Sexual Function Impairment in HIV Positive Men Who Have Sex with Men

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ABSTRACT

Introduction and Objectives. HIV infection is now recognized and treated as a chronic disease and ensuring an effective immune status allows these patients to avoid the specific complications of HIV infection and to have an increased life expectancy. When it comes to treatment, it happens often that doctors put the diseases related to sexual aspects in the background, focusing on the essential elements of survival, contributing to the decrease in the quality of life for these patients. In the HIV-positive population, men tend to be predominant in many countries and most of them reported that they have sexual relations with men (MSM) and this may be a behavior that contributes to the reporting of sexual dysfunction.
The aim of our paper was to evaluate the presence of sexual function impairment in HIV positive men who have sex with men (MSM).

Materials and Methods. We evaluated a group of HIV positive men who identified themselves as MSM and all of them completed the International Index of Erectile Function (IIEF) questionnaire with 15 questions, permitting the assessment of sexual function domains as erectile function, orgasmic function, sexual desire, intercourse satisfaction, and overall satisfaction.

Results. In a cross-sectional study, a total number of 32 patients were evaluated, with the median age of 36.1 ± 11.1 years, ranging from 23 to 56 years. The erectile dysfunction prevalence was 40.6%, most of the patients affected reporting mild and mild to moderate erectile function impairment. MSM seem to report a greater impairment of the erectile function, some studies reported that in case of MSM sexual performance is a concern, because small changes in the penile rigidity may affect more the sexual activity.

Conclusions. About half of the analyzed HIV positive MSM have a sexual dysfunction, most reported a relative mild impairment, but related to overall satisfaction about 65% of them considered to be affected.

Key-words: erectile dysfunction, HIV positive men, life quality, MSM, sexual function

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INTRODUCTION AND OBJECTIVES

HIV infection is now recognized and treated as a chronic disease, with the apport of more efficient antiretroviral regimes. HIV-infected patients benefit from continuous treatment and medical supervision in specialized medical facilities with clear results in improving their survival. Along with this intensive medical support, the need of attention to the quality of life for these patients is necessary, improvements at this level provide a better adherence to antiretroviral treatments.

Ensuring an effective immune status allows these patients to avoid the specific complications of HIV infection and to have an increased life expectancy. In these conditions, aspects of sexual life are important for ensuring a high quality of life and require a careful approach from the doctors involved in the care of these patients. But generally, the sexual problems tend to be ignored or given little attention by the medical teams that take care of these patients. [1]

Given the fact that HIV infection is one that endangers the patient's life through the serious complications that can arise, it happens that doctors put the diseases related to sexual aspects in the background, focusing on the essential elements of survival, all these contributing to the decrease in the quality of life for these patients. The existence of sexual dysfunction, together with the difficulties related to HIV infection can have a major impact on physical and mental health, leading to the appearance of depression and further to the decrease of adherence to treatment with direct implications on individual health and society. [2-4]
Many studies have reported the increased level of sexual function impairment among HIV positive men, erectile dysfunction affecting from 30% to 50% of them [5,6], but without identifying the exactly mechanism involved. However, a series of factors have been identified and presented as influencing sexual activity associating impaired function. The existence of the diagnosis of HIV infection is an element that can induce depression and stigmatization, which together with the fear of transmitting the disease can cause disorders of sexual function and a decrease in the quality of life. Associated endocrine disorders, lipodystrophy, drug use, smoking or antiretroviral therapies are reported as risk factors that can affect the erectile function. [7-9]
In the HIV-positive population, men tend to be predominant in many countries and most of them reported that they have sexual relations with men (MSM) and this may be a behavior that contributes to the reporting of sexual dysfunction and also may rise a problem for the epidemiology of this disease, as many of them associated the use of condom with the occurrence of erectile function impairment.[10,11]
The aim of our paper was to evaluate the presence of sexual function impairment in HIV positive men who have sex with men (MSM).

MATERIALS AND METHODS
Between 2016 and 2018 in a cross-sectional study we evaluated a group of HIV positive men who identified themselves as MSM. The inclusion criteria included age over 18 years with sexual activity in the month prior to evaluation and daily antiretroviral treatment.
All patients included completed the International Index of Erectile Function (IIEF) questionnaire permitting the assessment of sexual function domains as erectile function (questions 1, 2, 3, 4, 5, 15), orgasmic function (questions 9, 10) , sexual desire (questions 11, 12), intercourse satisfaction (questions 6, 7, 8), overall satisfaction (questions 13, 14) as presented in Table 1. [12]

Table 1. The IIEF domains

Domain	Questions from IIEF	Maximum score
Erectile function	1, 2, 3, 4, 5, 15	30
Orgasmic function	9, 10	10
Sexual desire	11, 12	10
Intercourse satisfaction	6, 7, 8	15
Overall satisfaction	13, 14	10

The interpretation of the scores, for each domain evaluated permitted to characterize the impairment as mild, mild to moderate, moderate and severe as presented below in Table 2. [13]

Table 2. The IIEF interpretation of scores (in accordance with Cappelleri 1999)

Domain / Interpretation	Mild	Mild to moderate	Moderate	Severe
Erectile function score	22 – 25	17 – 21	11 – 16	6 – 10
Orgasmic function score	7 – 8	5 – 6	3 – 4	2
Sexual desire score	7 – 8	5 – 6	3 – 4	2
Intercourse satisfaction score	10 – 12	7 – 9	4 – 6	3
Overall satisfaction score	7 – 8	5 – 6	3 – 4	2

RESULTS

During the evaluation period we investigated a number of 55 patients and after applying the inclusion criteria, a total number of 32 patients were included, all of them self reported as MSM, being under medical surveillance and with daily antiretroviral treatment administered.
After a complete anamnesis, they have filled in the IIEF questionnaire with responses to all 15 questions. The mean age of the included group was 36.1 ± 11.1 years, ranging from 23 to 56 years, all being MSM.

After analyzing the erectile function domain, we found a prevalence for erectile dysfunction of 40.6%, a number of 13 patients totaling a score lower than 26 from the maximum possible of 30. After applying the criteria for evaluating the impairment in accordance with Table 2 we found that eight had mild dysfunction, four had mild to moderate and one had moderate erectile dysfunction, with no men suffering of severe erectile dysfunction.

When assessing the IIEF orgasmic function domain, the impairment of this function was reported by nine patients, representing 28.1% from the total men included, all of them being mild dysfunction, considering the interpretation presented in Table 2, the scores obtained being seven and eight with the maximum possible score of ten.

The sexual desire domain, evaluated by the IIEF questions 11 and 12 with a maximum possible score of 10, revealed an impairment of the function in case of 17 HIV – positive MSM. This result represents 53.1% of all included patients, who obtained a score lower or equal to eight. Assessing the categories of the impairment we found that 11 HIV – positive men had mild and six patients had mild to moderate impairment.

About the sexual intercourse satisfaction, the IIEF questionnaire allows obtaining a maximum score of 15. Form the analyzed group, a number of 14 patients experienced impaired sexual intercourse satisfaction obtaining a score lower than 13, this representing about 43.7% from the total. When evaluating the affected patients according to the categories of the impairment we identified a number of 10 patients reporting mild and four HIV – positive men with mild to moderate dysfunction.

When evaluating the overall satisfaction IIEF domain, assessed by the questions 13 and 14 and totaling a maximum possible score of 10, the results revealed a total number of 21 patients reporting a degree of impairment, this representing 65.6% from the total group, including HIV – positive MSM with a score lower or equal to eight. From them, a number of 17 men had mild and four men had mild to moderate impairment of the general satisfaction of the sexual activity assessed by the IIEF questionnaire.

DISCUSSIONS

Many authors reported that sexual dysfunction seems to affect a large number of HIV positive men but the studies present variable results and they cannot indicate precisely all the elements involved. An explanation for this variability of the results can come from the differences between the analyzed groups, the patients included are not similar in terms of age (a well-known factor that can affect the sexual activity), sexual habits, daily medication, comorbidities. [14,15]

In order to try to standardize the results of the sexual activity assessment, which can be affected by the presence of comorbidities or by the non-compliance with antiretroviral treatment, we included in the analysis men with HIV who receive specific therapy and who are monitored periodically, thus avoiding situations in which the chronic development of some conditions can affect the sexual activity.

Although there are studies that associate the duration of antiretroviral treatment with the presence of sexual dysfunctions, it seems that not only the period of administration of antiretroviral treatment is important, but also adherence to the treatment, an element that can be assessed through periodic evaluations of patients. [16,17]

Some studies reported that in case of MSM sexual performance is a concern, because small changes in the penile rigidity may affect more the sexual activity leading to many complaints and these patients are more likely to self report as having a sexual dysfunction. [18,19]

The results of other studies presented that in the analyzed groups of HIV-positive male patients compared to heterosexual men, MSM seem to report a greater impairment of the erectile function, the results indicating that about 44% of heterosexual men and 56% of MSM are suffering of erectile dysfunction, this being a cause of decreasing the quality of life in case of these patients. In case of our MSM HIV positive men included, the prevalence of erectile dysfunction was around 40%, a value lower that other authors revealed (56%), a possible explanation for this result could be the fact that the age of our patients is smaller, 36 vs. 49 years and it is well known that age is a factor that affects the erectile function. [16]

CONCLUSIONS

Our paper revealed that about half of the analyzed HIV positive MSM have a sexual function impairment, erectile dysfunction affecting about 40% of men and the results indicated that about 65% of them appreciates that there is a general impairment of the sexual function assessed by the overall satisfaction indicator.

Related to the degree of the sexual function impairment, the most of the patients reported mild and mild to moderate dysfunction.

We appreciate that further evaluations are needed in an attempt to identify the mechanisms involved and to help to clarify the multitude of responsible elements that can be associated with the impairment of sexual function, an important component of the quality of life.

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