IIFE: International Erectile Function Index
SQ: Sexual Quotient

METHODS

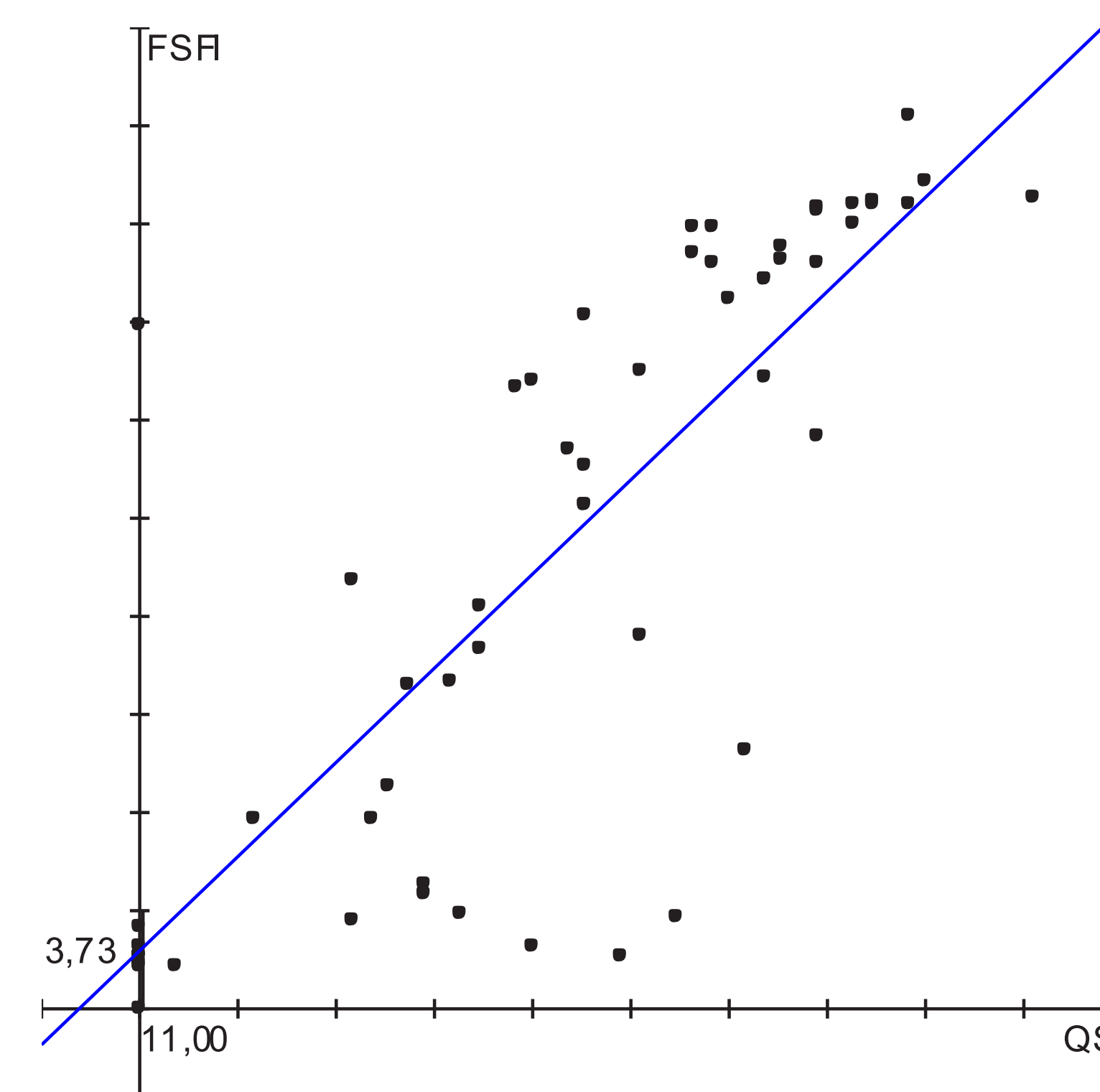
Observational, analytical and cross-sectional study of 120 patients [30 men and 30 women with psoriasis (PASI) and 30 men and 30 women with psoriatic arthritis (CASPAR)] aged between 18 and 83 years, of whom 44 had genital lesions. (Table 1) The evaluation of sexual function was performed by the sexual quotient (SQ - unfavorable performance <62), the female sexual function index (FSFI - sexual dysfunction <26.5) and the International Erectile Function Index (IEFI - erectile dysfunction <26) questionnaires. The patients were accompanied at the cutaneous joint diseases sector of the university hospital. Data analysis was performed, using the chi-square test. Pearson's correlation was performed. The significance criterion was 5%.

Table 3. Genital lesions and the means of sexual quotient

Genital lesions	SQ
No lesion	53,82
With lesion	55,86
Total	54,57

SQ: Sexual Quotient

Graphic 1. Correlation between Female Sexual Function Index and Sexual Quotient



FSFI: Female Sexual Function Index
SQ: Sexual Quotient

RESULTS

The mean score was 18.05 for IIFE; 16.78 for FSFI; 54.57 for SQ, which represents, respectively, mild to moderate erectile dysfunction, sexual dysfunction, and reduced sexual function with fair to poor performance. (Tables 2 and 3) Regarding the presence of genital lesions, the mean SQ was 55.85 against 53.82 in patients without genital lesions. There was a positive correlation between IIFE and QS. (+0.77, r=0.592) (Graphic 1) and between FSFI and QS (+0.83, r=0.688) (Graphic 2). There was no dependence relationship (p-value= 25.57%) between the variables, existence of genital lesion and cutaneous or joint disease.

DISCUSSION AND CONCLUSION

Sexual dysfunction is characterized by the lack of proper functioning of one of the phases that make up the sexual cycle. More than 63% of patients present with a psoriasis lesion in the genital region at some stage of life. Several studies report the negative impact of psoriasis on sexual function in both sexes with frequencies ranging from 22.6% to 71.3%. The effect of psoriatic disease on sexual health may be linked to several factors. This study confirmed sexual dysfunction in patients with psoriasis or psoriatic arthritis, regardless of gender. However, the presence of genital lesions did not correlate with the degree of sexual dysfunction.

