Correlation between the two questionnaires used to assess sexual function in psoriatic patients

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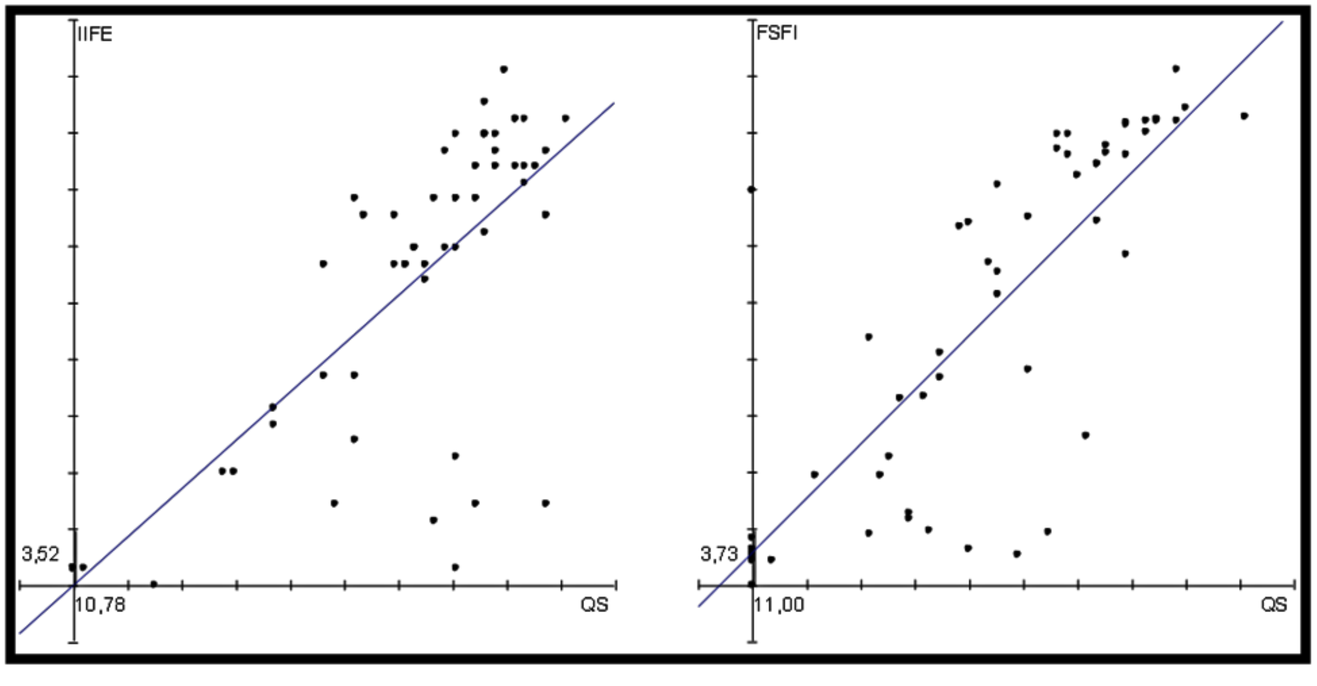
BACKGROUND

Psoriatic disease is prevalent (1-3% of the world population has psoriasis and of these, approximately 30% have arthritis). According to the WHO, sexual dysfunction affects 40.8% of psoriatic patients. Previous Brazilian work found that this prevalence can reach 68% in women. However, despite being very common, sexual difficulties in these patients are rarely described in the literature.

RESULTS

There was a decrease in sexual function measured by SQ; IIFE and IFSF in individuals with skin disease (58.5 and 15.25) and/or joint disease (61 and 18.75) with lower values for females (46.50 and 16.55; 44.11 and 18 ,91). (Tables 1 and 2) However, no statistically significant relationship was found between the severity of the skin and/or joint disease and the decrease in sexual function (p<0.05%). The correlation analysis was positive between IIFE and QS. (+0.77, r=0.592) and between IFSF and QS (+0.83, r=0.688).

Figure 1
Correlation between Sexual Quotient and International Index of Erectile Function and between Sexual Quotient and Female Sexual Function



OBJECTIVE

To analyze the correlation between the Sexual Quotient questionnaires and the International Index of Erectile Function and Female Sexual Function Index questionnaires in psoriasis patients with or without arthritis.

Table 1
Psoriasis and psoriatic arthritis and the means of sexual quotient

Psoriasis	QS – M	QS – F
Cutaneous	58.50	46.50
Articular	61.00	44.11

Table2
Psoriasis and psoriatic arthritis and the means of International Erectile Function Index and Female Sexual Function Index

Psoriasis	IIFE	FSFI
Cutaneous	15.25	16.55
Articular	18.75	18.91

METHODS

120 patients (60 men and 60 women) with psoriatic skin and/ or joint disease were evaluated for sexual function using the male and female sexual quotient (SQ) (<62) and the female sexual function index (IFSF – dysfunction sexual function <26.5) and international index of erectile function (IIFE – erectile dysfunction <26). Data analysis was performed using the chi-square test and Pearson's correlation coefficient, to verify the degree of correlation between the variables. The significance criterion was 5%.

CONCLUSION

Reduced sexual function is very prevalent in psoriatic disease. This study demonstrated a strongly positive correlation (not yet published) between the QS and the more complex IIEF and IFSF scores. Considering the sensitivity of the subject for both patients and the care team, we suggest the use of the sexual quotient, as it is a quick, self-administered instrument, with accessible and easy-to-understand language, which covers functional and relational elements relevant to performance/ satisfaction sexual relations of both sexes. Assessment of sexual function should be part of routine outpatient care, with the aim of discussing the causes and reducing sexual dysfunction.

REFERENCES

1. Alariny AF, Farid CI, Elweshahi HM, Abbood SS. Psychological and Sexual Consequences of Psoriasis Vulgaris on Patients and Their Partners. J Sex Med. 2019 Dec;16(12):1900-1911. doi: 10.1016/j.jsxm.2019.08.017. Epub 2019 Sep 18. PMID: 31542353.
2. Duarte GV, Calmon H, Radel G, de Fátima Paim de Oliveira M. Psoriasis and sexual dysfunction: links, risks, and management challenges. Psoriasis (Auckl). 2018 Dec 10;8:93-99. doi: 10.2147/PTT.S159916. PMID: 30574453; PMCID: PMC6292237.
3. Kurizky PS, Mota LM. Sexual dysfunction in patients with psoriasis and psoriatic arthritis--a systematic review. Rev Bras Reumatol. 2012 Dec;52(6):943-8. English, Portuguese. PMID: 23223703.
4. Molina-Leyva A, Salvador-Rodriguez L, Martinez-Lopez A, Ruiz-Carrascosa JC, Arias-Santiago S. Association Between Psoriasis and Sexual and Erectile Dysfunction in Epidemiologic Studies: A Systematic Review. JAMA Dermatol. 2019 Jan 1;155(1):98-106. doi: 10.1001/jamadermatol.2018.3442. PMID: 30304327.
5. Yi OS, Huan KY, Har LC, Ali NM, Chiang TW. Genital Psoriasis: A Prospective, Observational, Single-Centre Study on Prevalence, Clinical Features, Risk Factors, and Its Impact on Quality of Life and Sexual Health. Indian J Dermatol. 2022 Mar-Apr;67(2):205. doi: 10.4103/ijd.ijd_754_21. PMID: 36092244; PMCID: PMC9455083.

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