Sexual health in systemic lupus erythematosus: a cross-sectional analysis

Methods
This is a cross-sectional observational study, which included patients diagnosed with SLE, aged between 18 and 65 years old. An anonymous patient-reported questionnaire was designed consisting of three domains: socio-demographic characteristics, disease characteristics and sexuality. The questionnaire was sent to all members of a national association of SLE patients. Mann-Whitney U test, Fisher exact test or chi-square test were used to compare differences between groups, as appropriate.

Results
A total of 215 patients were included, of which 84% were female. Mean age was 38.2 ± 10.4 years and mean disease duration was 13.2 ± 7.8 years. Nearly 82% were sexually active and had a mean frequency of sexual activities of 5.5 ± 2.5 per month. Among sexually active patients, 33% were sexually dissatisfied. There was no significant association between sexual satisfaction and age, gender, marital status, educational level, work status, use of walking aids, joint prosthesis or therapies used (table 1). Sexually dissatisfied patients had shorter disease duration (12.1 ± 6.2 vs 14.8 ± 9.1 years, p=0.036) and lower rates of remission (26.4% vs 45.8%) than those who were fully satisfied. The lower the disease activity, the higher the sexual satisfaction. Among sexually dissatisfied patients, 85% pointed out that SLE had a negative impact on their sexual health, while only 28% of sexually satisfied patients reported the same (p<0.001).

Conclusion
Sexual dissatisfaction in patients with SLE is significantly associated with shorter disease duration and higher disease activity. Sexual health plays an essential role in these patients’ quality of life and its assessment should be part of routine clinical care.

Background
Women with autoimmune diseases have high-risk pregnancies. Close and multidisciplinary control is recommended.

Objective
To describe the experience in a multidisciplinary unit (Rheumatologists and Obstetrics), assess complications and treatments in the evolution of pregnancies in patients with autoimmune diseases in a tertiary hospital.

Material and Methods
Retrospective study of pregnancy outcomes in patients with autoimmune diseases and follow-up in a multidisciplinary unit between January 2003-December 2018. Demographics, maternal disease, previous abortions, autoantibodies (AAb), births and abortions during follow-up, treatment and maternal and fetal complications were collected. Data analysed using SPSS v23.

Results
109 patients (151 pregnancies). Maternal age at diagnosis: 34.9 years; age at abortion/childbirth 38.6 years. 50 abortions registered prior to follow-up in our unit (0.45 abortions/mother). During follow-up 19 abortions were registered (0.17 abortions/mother) (table 1). Abortions were more frequent among women with positive antiphospholipid antibodies (aPL) (14.3% vs 4.3%) (p =0.013). Anti-Ro carriers (36.6%) didn’t have higher frequency of abortions (p =0.798); one case of heart block was recorded.

13.5% pre-term (<37 weeks) pregnancies; cesarean section (C-section) performed in 26% (17.3% in SLE). Intrauterine growth restriction (IUGR) observed in 6 (3.9%); pre-eclampsia in 4 (2.6%): SLE (n:3 and n:2 respectively), APS (n:1 and n:1).