

Sexual dysfunction associated with HIV infection in male patients.

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A high proportion of male patients with HIV infection suffer from sexual dysfunction (erectile dysfunction or low sexual desire) that decreases their quality of life ⁽¹⁾.

OBJECTIVE: To evaluate the degree of sexual dysfunction in a population of men with HIV, and make the correlation with demographic, immunological and treatment characteristics.

METHODS: The analyses include 47 men with HIV infection assisted in ambulatory service of the Infection Institute, using an anonymous questionnaire, the International Index of Erectile Function-5 (IIEF-5), and Test of Sexual Desire of Masters & Johnson. Regression analysis was used to determine the correlation among the variables.

RESULTS: The mean age of the patients was 42.13 years; there were 31 cases of erectile dysfunction and 39 cases of low sexual desire. 36 were treated with active antiretroviral treatment (HAART). There was statistically significant correlation between sexual dysfunction and : age, homosexual contact as HIV transmission mode, symptomatic infection, use of tranquillizers, low cultural level, no stable couple, smokers, CD4 cell count < 200 cells/mm, viral load >30.000 and treatment containing protease inhibitors (PI). ($p < 0.05$).

CONCLUSION: The etiology of SD is often multifactorial, and may be caused by endocrinological, psychogenic, neurogenic arteriogenic or iatrogenic abnormalities. Results of this study suggest that erectile dysfunction and low sexual desire are also found in patients who are on HAART, specially if their regimens contain PI. Physicians need to talk about sexual issues with their patients, in order to improve the sexual well being.

REFERENCES:

(1) Schrooten W., Colebunders R., Youle M, et al. Sexual dysfunction associated with antiretroviral treatment. AIDS 2001, 15:019-1023.