

Sex, Drugs, & Rock 'n Roll: Approaches to Psychosocial & Fertility Health

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Sex, Intimacy, and IBD

As this is an immerging area of research a lot remains to be learned, but current research indicates

Overall people with IBD report higher levels of sexual dysfunction and lower sexual quality of life than people without IBD

Across several studies people with IBD endorse changes in frequency of sex or making changes to type sexual activity because of their IBD

Sexual health concerns are not routinely addressed within IBD care

Sex, Intimacy, and IBD

The World Health Organization defines sexual health as a state of physical, emotional, mental and social well-being in relation to sexuality.

Sexual functioning involves a complex process of desire, arousal, orgasm, and resolution. Sexual dysfunction is when a person experiences ongoing issues in one or more these phases.

Sexual health and functioning are affected by a variety of biological, psychological, and social factors.

Biological

- Prior surgery
- Disease activity and symptoms
- Steroid medication

Psychological

- **Depression**
- Anxiety
- Body and self image

Social

- Relationship status

Sex, Intimacy, and IBD

Recognize and
accommodate
your needs

- Plan dates that allow you to easily manage IBD symptoms so you can focus on enjoying the date
- Preplanning sex can allow you to pick the time of day when you may feel your best or allow time for any preparations which make engaging in sex more comfortable
- Consider exploring different sexual positions which may be more comfortable or activities that foster intimacy outside of sex

Communication
is key

- Choosing to openly and clearly share you are feeling with your partner allows you to work together to address any concerns and can increase comfort
- You always have choice in how and when to disclose information about your health

Practice kindness
towards yourself

- Practicing speaking and viewing yourself kindly can help when experiencing concerns around body or self image.

Seek support

- If IBD is impacting your relationship or ability to engage in satisfying sex, consider seeking support from your medical providers



Sexual Health

Arthur Barrie, MD

Patient Questions

- Can I conceive and have a normal pregnancy and healthy baby?
- Will my IBD get worse during pregnancy?
- Should I stop my medications? How will my medications impact my baby?

Highlights

- Most IBD patients can have normal pregnancy, healthy baby
- Plan ahead: Preconception counseling, multidisciplinary care-MFM
- Best to be in remission before conception
 - Active disease associated with adverse outcomes: miscarriage, preterm birth, low birthweight, small for gestational age, but, not congenital abnormalities
 - Active disease at conception associated with continued or worsening symptoms
 - Goal: 3 months of steroid-free remission before conception
- Continue most medications

Contraception

- Women with IBD desiring contraception should use long-acting reversible contraception over estrogen containing oral contraceptives

Female Fertility

- Women with IBD may have reduced fertility due to reduced ovarian reserve
- Active disease further increases the risk for infertility
- J-pouch surgery is associated with decreased fertility

Male Fertility

- Proctocolectomy and J-pouch surgeries can cause sexual dysfunction
- Methotrexate and sulfasalazine can reduce sperm count

Medications to continue?

Contraindicated	Avoid	Continue
Methotrexate	Corticosteroids	Mesalamine, Sulfasalazine
	Ozanimod, Etrasimod	Azathioprine/6-MP
	Tofacitinib, Upadacitinib	Infliximab, Adalimumab Certolizumab, Golimumab
		Vedolizumab
		Ustekinumab
		Risankizumab, Mirikizumab, Guselkumab

Alcohol and Cannabis in IBD

Whitney Sunseri, MD



UPMC LIFE
CHANGING
MEDICINE

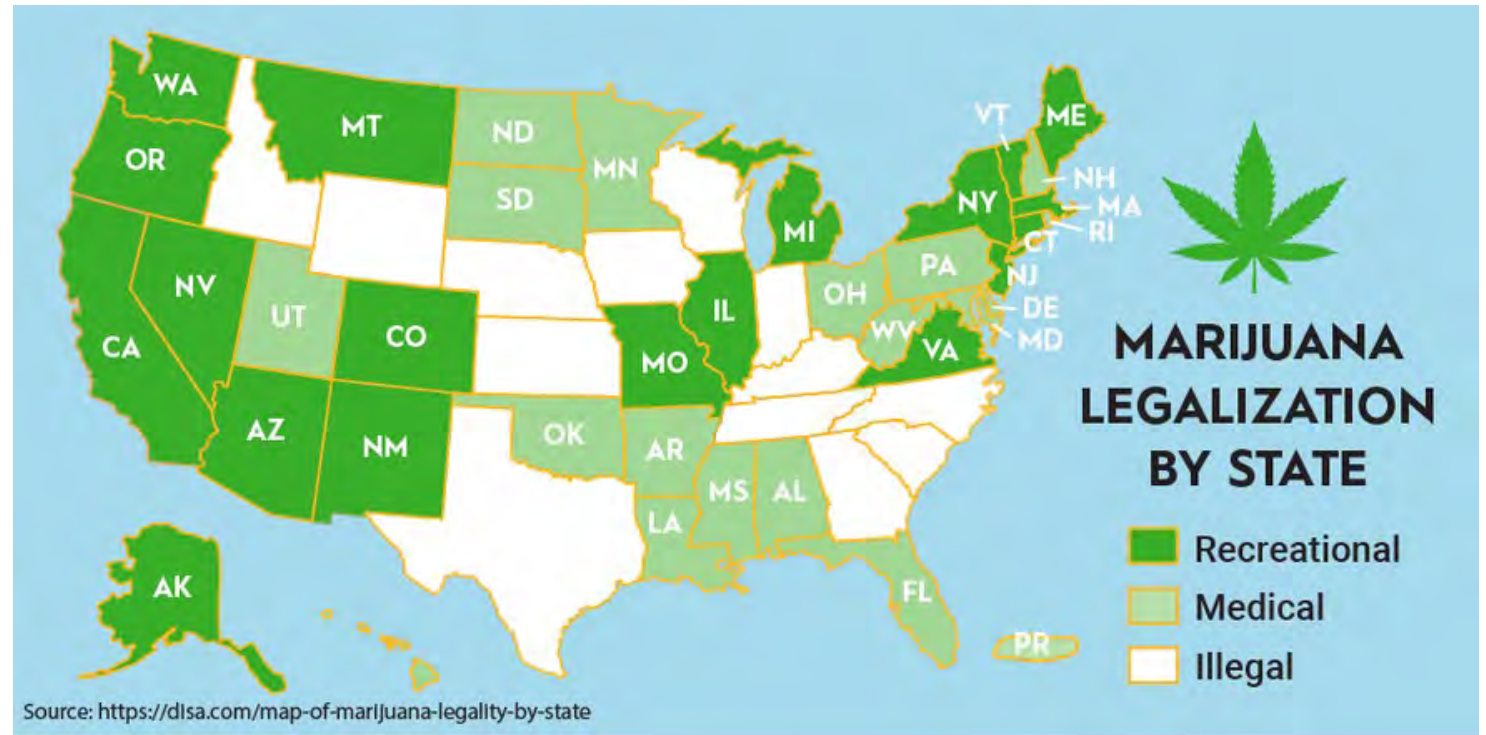
Alcohol in IBD

- No association between EtOH use and developing IBD
- Conflicting data in literature
 - Majority shows EtOH intake worsens sx, but no effect on CRP/Calpro
 - High intake of sulfite containing beverages = 2.4x increase in flare
 - High Wine and Beer intake vs spirits = worse endoscopic appearance
 - Moderate use (1-3 glasses of wine per week) ≠ clinical relapse and WAS associated with decline in calpro
- Clinically there are reported worsening symptoms following ingestion (Diarrhea, abdominal pain)
- TAKE HOME: Moderate EtOH consumption is likely safe in IBD
 - 30-60% of patients with IBD report voluntarily avoid EtOH

Alcohol with IBD Medications

- Methotrexate is already a potentially hepatotoxic drug
 - Counsel patients to abstain or time EtOH consumption
 - NO BINGE drinking
 - Moderation OK
 - Timing is important
 - Methotrexate dosed once weekly
 - If drinking on weekends, ideally dose your MTX on Wednesdays
- Excessive EtOH use correlates with medication nonadherence in adolescence and young adults
- If you already have underlying liver pathology with elevated ALT/AST would advise abstinence

Cannabis in IBD



- 10-20% patients with IBD are active cannabis users
 - Likely an under estimation with increasing legalization
- Patients with Chronic abdominal pain and prior abdominal surg
 - 3.5-5x higher odds of Cannabis use

Cannabis in IBD

- Paucity of Data
- Barriers: Hard to make good studies
 - Many different forms of Cannabis
 - Varying potency
 - Varying affects THC vs CBD
- Studies overwhelmingly show that there is symptom improvement
 - Pain/cramping
 - Diarrhea
 - Nausea
 - Improved appetite

Cannabis in IBD

- Despite Clinical improvement/remission
 - There is no correlation with improved CRP, Calpro or endoscopic healing
 - Those with Cannabis use have increased risk for surgery
 - Likely related to discordant disease severity and perceived symptoms
- Side Effects long term cannabis use
 - Has shown transient decrease in Opiate use
 - With decrease in opiate prescriptions written in areas after legalization
 - Increased risk of addiction to other substances
 - Increase in motor vehicle accidents
 - Chronic bronchitis (if smoking it)
 - Increased risk of anxiety/depression and psychiatric disturbances
 - High risk: Cannabinoid hyperemesis syndrome