

#153 Stefan Hamaway

Advisor(s): Mariana Markell

The Impact of Comorbidities, Stress, and the COVID-19 Pandemic on Male Sexual Health in an Inner-City Patient Population with Chronic Kidney Disease (CKD)

Erectile dysfunction (ED) in chronic kidney disease (CKD) patients is a multifactorial process involving both biological and psychosocial factors, but little is known about how their underlying co-morbidities interact with CKD to affect their sexual function. We looked for associations in patients with CKD and various co-morbidities to find differences between their co-morbidities and sexual function in a largely immigrant population of patients presenting to CKD clinic. A random sample of patients from CKD (3), dialysis (1), and transplant (5) clinics were interviewed by telephone. Patients were asked to complete validated questionnaires and rate changes in sexual activity during the COVID pandemic. Mean age was 55.3 ± 12.9 years, 77% were Black, 11% Hispanic, and 11% other. Mean erectile function (EF) was 25 ± 3.9 out of 30 points. No men met the threshold to start treatment for ED. A history of hypertension (HTN) was negatively correlated with erectile function (-0.759 , $p=.007$) but there was no significant difference based on the length of time being diagnosis (-0.515 , $p=NS$). Other co-morbidities such as diabetes (DM) and high cholesterol (HC) did not significantly affect erectile function (-0.488 and $-.201$ respectively, $p=NS$). Orgasmic function was correlated with length of time since diagnosis with HTN, DM and HC (-0.706 , $p=.015$; -0.789 , $p=.004$; -0.689 , $p=.019$ respectively). There was no significant correlation between perceived social stress and erectile function and orgasmic function (0.113 , $p=NS$; -0.223 , $p=NS$ respectively). Since the start of the COVID19 pandemic 8.3% reported a large decrease in sexual activity and 33.3% reported a slight decrease. Patients reported the decline was due to social factors (fear of spreading the virus, unable to travel) and not due to sexual performance. The relationship between orgasmic function and co-morbidities associated with CKD should be further evaluated rather than simply focusing on EF.