

SHORT REPORTS

Severe sexual dysfunction in women with the irritable bowel syndrome: comparison with inflammatory bowel disease and duodenal ulceration

Good evidence now exists that the irritable bowel syndrome is a much more diffuse gut disorder than was originally appreciated,¹ and we reported recently that among other symptoms women with the syndrome commonly suffer from dyspareunia.² Relatively little attention has been paid to the problem of sexual dysfunction in patients with gastrointestinal disorders except in relation to pelvic or abdominal surgery. We undertook a more detailed evaluation of sexual function in women with the irritable bowel syndrome, using groups of women with colonic inflammatory bowel disease and duodenal ulceration as controls.

Patients, methods, and results

Fifty consecutive women outpatients with the irritable bowel syndrome abdominal pain, abdominal distension, and an abnormal bowel habit) were studied, with no refusals. Patients with painless diarrhoea were excluded. The control group consisted of 30 patients with active duodenal ulceration and 30 with active inflammatory bowel disease affecting the colon with no history of surgery. Five patients with inflammatory bowel disease and six with duodenal ulceration had symptoms suggesting coexisting irritable bowel syndrome and were not

included in the control group because we would not have been able to ascertain which disorder was contributing to any sexual problem reported.

Forty two, 27, and 25 of the patients with, respectively, the irritable bowel syndrome, inflammatory bowel disease, and duodenal ulceration were sexually active. The distribution of social class in the groups was similar, but the mean age of the patients with duodenal ulcers was higher by nine years. Subjects were interviewed by a woman doctor (a trained psychiatrist) in their own homes. As part of a wider assessment of psychosocial state patients completed a self report questionnaire about sexual function in relation to their bowel disorder; only those with a score indicating severe or very severe disturbance (4 or 5 on a five point scale) were considered positive for the purposes of this analysis. Psychiatric state was measured with the psychiatric assessment schedule, a score of 11 or more indicating possible psychiatric illness.³ Results were analysed with contingency tables (χ^2).

The table shows that the irritable bowel syndrome was associated with a profound impairment of sexual function, with 83% of patients reporting problems compared with 30% of women with inflammatory bowel disease and 16% of those with duodenal ulcers. When patients with psychiatric disorder were excluded from the analysis the same significant trend emerged, with 77%, 29%, and 14%, respectively, of women showing sexual dysfunction.

Comment

This study showed that sexual dysfunction is common in women with the irritable bowel syndrome. The presence of abdominal symptoms cannot be the sole explanation as the controls were specifically chosen because they had abdominal disease. In addition, the explanation cannot simply be the presence of psychopathology⁴ because when women with psychiatric

disorder were excluded the same significant differences remained. Thus sexual dysfunction and the irritable bowel syndrome are specifically related, but the mechanism remains speculative. A particular feature was that sexual intercourse often induced abdominal pain, which often had a delayed onset. This may reflect secondary colonic spasm, although it may have originated within the genitourinary tract. More subtle psychological mechanisms must also be considered.

The women in our study probably represent the severe end of the range of the irritable bowel syndrome. Thus extrapolation of these results to the syndrome as a whole is not justified. Our findings suggest, however, that sexual dysfunction in the irritable bowel syndrome is a hitherto completely unrecognised aspect of this condition that needs to be addressed.

- 1 Cann PA, Read NW. A disease of the whole gut? In: Read NW, ed. *Irritable bowel syndrome*. New York: Grune and Stratton, 1985:53-63.
- 2 Whorwell PJ, McCallum M, Creed FH, Roberts CT. Non-colonic features of irritable bowel syndrome. *Gut* 1986;27:37-40.
- 3 Wing JK, Mann SA, Leff JP, Nixon JM. The concept of a 'case' in psychiatric population surveys. *Psychol Med* 1978;8:203-17.
- 4 Swan M, Wilson LJ. Sexual and marital problems in a psychiatric out-patient population. *Br J Psychiatry* 1979;135:310-14.

(Accepted 11 June 1987)

Department of Psychiatry, Manchester Royal Infirmary, Manchester M13 9BX

ELSPETH GUTHRIE, MB, MRCPsych, research registrar
F H CREED, MD, MRCPsych, consultant psychiatrist

Department of Medicine, University Hospital of South Manchester, Manchester M20 8LR

P J WHORWELL, MD, MRCP, consultant physician and senior lecturer in medicine

Correspondence to: Dr Whorwell.

Number (%) of sexually active women with the irritable bowel syndrome, inflammatory bowel disease, and duodenal ulceration with sexual dysfunction, and its relative significance

	Irritable bowel syndrome	Inflammatory bowel disease	Duodenal ulceration	Irritable bowel syndrome v inflammatory bowel disease v duodenal ulceration		Inflammatory bowel disease v duodenal ulceration		Irritable bowel syndrome v inflammatory bowel disease and duodenal ulceration	
				χ^2	P	χ^2	P	χ^2	P
<i>Sexual function affected by bowel disorder</i>									
All	35/42 (83)	8/27 (30)	4/25 (16)	34.7	<0.001	0.96	0.33	33.7	<0.001
Without psychiatric disorder	17/22 (77)	6/21 (29)	2/14 (14)						
<i>Abdominal pain on sexual intercourse</i>									
All	29/42 (69)	2/27 (7)	0/25	45.0	<0.001	0.32	0.57	44.7	<0.001
Without psychiatric disorder	13/22 (59)								
<i>Vaginal pain on sexual intercourse</i>									
All	7/42 (17)	2/27 (7)	3/25 (12)	1.28	0.26	0.24	0.62	1.04	0.31
Without psychiatric disorder	3/22 (14)	1/21 (5)	1/14 (7)						