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to acknowledge the impact of disease on the patient, including required adjustments to daily routine, family life, diet and activity conveys a lack of understanding and validation of the person with IBD. Household social rules about toilets, meals and bowel control influence the family's support of the person with IBD and whether home is seen as an emotionally safe or unsafe place. The challenges of living with a changeably visible and invisible disease are compounded by an expectation that family should not need "evidence" to prove the presence and impact of IBD. IBD can widen pre-existing cracks in the family structure, amplifying the loss of support and of relationships already being experienced. Inadequate family support may impact on the individual's ability to cope with his/her illness on a broader social scale.

Conclusions: There is no guarantee that family members will be supportive towards the person with IBD. IBD is a family affair, impacting all family members. Lack of support may follow a family history of unsupportive behaviours which become intensified by illness. Kinship stigma appears to be more difficult to experience than other forms of stigma and may have wide-ranging implications for nurses and families caring for someone with a chronic illness. Assessing family response and attitude towards chronic illness may be fundamental for providing appropriate supportive nursing care to the patient and family.

N799

Inflammatory bowel disease affects sexual female desire and sexual female excitement

J. Barros*, J. Baima, F. Renosto, R. Silva, E. Farineli, G. Batista, M. Dorna, R. Saad-Hossne, L. Sassaki
Paulista State University - Botucatu Medical School, Botucatu, Brazil

Background: Sexual Dysfunction (SD) is a multidimensional problem, characterized by lack, excess, discomfort and/or pain during sexual intercourse, affecting one or more phases of sexual response (desire, excitement, orgasm and resolution). A specialized nurse for the assistance of Inflammatory Bowel Disease patients must recognize, identify possible dysfunctions and intervene in problems and act with sense of social responsibility and commitment to citizenship as a promoter of health. Objectives: The aims of this study were to evaluate the prevalence of female sexual dysfunction in IBD patients and identify clinical and psychological factors associated with it.

Methods: It was an observational study with 56 IBD outpatients and 70 controls paired by age. The control group consisted of healthy individuals who were companions of the patients, not spouses. The Short Medical Outcomes Study Questionnaire (SF 36) was used to measure the healthy related quality of life. The women's sexual response assessment was done through the Female Sexual Function Index (FSFI). Statistical analysis: descriptive statistics, Chi-square test (χ^2).

Results: The mean age was 38.8y (± 10.19) in IBD group and 38.4y (± 10.15) in control group. Among the IBD group 55% had Crohn's Disease (CD), 45% with perianal disease, 42% in disease activity and 3% had stoma. Twenty-five women had Ulcerative Colitis (UC), 72% presented pancolitis and 16% were in disease activity. SD was prevalent among the IBD group, although without difference when compared to the control group (45.6% vs 32.8%; $p=0.14$). Impairment was observed in all evaluated domain, with statistical difference between the domain desire (3.17 ± 1.21 vs 3.79 ± 1.11 ; $p=0.003$) and excitement (2.76 ± 2.09 vs 3.5 ± 1.94 ; $p=0.04$) between patients and controls. There was no statistical difference in the domain lubrication (3.27 ± 2.37 vs 3.96 ± 2.23 ; $p=0.19$), orgasm (3.1 ± 2.32

vs 3.82 ± 2.2 ; $p=0.16$), satisfaction (3.3 ± 2.46 vs 4.04 ± 2.25 ; $p=0.15$) and pain (8.3 ± 6.17 vs 9.57 ± 5.91 , $p=0.65$). Alcoholism ($p=0.05$) was associated with SD in the women with IBD. In the control group the associated variables were dyspareunia ($p=0.001$), low self-esteem ($p=0.001$), sex life satisfaction ($p=0.037$) and sexual abstinence ($p \leq 0.0001$). There were no association among quality of life, presence of anxiety or depression and SD in IBD group. On the other hand, there was correlation among SF-36 physical aspects ($p=0.009$) and SF-36 emotional aspects ($p=0.006$) and the presence of SD.

Conclusions: Female sexual dysfunction was a common finding in our study. Impairment in desire and sexual female excitement domains were more prevalent in IBD patients when compared to control group.

N800

Statistical comparison of predictors of quality of life in inflammatory bowel disease

A. Rivera Sequeiros*¹, E. Gil García², R. Chillón Martínez³

¹Hospital San Juan de Dios del Aljarafe, Internal Medicine, Seville, Spain; ²University of Seville, Nursing Department, Seville, Spain;

³University of Seville, Physiotherapy Department, Seville, Spain

Background: Impairment of the quality of life in IBD is multifactorial, but primarily has been attributed to clinical variables. The study of the predictors of this impairment has become a priority for nurses. Currently a large variety of socio-demographic, clinical, psychological, social and functional predictors have been detected that could be used to improve the quality of life. It would be very useful to know which are the most influential to prioritize our performance.

Methods: A descriptive study to identify predictors of quality of life in a population of 181 patients diagnosed with IBD. IBDQ-36 was used to measure the quality of life and 8 questionnaires to measure socio-demographic variables, clinical activity, self-care, family support, social support and psychological variables (depression, coping, ... Simple linear regressions between 18 predictors significantly associated ($p < 0.05$) were performed with quality of life. Finally, the coefficients of determination (R^2), that indicate quantitatively the influence on the quality of life, were compared.

Results: The top 10 predictors, with a higher coefficients of determination (R^2 : 0.465–0.077, $p < 0.05$), were: trouble performing daily activities, depression, pain, clinical activity, walking problems, ineffective emotional coping, problems for self-care, relapses, corticosteroids and low perception of self-control. Knowledge of self-care, family support and social support are next. The predictor with lower influence was the type of Inflammatory Disease (Crohn vs colitis), $R^2: 0.019$. TABLE01

Conclusions: Functional requirements, related to the person's autonomy, and psychological disorders influence the impairment of quality of life more than clinical variables such as pain or clinical activity. Nursing consultation should focus on the functional and psychological assessment of the patient, enhancing autonomy and emotional coping. That way we can improve the quality of life parallel to clinical treatment.

N801

Patient opinion assessment of a comprehensive clinical tool to improve health-care in inflammatory bowel disease. The Implica-2 project

L. Sanroman Alvarez*, M. Figueira Alvarez, M.L. De Castro Parga,