



Reproductive rheumatology: the male perspective

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Dear Sir

The birth of reproductive rheumatology as a sub-speciality within rheumatology has led to improved clinical care for women wanting to conceive with rheumatic conditions [1]. Concerns regarding fertility are related to the type of rheumatic diseases, disease activity and the perceived negative impact of drugs on gonadal function. Although there has been an increase in the literature focusing on women, there is not as much focusing on male fertility and outcomes. As a result, we wanted to take a closer look focusing on local data. This in turn would allow us to add to the paucity of real-life data.

Over a 6-month period, we asked all male patients who attended a general outpatient or ankylosing spondylitis rheumatology clinic to fill in a questionnaire which asked about demographics, diagnosis, medication, conception on or off medication, and if there were any concerns with fertility or offspring. The questionnaires were collected daily and the information was captured in a spreadsheet. In total, 235 questionnaires were collected but only 179 were included as 27 patients did not have a diagnosis, 16 were not on any treatment and 13 only started treatment within the last 6 months. The mean age of the included patients was 54.9 years (SD ± 13.8) and the diagnoses included rheumatoid arthritis ($n = 57$), ankylosing spondylitis ($n = 47$), psoriatic arthritis ($n = 36$), connective tissue diseases ($n = 22$) and others ($n = 21$), including IgG4-related disease, sarcoidosis and polymyalgia rheumatica. Of the included men, 26/127 (20%) had their children whilst taking an antirheumatic drug. These men were taking a non-steroidal anti-inflammatory drug (NSAID, $n = 5$), methotrexate ($n = 4$), adalimumab ($n = 3$), sulfasalazine ($n = 3$), prednisolone ($n = 1$), infliximab ($n = 1$) or a combination of prednisolone and adalimumab ($n = 1$) at the time of conception. Eight patients did not identify which medication

they were taking. Of the men, 26/26 (100%) who conceived children whilst on treatment did not report any health or developmental problems with their offspring. Of those men with children, 12 (9%) reported stopping treatment whilst trying to conceive. Three of them stopped taking sulfasalazine, four stopped methotrexate and one stopped NSAIDs whilst five patients did not respond to the question. Overall, 10 men (6%) said they had sought medical advice regarding fertility; 6 patients underwent fertility investigations. One was deemed infertile, two showed no abnormalities, whilst the remaining two did not indicate the outcome of their investigations. One participant reported a failed course of IVF. The man deemed infertile was receiving treatment with sulfasalazine, methotrexate and adalimumab. One patient reported conceiving whilst on methotrexate, but his partner subsequently had a miscarriage.

Our findings highlight the need for additional work to be done in this area as well as adding to the current literature available which supports the use and safety of anti-rheumatic drugs in men. We hope that by sharing this work, clinical practice within rheumatology will encourage adequate counselling for male patients. This is important to avoid unnecessary terminations due to lack of knowledge as highlighted by Weber Schoendorfer whereby 9.7% of patients had an elective termination of pregnancy as their partner was on methotrexate versus 5.1% in control group [2]. We know that most antirheumatic drugs are safe [3, 4] and it is important to continue them because in some studies, there is a suggestion that disease activity itself impacts fertility which can be improved by being on treatment [5]. Education of both rheumatologist and patients is needed to support the concept of reproductive rheumatology in the male patient.

Compliance with ethical standards

Disclosures None.

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