Frequently Asked Questions - Sexuality

Although IBD can occur at any age, most new cases are diagnosed between the ages of 15 and 35 years—a time in life when people might be experiencing issues on body image as they are forming important social and intimate relationships. It is only natural for many questions and concerns to arise about the potential impact of IBD and its treatment—including diet, medication and surgery—on sexuality, sexual function, and sexual development.

Some of these concerns could be emotional in nature: 'Will I be attractive to a potential partner?' or 'How do I even begin to tell someone about my condition?' Others might be physical concerns: 'Will IBD affect my sex drive?' or 'Will surgery have any impact on my ability to have sex?'

Will Crohn's And Colitis Affect My Sex Drive?

Understandably, many with IBD find they have less interest in sex when their disease is in an active stage. Symptoms such as abdominal cramping and diarrhoea can make them reluctant to engage in sexual activity because of pain, embarrassment, or fear of having an 'accident.' Or they might simply lack the energy for sexual activity during a flare-up because of under-nutrition and dehydration. This is yet another reason why keeping good control of your disease is so important. For many, this involves taking maintenance medications to keep the disease in remission. And it is always a good idea to discuss with your partner the ways in which you can meet each other's sexual needs during periods of pain or fatigue.

Does Crohn's And Colitis Affect Sexual Development?

When IBD occurs in younger children before the onset of puberty, there could be a delay in sexual development. This occurs however only if the disease is severe enough to delay growth in general or to cause a child to become underweight. It is estimated that up to one-third of children with Crohn's disease might grow and develop more slowly than their peers. The main reason for this is lack of adequate nutrition—as the child tends to eat less to avoid pain, cramping, and diarrhoea—and/or because of impaired absorption of essential nutrients in the small intestine.

Children who take corticosteroids to control inflammation might also experience delays in growth or at the onset of puberty. This is usually managed effectively by taking the lowest dose possible for the shortest time possible to control symptoms; by taking corticosteroid-sparing medications such as azathioprine (which could reduce the need for frequent use of corticosteroids); and sometimes by taking corticosteroids only on alternate days.

Whatever the reason for the delay, although some children with IBD might start puberty later, eventually they will catch up and mature normally.

On the other hand, perhaps the biggest issue with delayed sexual development in children with IBD relates to how they view themselves compared with their peers. Adjusting to puberty is unsettling for any child and is even more so for children with IBD. Not only do they have to contend with a painful disease that causes distressing and often embarrassing symptoms, and cope with taking medications such as corticosteroids that can affect their outward appearance—they also will probably look different from their peers.

This is why children with IBD need plenty of understanding, support, information, and reassurance during this difficult phase. It is best to be honest with them when they ask some difficult questions and to reassure them that their sexual development will be normal in time.

Keeping up regular attendance at school is absolutely vital to ensuring that a child or adolescent with IBD develops and maintains as-normal-as-possible peer relationships. This enhances their emotional wellbeing and will help see them through a difficult period in their lives to come out the other side as well-adjusted, confident young adults.

Does Crohn's And Colitis Affect Female Fertility?

Generally speaking, IBD has no direct effect on fertility in either men or women. There are a few instances however where the medications or surgery used to treat IBD, or where the impact of active IBD on a person's general health, can cause a temporary—and usually reversible—reduction in fertility.

It is important to keep in mind that women who have IBD but feel well, have their condition well in control, and do not require surgery need not worry about fertility or pregnancy issues.

Women who are unwell need to seek support and treatment for their IBD.

Source: The Inside Story – A Toolkit For Living Well With IBD – June 2016

Frequently Asked Questions - Sexuality

Women who need surgery should discuss fertility issues before any procedure or operation and can consult with a specialist colorectal surgeon who will have experience with IBD and can address their specific concerns.

Among women with ulcerative colitis, fertility is the same as it is for women of a similar age in the general population. Among those with Crohn's disease, fertility is also similar to the general population when the disease is in remission but might be lower when the disease is active. Fertility usually returns to normal once active disease is brought under control. Fertility might also be reduced if the ovaries and fallopian tubes have been affected by inflammation in the intestines, or if previous surgery has led to the formation of pelvic adhesions or scar tissue. Adhesions might require further treatment to help restore a woman's ability to conceive.

Active disease, a lack of adequate nutrition, or excessive weight loss can affect the menstrual cycle by interfering with the normal function of the sex hormones. This can result in erratic ovulation and irregular periods. When IBD is brought under control and health and nutrition are restored, ovulation and menstrual cycles usually return to normal. Treatment with corticosteroids can also cause temporary irregularities in the menstrual cycle as well as amenorrhoea (the complete absence of periods) sometimes for months at a time. Again, this returns to normal when corticosteroid dosages are reduced or discontinued.

Does Crohn's And Colitis Affect Male Fertility?

Generally speaking, IBD has no direct effect on fertility in either men or women. There are a few instances however where the medications or surgery used to treat IBD, or where the impact of active IBD on a person's general health, can cause a temporary—and usually reversible—reduction in fertility.

Sulfasalazine, which is one of the aminosalicylate or 5-ASA-containing medications, is known to have a negative effect on sperm. Within two months of starting sulfasalazine treatment, sperm count decreases, the presence of abnormal spermatozoa increases, and sperm motility is decreased. All of these changes are dose-related and are reversible. This issue can be avoided by would-be fathers by switching medications at least three months before attempting to conceive, by which time their sperm will have returned to normal.

Methotrexate can also lower sperm count but this returns to normal after discontinuing the medication. Men are advised to discontinue methotrexate three months before attempting to conceive.

Severe active disease or a lack of adequate nutrition can also reduce sperm count, which usually returns to normal once the IBD is brought under control and health and nutrition are restored.

Surgical procedures that remove the rectum (for example, proctocolectomy with ileostomy or ileal pouch anal anastomosis surgery) can sometimes (but rarely) impair men's ability to achieve an adequate erection or ejaculation. However newer surgical techniques to remove the rectum have significantly reduced the risk of this complication.

Surgery can sometimes be postponed if a couple wishes to start or complete their family, but it is always important to strike a balance between the benefits and risks of postponing or proceeding with an operation. Each IBD case is unique, and treatments are highly specialised, so it is important to have any operation discussed with the IBD team and done by a specialist colorectal surgeon.

For more information on Fertility and Pregnancy, see Frequently Asked Questions – Fertility and Pregnancy.

Source: The Inside Story – A Toolkit For Living Well With IBD – June 2016