Introduction

• Approximately half (40.0-55.6%) of patients with psoriasis reported sexual dysfunction
• Associated factors include severity of psoriasis, anxiety, depression, psoriatic arthritis, itch, groin or genital involvement, scaling and interpersonal dependency
• Aim of study: To determine frequency of sexual difficulties and evaluate associated factors among patients in Malaysia

Materials and Methods

• Adult patients with psoriasis (aged 17 years and above) recruited via convenience sampling
• Notification to the Malaysian Psoriasis Registry between 2007 and 2016
• Disease severity assessed based on body surface area (BSA) involvement where moderate to severe psoriasis was defined as BSA > 10
• Severe impairment in quality of life was defined as Dermatology Life Quality Index (DLQI) score of ten and above
• Sexual difficulties was assessed based on question 9 of the DLQI (*over the last week, how much has your skin caused any sexual difficulties)
  • Yes: Scores 2 ("a lot") or 3 ("very much")
  • No: All other scores
• Statistical analysis
  • Chi squared test (or Fisher's exact test where appropriate) to identify potential associated factors
  • Multivariate logistic regression to identify independent predictors of impaired sexual function
  • Statistical significance: p < 0.05

Results

• Baseline characteristics:
  • 13 673 adult patients with psoriasis recruited
  • Mean age 45.0 years old (standard deviation, SD 16.2 years)
  • Males 56.6%
  • Mean DLQI score 8.5 (SD 6.6)
  • 9.6% (n=1297) had impaired sexual function

• Quality of life
  Impairment of all other DLQI domains was associated with impaired sexual function and the highest adjusted odd ratio (adj OR) was attributed to problems with partners, close friends or relatives due to psoriasis (19.40; 95% confidence interval 16.87, 22.32)

*Adjusted for age, gender, ethnicity, marital status

• Predictors of impaired sexual function:

<table>
<thead>
<tr>
<th>Factors</th>
<th>B</th>
<th>Adj OR</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lower</td>
<td>Upper</td>
<td></td>
</tr>
<tr>
<td>Model 1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Age</td>
<td>-0.033</td>
<td>0.968</td>
<td>0.962</td>
</tr>
<tr>
<td>Male</td>
<td>0.305</td>
<td>1.357</td>
<td>1.159</td>
</tr>
<tr>
<td>Married</td>
<td>0.932</td>
<td>2.539</td>
<td>2.058</td>
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<td>Malay/ Bumiputera</td>
<td>-0.257</td>
<td>0.773</td>
<td>0.664</td>
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<td>Nail involvement</td>
<td>0.195</td>
<td>1.215</td>
<td>1.034</td>
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<tr>
<td>Face and neck involvement</td>
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<td>2.149</td>
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<td>Model 2</td>
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<tr>
<td>Age</td>
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<tr>
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<tr>
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<td>Malay/ Bumiputera</td>
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<td>Severe disease</td>
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<td>1.651</td>
<td>1.351</td>
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<td>Severe impairment of any other DLQI domain</td>
<td>3.645</td>
<td>38.31</td>
<td>19.691</td>
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</tbody>
</table>

Adj OR = adjusted odds ratio; 95% CI = 95% confidence interval

Discussion & Conclusion

• Lower frequency of sexual health issues compared to other studies
  • Sociocultural and religious factors
  • Conservative attitudes
  • Anxiety or embarrassment
• Women may be less open to disclosing sexual difficulties
• Attitudes towards sex outside marriage may lead to underreporting of issues among non-married respondents
• Psoriasis impacts close interpersonal relationships and sexual health
• Association between nail involvement and sexual function which may be related to beauty ideals in different cultures
• Clinicians need to adopt a culturally-sensitive holistic approach when providing care to patients with psoriasis

References


The authors have no conflicts of interest to disclose