ARQUIVOS DE ASMA, ALERGIA E IMUNOLOGIA




# Why should physicians value sexual issues in patients with atopic dermatitis?

*Por que os médicos devem valorizar as questões sexuais em pacientes com dermatite atópica?*

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**ABSTRACT**

Sexual health is a crucial but underrecognized component of quality of life in patients with eczematous conditions such as atopic dermatitis (AD). This cross-sectional study evaluated 452 adults attending a dermatology referral clinic in Brazil between 2022 and 2023. Sexual impact was assessed through item 9 of the Dermatology Life Quality Index (DLQI). Overall, 23% reported sexual difficulties, most frequently among women. AD (n=195) and psoriasis (n=140) predominated, with 47 patients with AD and 29 with psoriasis reporting impairment. The majority of affected individuals described moderate to very serious quality-of-life compromise. Findings highlight that AD, beyond its cutaneous and systemic manifestations, substantially affects intimacy and well-being. Despite its relevance, sexual health is rarely discussed in dermatological practice. The potential utility of the traditional DLQI, beyond its overall score, can serve as an opportunity to reach the patient´s suffering in sensitive topics.

**Keywords:** Atopic dermatitis, sexual dysfunction, skin diseases, quality of life.

**RESUMO**

A saúde sexual é um componente crucial, porém pouco reconhecido, da qualidade de vida em pacientes com condições eczematosas, como a dermatite atópica (DA). Este estudo transversal avaliou 452 adultos atendidos em uma clínica de referência em dermatologia no Brasil entre 2022 e 2023. O impacto sexual foi avaliado por meio do item 9 do Índice de Qualidade de Vida em Dermatologia (DLQI). No geral, 23% relataram dificuldades sexuais, mais frequentemente entre mulheres. DA (n=195) e psoríase (n=140) predominaram, com 47 pacientes com DA e 29 com psoríase relatando comprometimento. A maioria dos indivíduos afetados descreveu comprometimento moderado a muito grave da qualidade de vida. Os resultados destacam que a DA, além de suas manifestações cutâneas e sistêmicas, afeta substancialmente a intimidade e o bem-estar. Apesar de sua relevância, a saúde sexual raramente é discutida na prática dermatológica. A potencial utilidade do DLQI tradicional, além de sua pontuação geral, pode servir como uma oportunidade para abordar o sofrimento do paciente em tópicos delicados.

**Descritores:** Dermatite atópica, disfunção sexual, doenças de pele, qualidade de vida.

## Introduction

The impact of cutaneous diseases on patients' sexual life has increasingly attracted attention from the scientific community in recent years. However, the available evidence is insufficient, particularly concerning eczematous conditions such as atopic dermatitis (AD). Multiple disease-related factors may compromise sexual function, including alterations in appearance, odor, pruritus, cutaneous exudation, and genital lesions, as well as extracutaneous manifestations such as sleep disturbance, depression, and the financial burden of treatment. Moreover, partners of patients with chronic dermatologic conditions may also face adjustments to daily activities and psychosocial challenges.[1]

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Male sexual dysfunction is mainly represented by erectile dysfunction. Globally, its prevalence approaches 50% in later adulthood and shares several risk factors with cardiovascular disease. The European Urological Association defines erectile dysfunction as "the persistent inability to achieve and maintain an erection sufficient to permit satisfactory sexual performance."[2] Erection depends on the convergence of psychological and neurovascular processes, both of which may be affected in AD.[3] Systemic inflammation in AD has been implicated in neurovascular changes that prevent erection in erectile dysfunction.[4] Also, reduced testosterone levels observed in patients with AD may provide a causal link with erectile dysfunction.[5]

Female sexual dysfunction encompasses 6 domains: desire, arousal, lubrication, orgasm, pain, and satisfaction. Its prevalence exceeds 40% and is higher in postmenopausal women.[2] AD has been shown to disrupt sexual function and negatively influence reproductive intentions.[6]

Male and female sexual dysfunction are not diseases per se. They represent symptoms reflecting broader impairments in physical, psychological, and social well-being.[7]

Recognizing sexuality as an external expression of well-being, this study aimed to highlight sexual health complaints among adult patients attending a dermatology referral service, compare findings with the existing literature, and examine differences between AD and other dermatoses.

## Methods

This cross-sectional study was conducted by administering a questionnaire to patients followed up from January 2022 to December 2023 at the dermatology outpatient clinic of Hospital Universitário Pedro Ernesto, Rio de Janeiro, Brazil. The study was approved by the institution's research ethics committee.

Eligible participants were all patients aged ≥18 years who were able to read and write in the local language (Brazilian Portuguese) and had no severe psychiatric disorders. All patients were examined by a dermatologist who recorded the diagnosis. Patients aged <18 years or those who did not provide informed consent were excluded from the study.

Epidemiological data such as age, sex, race, type of dermatosis, and personal/family history of atopy were collected during clinic visits and from electronic medical records.

AD severity was assessed using the Scoring Atopic Dermatitis (SCORAD) index and classified as mild (<25), moderate (25-50), or severe (>50).

Quality of life and sexual function were assessed using the Dermatology Life Quality Index (DLQI), validated for Brazilian Portuguese. The questionnaire consists of 10 items assessing impairment over the preceding week in domains such as symptoms, feelings, leisure, work, personal relationships, sleep, and treatment. Each item is scored from 0 to 3, and the final DLQI score is calculated by summing the score of each question, resulting in a maximum of 30 and a minimum of 0. Higher scores indicate greater impairment in quality of life. The sexual impact of skin conditions was specifically assessed through item 9 of the DLQI:[8] "Over the last week, how much has your skin caused any sexual difficulties?" Response options included "very much" (3), "a lot" (2), "a little" (1), and "not at all/not relevant" (0). For analysis, responses were dichotomized into "yes" (scores 1-3) and "no" (score 0). Data were compiled and analyzed using Microsoft Excel 2019. AD received special attention and was analyzed in comparison with other dermatoses.

## Results

Of a total of 452 patients evaluated, 104 (23.01%) reported sexual difficulties, as indicated by selecting any of the DLQI item 9 response options corresponding to an impact on sexual life ("a little," "a lot," or "very much"). Patients who responded "not at all" were considered to have no impact and were excluded from further analysis. Of those reporting sexual difficulties, 60.58% were women and 39.42% were men. Given the specific nature of our outpatient clinic, the most frequently assessed dermatoses were AD (n=195) and psoriasis (n=140), followed by scleroderma, prurigo, and vitiligo. Based on responses to DLQI item 9, 47 of 195 patients with AD reported a negative impact of their condition on sexual life, as did 29 of 140 patients with psoriasis, 5 of 11 with scleroderma, 2 of 3 with prurigo, and 2 of 7 with vitiligo (Figure 1).

Analysis of final DLQI scores in patients reporting sexual difficulties revealed the following dermatosis-related impact on quality of life: 0.96% reported no impact; 5.77%, slight impact; 21.15%, moderate impact; 52.88%, serious impact; and 19.23%, very serious impact.

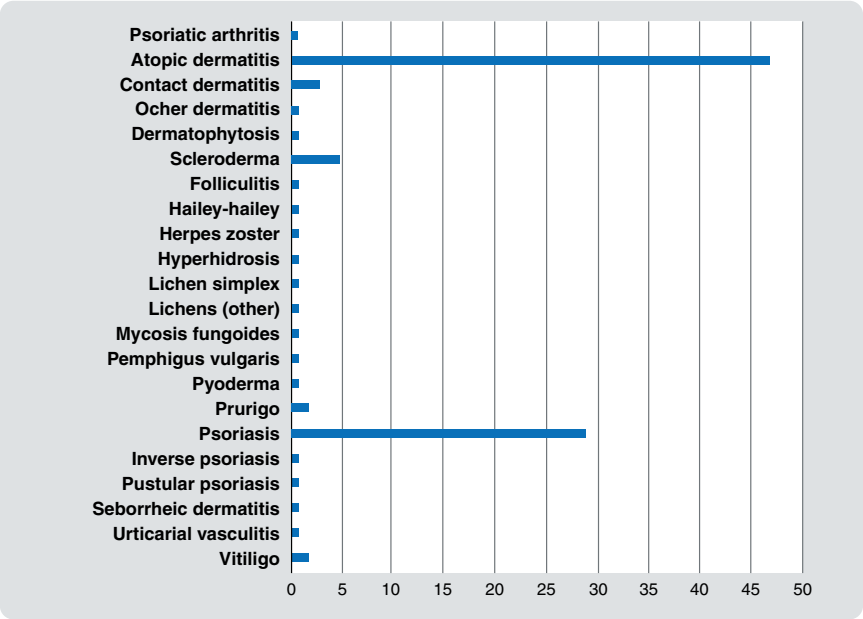


**Figure 1**
Dermatoses associated with impact on sexual life, identified through item 9 of the Dermatology Life Quality Index

## Discussion

Sexual function is a broad concept that includes physical, psychological, sociocultural, and relational factors, all of which may directly or indirectly influence sexual activity, libido, and performance.[8] Sexuality is fundamental to human well-being, closely connected to mental health, and an integral component of quality of life. Chronic diseases can negatively impact sexual health, particularly those with visible manifestations such as cutaneous disorders.[9] In addition to physical discomfort, visible lesions may cause embarrassment or self-consciousness, especially if patients perceive that their partners view these manifestations as unattractive. The use of emollients and topical medications may discourage intimacy, either because of their texture, odor, or the possibility of transferring products to partners. Furthermore, physical touch can increase discomfort associated with dermatoses such as AD, urticaria, and mastocytosis.[10]

The negative impact of dermatoses on quality of life and the correlation of disease severity with sexual function have been demonstrated in previous studies.[11] A European multicenter study assessing impairment of sexual life, with DLQI item 9 score used as an indicator of the sexual impact of skin conditions, reported that 23% of patients experienced sexual problems, with higher impairment in patients with hidradenitis suppurativa (66.7%); other diagnoses with a prevalence greater than one-third were prurigo (41.7%), blistering disorders (34.9%), and psoriasis (34.8%).[12] In the setting of AD, accumulating evidence suggests that both patients and their partners experience compromised sexual health, which may occur due to reduced libido associated with disease severity, increased risk of erectile dysfunction in men with AD, or the localization of lesions in sensitive anatomic areas such as the hands and nipples.[13]

Addressing patients' sexual health concerns depends on the clinician's ability to communicate this sensitive issue, which may not be adequately broached for many reasons. First, dermatology residency programs rarely provide structured training on how to address sexual health concerns. Second, sexual dysfunction has traditionally remained under the umbrella of gynecology and urology, although in recent years other medical specialties have demonstrated

interest in the topic. Rheumatology was one of the first specialties to study sexual dysfunction, extending the studies to psoriasis, hidradenitis suppurativa, and eczema. Dermatology is advancing, but there remain a myriad of dermatoses with no visibility of their actual impact on patients' lives. Third, but perhaps not least, dermatology practice is at a fast pace, and it can be challenging for both patients and clinicians to directly discuss sexual health during the limited time dedicated to consultations.

The use of validated questionnaires such as the DLQI can facilitate identification and serve as a guide to address this topic, or another topic covered by other questions, which may be highlighted by the patient through a higher score that will demonstrate a negative impact. If a point of weakness or suffering is identified, dermatologists can further explore the complaint with more specific questionnaires, such as the Female Sexual Function Index or the Female Sexual Quotient for women and the International Index of Erectile Function or the Male Sexual Quotient for men. These tools can also be used to substantiate the need for further specialist advice, including psychiatrists, urologists, and gynecologists.

Future studies should focus on identifying patients who are at increased risk of sexual health impairment and explore the link between disease severity, sexual functioning, and overall quality of life across common dermatoses. However, in order to do so, it is necessary to arouse the interest of dermatologists by emphasizing the clinical importance of sexual health and showing them how to approach the topic. That was the primary reason for this study.

## Study limitations

A control group was not included. Marital status, a variable that can influence sexual function, was not assessed. Furthermore, reliance on DLQI item 9 as a measure of sexual dysfunction represents a constraint, as it was not designed or validated specifically for this purpose. The inclusion of other validated sexual dysfunction questionnaires would provide a more comprehensive assessment.

## Conclusion

Pioneer study in Brazil to highlight the impact of common dermatoses on sexual function and to address this complaint in the setting of AD. This study also underscores the potential utility of the traditional DLQI beyond its overall score, demonstrating that specific items can be used for different analyses, thus serving as a guide or an opportunity to reach the patient´s suffering in sensitive topics.

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