

Cystic Fibrosis Research News

Title:

Sexual dysfunction in cystic fibrosis

Lay Title:

Do adult patients with cystic fibrosis suffer from sexual dysfunction?

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What was your research question?

Sexual dysfunction has not been the subject of in-depth research in people with cystic fibrosis (CF). Sexual dysfunction includes issues such as erectile dysfunction (ED) in men, sexual dissatisfaction, sexual interest/arousal disorders, or dyspareunia (painful intercourse) in women. The aim of this study was to determine the prevalence of sexual dysfunction in adults

Cystic Fibrosis Research News

with CF, factors associated with sexual dysfunction, and the impact of sexual dysfunction on quality of life.

Why is this important?

Advances in medical treatment have increased the life expectancy of people with CF (pwCF). Adults must not only manage later-onset complications relating to cystic fibrosis (CF) but also face new challenges in terms of having a professional career, having personal relationships, and sexual life. However, little is known about the prevalence of sexual dysfunction in pwCF since the research in CF is more medically oriented, focusing on contraception and assisted reproduction.

What did you do?

We conducted a multicentre study in pwCF followed in specialist centres in Western France. We assessed sexual dysfunction and its severity using validated self-questionnaire in men and women. We evaluated the quality of life in both sexes using the CFQ-R14+ questionnaire.

What did you find?

In total, 77 men and 74 women completed the sexual function questionnaire, on average the men were 32 years old and the woman 25 years old. Among them 21% of men reported ED and 30% of women reported sexual dysfunction. In women, the 2 most impaired items were desire and pain. Sexual dysfunction was not associated with severity of the respiratory disease.

Quality of life (CFQ-R14+ score) was significantly diminished in men with ED compared to those without : higher rate of eating disorders, altered physical and mental health status, less social interactions, feeling marginalisation without ED. One factor associated with sexual dysfunction was faecal incontinence: woman with faecal incontinence had more frequent sexual dysfunction and men had higher severity of ED

What does this mean and reasons for caution?

During this study we did not take into account several factors that are known to negatively impact sexual function like cardiovascular affections (Arterial hypertension, dyslipidemia), tabaco use or other drug abuse We showed that the prevalence of sexual disorders is relatively high in pwCF, but similar to that observed in general population of the same age (25% of men and 19 to 45% of women in the general population reported sexual dysfunction). Therefore, it seems important to train specialist teams to address the issue of sexuality



Cystic Fibrosis Research News

without embarrassment, and to encourage them to seek out and treat faecal incontinence, which is associated with a greater severity or frequency of these symptoms.

What's next?

This study was conducted before the prescription of high effective CFTR modulators therapies became widespread, which has spectacularly improved the health of people with CF. Modulator use may aid some of the mechanisms responsible for sexual dysfunction like nutritional status, depression, poor self-image etc. Studies now need to be repeated in people taking high effective CFTR modulators therapies using the same measures to explore putative modifications of the prevalence of sexual dysfunction in both sexes.

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