It’s Not Just You, Hepatitis C Is Tied to Sexual Dysfunction

A recent review of multiple studies of people with hep C found that the virus could harm sexual health in various ways.

May 29, 2018 By Benjamin Ryan

A recent review of multiple studies including thousands of people with hepatitis C virus (HCV) has identified what may long have been wholly apparent to many of those living with the virus: HCV is associated with sexual dysfunction.

“HCV patients commonly suffer from sexual difficulties, which usually have a great impact on their quality of living, their self-image and their interpersonal relationships,” says Christos Triantos, MD, a gastroenterologist at the University Hospital of Patras School of Medicine in Greece, who was the lead author of the recent paper.

The good news is that curing the virus is associated with improvements in this key measure of quality of life.

Publishing their findings in the European Journal of Gastroenterology & Hepatology, Triantos and his colleagues reviewed 25 papers that included data regarding over 5,300 people with HCV. The new paper’s authors excluded from their review studies people with end-stage liver disease who were waiting for a liver transplant and those with kidney failure; both conditions are themselves associated with a significant decline in physical and sexual health.

Sexual dysfunction, the researchers found, occurred in three distinct patterns among the participants, including such dysfunction: 1) among those who did not have cirrhosis; 2) spurred by cirrhosis; and 3) related to taking interferon.

The researchers theorized that these three arenas of sexual dysfunction are each driven by distinct factors. First, hep C likely harms the body in various non-liver-related ways and leads to psychological shifts that depress an individual’s sexual health. Second, the progression of liver
fibrosis to cirrhosis may create a direct through line that leads to sexual dysfunction. Third, for those who took interferon back when the therapy was a mainstay of hep C treatment, the onerous side effects, including depression, as well as pathology related to the virus itself, may have negatively impacted sexual health.

Ten studies included in the review provided data on how common sexual dysfunction was in people with HCV who were not on treatment for the virus. Among males, the proportion who experienced such dysfunction ranged from 19 to 88 percent, while among females the range was 49 to 79 percent.

Looking at the studies that saw a relatively low prevalence of sexual dysfunction among men, between 19 percent and 22 percent, the literature review’s authors found that the design of these studies likely yielded a participant population that was less likely to have sexual dysfunction. For example, these studies excluded participants with various health conditions such as diabetes and included those with minimal liver fibrosis or a younger population of participants. In contrast, in one study in which 88 percent of the men had sexual dysfunction, the study population included older people with cirrhosis (older age and cirrhosis are each tied to sexual dysfunction).

“An interesting and rather unexpected finding,” Triantos says of his literature review, “was that some subdomains of sexual functioning were mostly impaired and other subdomains were relatively unaffected suggesting that the observed sexual difficulties may be attributed to the effect of the hepatitis C virus on specific brain circuits.”

Triantos and his colleagues came to this realization based on six studies including people with HCV who had their sexual functioning compared with a control group. The findings of these papers made it abundantly clear that even after controlling for various demographic factors that may have influenced the results, people with hep C report a greater rate of sexual dysfunction compared with their HCV-negative peers. The biggest complaints among men were diminished sexual satisfaction, drive and desire (erectile function and the ability to have an orgasm were not huge problems). Among women the most notable deficits included lower sexual satisfaction, drive and orgasm.

Part of what may drive these sex-based differences is the apparent fact that women with hep C progress to cirrhosis more slowly than men and also respond better to treatment for the virus. Additionally, compared with their male counterparts, HCV-positive women’s sexual dysfunction could be more related to psychosocial factors associated with living with the virus, including depression, anxiety, relationship conflicts and social isolation.
Given the relative paucity of research into how hep C may affect women’s sexual functioning, the paper’s authors stressed the need for more robust study in this realm.

The studies indicated that an individual’s stage of fibrosis and level of liver inflammation seemed tied to lower sexual functioning only among those who were older who had advanced fibrosis or cirrhosis. This finding suggests that during earlier phases of liver disease, non-liver-related effects of hep C infection may drive sexual dysfunction. For example, the virus may affect the central nervous system and the brain, causing changes that lead to sexual problems.

Providing yet another good reason to get hep C cured, the researchers found that beating the virus was associated with better sexual functioning.

Triantos stresses the importance of including sexual health in the medical exam process for people with hep C.

“Patients may often be reluctant to discuss sexuality issues with their physicians and should be encouraged to do so,” says Triantos. “Clinicians should regularly ask their patients about sexual difficulties and should refer them to other specialists when indicated.”