

Prevalence of Self-Reported Sexual Dysfunction in Neuromyelitis Optica Spectrum Disorder

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BACKGROUND

- ✓ Sexual dysfunction in Multiple Sclerosis (MS) has been estimated as high as 63% with a male predominance.
- ✓ We expected a higher prevalence in patients with Neuromyelitis Optica Spectrum Disorder (NMOSD) due to associated spinal cord involvement.
- ✓ Studies have described a significant impact on quality of life.
- ✓ Use of a questionnaire will open the discussion for better ways to assess the impact and physiological implications of sexual dysfunction symptoms in NMOSD.

OBJECTIVE

- ✓ Determine the prevalence of patient self-reported sexual dysfunction related symptoms using the MSISQ-19 as screening tool in subjects with NMOSD and MS to increase awareness of this comorbidity among providers.

METHODS

- ✓ Descriptive, questionnaire based cross-sectional study.
- ✓ A total of 35 patients with NMOSD and MS were enrolled in each group.
- ✓ The Multiple Sclerosis Intimacy and Sexuality Questionnaire-19 (MSISQ-19) was administered during patient follow-up clinic visit to determine the patient's perceived sexual dysfunction.
- ✓ Demographic data and Expanded Disability Status Scale (EDSS) score were obtained.

Figure 1: Multiple Sclerosis Intimacy and Sexuality Questionnaire

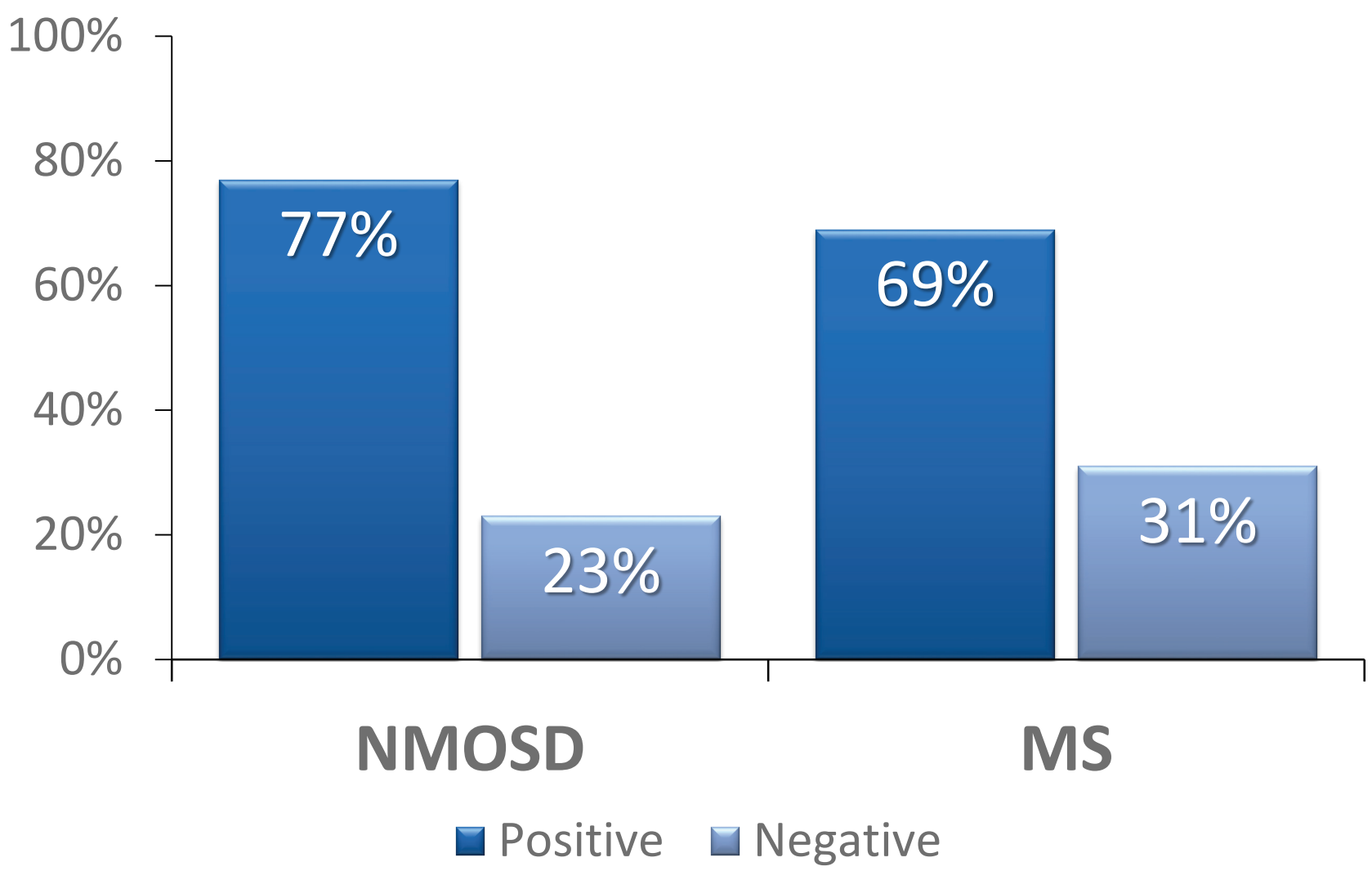
Over the last 6 months, the following symptoms have interfered with my sexual activity or satisfaction:		Rating
1. Muscle tightness or spasms in my arms, legs, or body		1 = Never 2 = Rarely 3 = Occasionally 4 = Almost Always 5 = Always
2. Bladder or urinary symptoms		
3. Bowel symptoms		
4. Feelings of dependency because of MS		
5. Tremors or shaking in my hands or body		
6. Pain, burning, or discomfort in my body		
7. Feeling that my body is less attractive		
8. Problems moving my body the way I want during sexual activity		
9. Feeling less masculine or feminine due to MS		
10. Problems with concentration, memory, or thinking		
11. Exacerbation or significant worsening of my MS		
12. Less feeling or numbness in my genitals		
13. Fear of being rejected sexually because of MS		
14. Worries about sexually satisfying my partner		
15. Feeling less confident about my sexuality due to MS		
16. Lack of sexual interest or desire		
17. Less intense or pleasurable orgasms or climaxes		
18. Takes too long to orgasm or climax		
19. Inadequate vaginal wetness or lubrication (women)/difficulty getting or keeping a satisfactory erection (men)		

Table 1: Subject Characteristics

Variable	NMOSD (n=35)	MS (n=35)
Age, years (mean, SD)	48 ± 12	47 ± 11
Female (%)	91	82
Time from initial symptoms, years (mean, SD)	8 ± 6	10 ± 6
Expanded Disability Status Scale (mean, SD)	4 ± 2	2 ± 1
Subjects on disease modifying therapy (%)	97	97

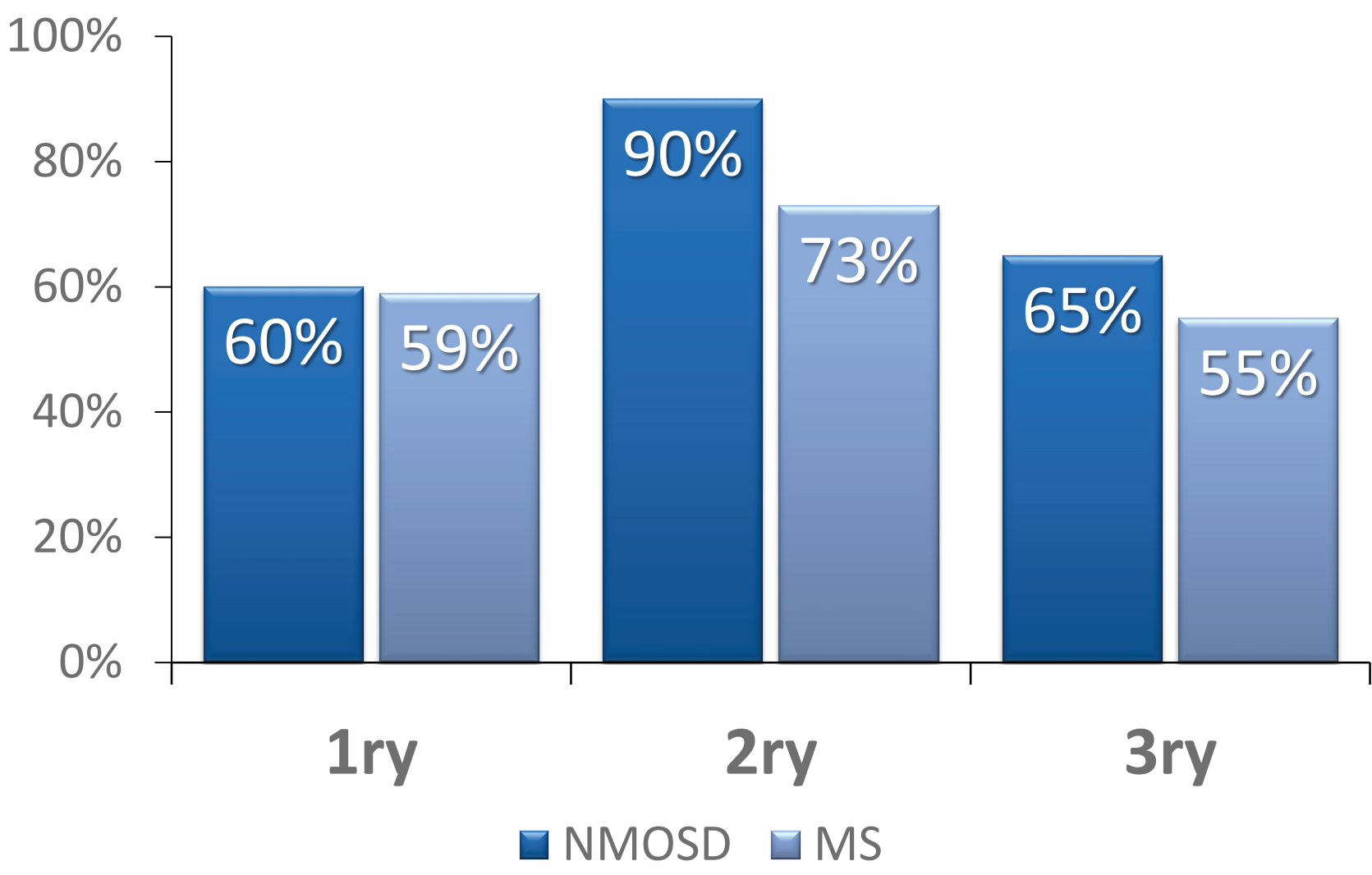
RESULTS

Figure 2: Comparison between questionnaire results in NMOSD vs. MS



A positive questionnaire is a score higher than 4 in any question.

Figure 3: Comparison between causes of sexual dysfunction



Primary (1ry) causes are related to neurological damage. Secondary (2ry) causes are related to other symptoms. Tertiary (3ry) causes are psychological factors.

- ✓ The most frequently reported symptom in both groups was “problems with concentration, memory and thinking”.
- ✓ The most frequently reported symptoms in NMOSD were:
 - #6: Pain, burning or discomfort
 - #1: Muscle tightness or spasms
 - #4: Feelings of dependency
- ✓ 26% of patients in the NMOSD group did not complete the questionnaire while only 9% in the MS group did not.

CONCLUSIONS

- ✓ There is a similar prevalence of patient self-reported sexual dysfunction related symptoms in NMOSD and MS.
- ✓ Recognition of sexual dysfunction in patients with NMOSD may have a significant impact on their quality of life.
- ✓ The Multiple Sclerosis Intimacy and Sexuality Questionnaire-19 (MSISQ-19) may be an appropriate and useful screening tool for early detection of sexual dysfunction symptoms in NMOSD.

