

FATIGUE INDEPENDENTLY PREDICTS SEXUAL DYSFUNCTION IN REMISSION-PHASE INFLAMMATORY BOWEL DISEASE, IRRESPECTIVE OF SEX OR DISEASE SUBTYPE

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Background and Aim: Although sexual health is rarely addressed in routine inflammatory bowel disease (IBD) care, several studies have demonstrated that sexual dysfunction (SD) is more prevalent among patients with IBD compared to the general population. The etiology of SD in IBD remains unclear but is likely multifactorial, involving biological, psychosocial, and disease-specific factors. While fatigue and negative body image are well-established risk factors for SD in other chronic conditions, their specific contribution to SD in IBD patients has been poorly investigated.

Aim of the study was to assess SD prevalence and to identify the variables predictive of SD in IBD patients.

Methods: We consecutively enrolled IBD patients who were referred to our tertiary care center. Clinical, demographic, psychometric, and disease-related data were collected for all participants. Quality of life was assessed using the Short Inflammatory Bowel Disease Questionnaire (SIBDQ). SD was evaluated using the Female Sexual Function Index (FSFI) for women and the International Index of Erectile Function (IIEF-5) for men. Cognitive function was assessed using the Italian version of the Montreal Cognitive Assessment (MoCA). The Hospital Anxiety and Depression Scale (HADS) was administered to identify probable cases of anxiety and depression. Sleep quality was evaluated using the Pittsburgh Sleep Quality Index (PSQI). Fatigue was assessed with the Functional Assessment of Chronic Illness Therapy–Fatigue (FACIT-F) scale.

Results: A total of 100 IBD patients (48 CD, 52 UC) were eligible for the study. The overall prevalence of SD was 61%, with women significantly more affected than men (73% vs 50%; $p=0.02$). In the multivariate model, the following factors independently predicted SD: older age (OR 1.04, $p=0.016$), fatigue (OR 4.78, $p=0.001$), and higher number of sexual partners (OR 0.48, $p=0.003$). Sex-stratified analysis revealed that, in males, older age (OR 1.08, $p=0.013$), unemployment (OR 15.4, $p=0.020$), and severe fatigue (OR 6.22, $p=0.007$) were independent predictors of SD. In females, only severe fatigue (OR 3.13, $p=0.028$) independently predicted SD.

IBD subtype-stratified analysis revealed: severe fatigue (OR 3.9, $p=0.015$) and female sex (OR 5.5, $p=0.016$) as independent predictors of SD in CD, and severe fatigue (OR 5.72, $p=0.005$) and older age (OR 1.06, $p=0.013$) as independent predictors of SD in UC.

Conclusion: Our findings confirm the high prevalence of SD in IBD patients and underscore the role of modifiable factors, most notably fatigue, in its development. These results provide insights for the implementation of targeted, multidisciplinary interventions aimed at improving patients' quality of life and overall disease outcomes.