

Sexual dysfunctions of rheumatological patients are a neglected issue: Results from a national survey of Italian Society of Rheumatology

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Supplementary Tables 1. Questionnaire.

1. Age, years	b. Women 40-50 years old
2. Gender	c. Women ≥ 50 years old
a. Male	d. Men < 40 years old
b. Femal	e. Men 40-50 years old
3. Are you Resident or Rheumatologist?	f. Men ≥ 50 years old
4. Practice setting	11. What is the most reported SD by male patients?
a. Community Hospital	a. Low libido
b. Academic Hospital	b. Erectile dysfunction
c. Private Hospital	c. Premature ejaculation
5. In which region do you practice your work?	d. Late ejaculation
6. Practice duration (years)	e. None of them
7. How often do you discuss SD with your patients?	12. What is the most reported SD by female patients?
a. Never	a. Sexual arousal disorder
b. Infrequently	b. Orgasmic disorder
c. Sometimes	c. Dyspareunia
d. Frequently	d. Low sex drive
e. Always	e. None of them
8. Why do not you investigate SD in patients during visit?	13. What is in your experience the rheumatological disorder most frequently associated with SD?
a. I do not have enough knowledge or experience	a. Rheumatoid arthritis
b. There are dedicated specialists	b. Spondyloarthritis
c. Patient will ask the specialist on his/her own	c. Systemic lupus erythematosus
d. Sexual function is private matter	d. Systemic sclerosis and dermatomyositis
e. I do not have enough time	e. Sjogren's syndrome
f. The patient may feel embarrassed	f. Fibromyalgia
g. The partner of the patient may feel embarrassed	g. Vasculitis
9. How often do patients refer SD related to their rheumatological disorders?	14. How often does the female partner of your patient report SD due to GI disease?
a. Never	a. Never
b. Infrequently	b. Infrequently
c. Sometimes	c. Sometimes
d. Frequently	d. Frequently
e. Always	e. Always
10. Which kind of patients tell you about his/her SD:	15. How often does the male partner of your patient report SD due to GI disease?
a. Women < 40 years old	a. Never

<ul style="list-style-type: none"> b. Infrequently c. Sometimes d. Frequently e. Always 	<ul style="list-style-type: none"> d. Frequently e. Always
<p>16. Do you know, which kind of rheumatological drugs are related to SD?</p> <ul style="list-style-type: none"> a. Yes b. No 	<p>25. Which specialists should treat SD?</p> <ul style="list-style-type: none"> a. Urologist/andrologist for men b. Gynecologist for women c. Sexologist d. Endocrinologist
<p>17. What are the drugs that generally, in your experience, are the most common cause of SD?</p> <ul style="list-style-type: none"> a. Immunosuppressant b. Antidepressant c. Biological drugs d. Corticosteroids 	<p>26. Do you know PDE5i side effect?</p> <ul style="list-style-type: none"> a. Yes b. No
<p>18. How often do patients refer that their SD is apparently related to the therapy you have prescribed?</p> <ul style="list-style-type: none"> a. Never b. Infrequently c. Sometimes d. Frequently e. Always 	<p>27. Which is a side effect of PDE5i?</p> <ul style="list-style-type: none"> a. Dyspeptic symptoms b. Flushing and headache c. Lumbar pain d. None of the previous e. All of the previous
<p>19. Have you ever changed your therapy after referred SD?</p> <ul style="list-style-type: none"> a. No b. Yes 	<p>28. Have you ever prescribed PDE5i or other treatments to your patients?</p> <ul style="list-style-type: none"> a. No, I refer patients to the andrologist b. Yes, I have prescribed supplements c. Yes, I have prescribed 5-PDEi d. Yes, I have prescribed both
<p>20. If the answer is Yes to question 19, indicate the therapy you suspended due to iatrogenic SD</p>	<p>29. How often do your patients refer using PDE5i independently?</p> <ul style="list-style-type: none"> a. Never b. Infrequently c. Sometimes d. Frequently e. Always
<p>21. Do rheumatologists have the responsibility to discuss SD with their patients? I do not know</p> <ul style="list-style-type: none"> a. Totally agree b. Partially agree c. I do not know d. Partially disagree e. Totally disagree 	<p>30. Do you feel the need to broaden your knowledge about sexual disorders?</p> <ul style="list-style-type: none"> a. Yes b. No
<p>22. Do you think that assessing SD in clinical practice can help patients?</p> <ul style="list-style-type: none"> a. No, it would have no impact on therapeutic diagnostic process. b. Yes, it would improve the diagnostic and/or therapeutic pathway c. Yes, it would improve the relationship with patients 	<p>31. Do you feel that your education has given you enough knowledge to discuss sexual problems with your patients:</p> <ul style="list-style-type: none"> a. No knowledge b. Enough knowledge c. Little knowledge d. More Knowledge
<p>23. Discussing SD pertains only to andrologist or gynecologist, sexologist, or endocrinologist.</p> <ul style="list-style-type: none"> a. Totally agree b. Partially agree c. I do not know d. Partially disagree e. Totally disagree 	<p>32. It would be useful for gastroenterologists to attend courses on SD:</p> <ul style="list-style-type: none"> a. Totally agree b. Partially agree c. I do not know d. Partially disagree e. Totally disagree
<p>24. How often do you refer your male patients to andrologist for their sexual problems?</p> <ul style="list-style-type: none"> a. Never b. Infrequently c. Sometimes 	