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Letter to the Editor

Influence of climacteric on sexual dysfunctions in women with rheumatic diseases

Influência do climatério nas disfunções sexuais em mulheres com doenças reumáticas

Dear editor,

The investigation of female sexual function has been an increasingly explored subject, due to the current association of this theme with the quality of life of women, being subject of interest for some researchers. We congratulate the authors Ferreira et al.[1] for the manuscript published in this journal, entitled "Frequência de disfunção sexual em mulheres com doenças reumáticas" (Frequency of sexual dysfunction in women with rheumatic diseases). In this study, the authors investigate the frequency of sexual dysfunctions in various rheumatic diseases, such as systemic lupus erythematosus (SLE), rheumatoid arthritis (RA), systemic sclerosis (SSc), antiphospholipid syndrome (APS) and fibromyalgia (FM), and found that women with FM and SSc exhibited the highest prevalence of sexual dysfunction.

Studies like these are undeniably important, given that they approach a little investigated subject, when associated with rheumatic diseases.[2,3] Sexuality involves something that goes far beyond the sexual act, being an integral aspect of human life. Furthermore, it is known many women are affected by sexual dysfunction, but besides being a scarcely explored issue by the medical profession, it is also seldom reported by women, either out of shame or because they think it is a normal age-related changeover. For this and other reasons, sexual functioning cannot be overlooked during medical consultations or in people's lives, especially by those women that are known to suffer associated diseases which, for various reasons, can lead to sexual dysfunction.[4]

As reported in the literature and authoritatively discussed by the authors,[1] rheumatic diseases can lead to a serious negative impact on sexual life because of factors related to the disease itself, such as pain, morning stiffness, joint swelling and fatigue, or to the treatment, in which the drugs used can lead to a reduction of libido.[5,6]

However, we emphasize that in this study the patients exhibiting a higher prevalence of sexual dysfunction were compatible with climacteric phase, comprising the age group of menopause,[7] and this aspect has great importance in the investigation of sexual dysfunction, for it is in this phase that clinical changes commonly occur, as a result of hormonal changes.[8]

Sexual dysfunctions in the transition from reproductive to non-reproductive period are more evident. In this phase, women are more vulnerable to sexual dysfunctions due to a direct relationship with menopausal symptoms and increased age.[8,9] During menopause, women experience a complex interaction of individual experiences that directly affect their psychosocial state and lifestyle, as well as metabolic changes associated with the gradual decrease in estradiol levels. Previous studies[10,11] found that having 50 years of age or older and being in the menopausal or postmenopausal transition; not having a fixed sexual partner; and showing signs of hot flashes, insomnia, depression, nervousness, physical inactivity, hypertension, urinary incontinence and low self-rated health are factors significantly associated with low scores of sexuality.

Ultimately, we understand that the purpose of this study was to investigate the prevalence of sexual dysfunction in women with rheumatic diseases; however, we believe that the phase in which women diagnosed with SSc and FM had higher prevalence of sexual dysfunction, being under the influence of age and consequently of the climacteric phase, culminates with menopause.

In fact, additional studies providing an analysis of the influence of these factors are needed to enrich the findings of the present study. Such studies may also collaborate with possible future interventions that will help in the treatment, with a greater chance to demonstrate beneficial effects.

Conflicts of interest

The authors declare no conflicts of interest.

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