

# Sexual Health in Men with Systemic Sclerosis (Systemic Scleroderma)

Sexual health is an essential part of a whole person's emotional and physical well-being. Sexual function can have a significant impact on the quality of life for those that have problems and their families. Studies have shown that sexual problems are prevalent in people who suffer from chronic diseases including systemic sclerosis (systemic scleroderma). In men, the biggest problem is erectile dysfunction which is described as the inability to attain and maintain an erection that is enough for satisfactory sexual performance.

## How the systems work

1

Blood flow - for a penile erection to take place, special erectile tissues have to be filled with blood and this requires a good blood supply. Systemic sclerosis can decrease blood flow to the erectile tissues, meaning they do not fill with blood properly.

2

Tissue changes - erectile tissue relaxation enables the penis to fill with blood during erection. However, the fibrosis (thickening) process, that takes place in systemic sclerosis reduces the ability of the erectile tissue to relax meaning erections do not occur. Furthermore, signals from the brain to the penis can be interrupted by nerve damage, again meaning erection fails to occur.

3

Depression and anxiety - being diagnosed with systemic sclerosis can cause great anxiety and can result in some people becoming depressed. This can lead to a lack of stimulation in the area of the brain that causes the arousal required for erection to take place.

4

Medical conditions such as diabetes, kidney disorders, psychiatric problems, neurological disorders, trauma, and surgery to the pelvis can cause erectile problems.

### Why do men with systemic sclerosis have erectile problems?

In order for a man to achieve an erection satisfactorily for penetration, three important systems have to be working properly. These are the blood supply, the nervous and psychological systems. If one of these systems is damaged, it is difficult for a man to attain and maintain an erection.

# What can be done about erectile dysfunction?

If you have a problem, you need to seek help either from your GP or urologist. There are things that can be done and you need not suffer in silence. Some of the things that can be done to combat the problem are:

- Involving your partner in the process of seeking help. This reduces anxieties and brings an understanding to the couple in order to support each other;
- Consultation with a specialist to obtain a general medical history and to plan an individualised treatment to meet your needs;
- Examination - both physical and genital examination can be done to determine any abnormalities of the genitals, blood pressure and other general examinations;
- Investigations, for example a blood test for hormone deficiency may be done to check testosterone levels, fasting glucose to check blood sugars, lipid profile to check cholesterol levels and other tests;
- Psychosexual treatment can be introduced in order for the patient to better understand the causes of the problem. This treatment may involve the sensate focus approach which encourages couples to undertake a series of exercises at home to encourage intimacy and behavioural therapy (cognitive). However it should be noted that some of these treatments are difficult to access on the NHS.

## PHYSICAL TREATMENTS INCLUDE

- Oral tablets such as sildenafil (Viagra) which enhance the natural process of erection. Nonetheless Viagra must not be taken by men with certain heart conditions or those with liver failure or inherited eye disorders;
- Vacuum devices which are placed over the penis and suction applied resulting in an erection, and then a constricting ring is placed around the base of the penis to stop blood from flowing back. However this means the whole process has to be planned and sex cannot be spontaneous;
- Self-injections at the base of the erectile tissue every time a patient wants to induce an erection. This has a high rate of success. However some men are reluctant to try this treatment because penis pain is a common side-effect of prostaglandins. Also this can result in long-lasting erections that may need medical intervention;
- MUSE (Medicated Urethral System for Erection): this involves inserting a drug pellet into the urethra using a plastic applicator. Men who use this method are advised to pass urine just before inserting the pellet as this lubricates the urethra and eases insertion. The disadvantages of MUSE are that it requires manual dexterity, takes a while to start working and the drug itself (rather than the insertion) sometimes causes pain;
- Implants or penile prosthesis are two rods inserted inside the shaft of the penis, causing the penis to be permanently erect, or causing an erection as required, depending on which rod is chosen. Implants require an operation for the rods to be inserted, therefore this is usually done as a last resort for those who have not had success with other treatments. The disadvantage of having this is that once it fails and has been removed, no other treatments will work. It is a very expensive procedure and there can be mechanical problems.

## Note

One should bear in mind that not all treatments are suitable for all men and some treatments can have side effects. This is only a guide. Treatment should be initiated after consultation with a specialist. Changing one's lifestyle such as cutting down on alcohol and stopping smoking can go a long way in solving some of the problems.

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