

# Sexual Dysfunction and **DIABETES** in Women

By: Dr Darryl Meeking MB ChB MRCP Consultant Physician,  
Honorary Senior Lecturer and  
Honorary Clinical Lecturer,  
Portsmouth Hospitals NHS Trust

Sexual health is an important aspect of our daily lives but surprisingly it has not been well studied. Research into female sexuality has been particularly poor.

**There are many different factors involved in the sexual well-being of women with diabetes. One or more of these factors can be affected by diabetes and lead to sexual problems. These are listed below:**

- **Physical problems:** These are problems that relate to the sexual act itself and may include a reduced sex drive, reduced pleasure from sex, a lack of vaginal lubrication and sensation, a reduced ability to orgasm or painful sex.
- **Inconvenience:** Diabetes may lead to other difficulties such as excessive tiredness, the inconvenience of injections, the effects of high / low blood sugars and time constraints caused by the demands of looking after your diabetes.
- **Personal concerns:** Including self-image problems such as excess weight or lumpy injection sites and other psychological issues such as depression, anxiety and worry.
- **Relationship worries:** Communication with partners and support from others is likely to play an important role in your sexual well-being.
- **General health concerns:** Including worries about pregnancy and contraception as well as the effects of ill-health, diabetes complications, related illnesses and the effects of medication.

## Sexual Function

It might be expected that women with diabetes have a higher rate of sexual problems than women without diabetes because the tissue and nerve supply of a woman's sexual organs is actually very similar to that of a man. The available evidence plus our own work suggests that reduced lubrication in the vaginal area is the major difference between diabetic and non-diabetic women.

Female lubrication occurs during the arousal phase of the sexual response cycle. This is the same phase that leads to erections in men. The relationship between different physical sexual problems is complex and it seems likely that this reduced lubrication, together with reduced sensation in the vaginal area may lead to more painful intercourse, less likelihood of orgasm and a reduced sex drive in some women.

Studies have shown that women with diabetes also tend to show less sexual desire, ability to have orgasms and sexual satisfaction. Sexual activity may be reduced and women with diabetes tend to be less satisfied with their relationships than other women. This seems particularly true of women with Type 2 diabetes. Women who accept their diagnosis easily appear less likely to develop sexual problems. It may be that by developing diabetes at a very young age, diabetic girls may be able to address important psychological issues before entering into sexual relationships.

Few women seek help for sexual problems but it should be remembered that treatments are available. In those women who suffer from a lack of lubrication or from painful sexual intercourse, the use of a vaginal lubricant or water-based gel may be very helpful. For others who suffer from lack of vaginal sensation or a reduction in the ability to orgasm, the use of mechanical aids can give more intense stimulation. Other sexual behaviours such as solitary masturbation, oral-genital stimulation and manual stimulation of the clitoris may be helpful in placing less emphasis on intercourse 'performance'.

More recently, newer treatments have been studied. Use of the male impotence pill Viagra (Sildenafil) has been investigated. Although research findings have generally concluded that there is no significant benefit to women, a closer analysis of the data suggests that it may be helpful to women who suffer with lubrication or vaginal sensitivity problems. This seems particularly true in women who do not have adequate levels of circulating oestrogen such as in the post-menopause period. Viagra may also benefit women on anti-depressant medication who have difficulty achieving orgasm. Ideally what is needed now is a large study of Viagra effects in women who have diabetes.

One study has shown that the use of the 'Eros' clitoral therapy device can be effective in women with sexual problems. It may offer a 50-100% improvement in lubrication, sensation, orgasm and satisfaction.

## Other Sexual Health Concerns

Diabetes may affect the sexual health of women in many other ways. The effect of medication and diabetes-related illnesses has been poorly documented. Genito-urinary diseases such as thrush, cystitis and genito-urinary infection are more common in diabetes. Our own work suggests that these may interfere significantly with sexual activity. In addition, many of the chronic complications of diabetes (eye, kidney, nerve and blood supply problems) could have negative effects.

Some forms of medication can also affect sexual activity. The use of antibiotics, to treat urinary tract infection for example, increases the susceptibility to vaginal thrush. Antibiotics may also affect the action of the contraceptive pill. Some women with diabetes may have a more restricted choice of contraception since the oral contraceptive pill carries a slightly increased risk of developing blood clots and the use of intra-uterine devices can increase the risk of womb infection.

## Pregnancy

Pregnancy remains a significant worry for many young women with diabetes and this can lead to sexual and relationship difficulties. Concerns about the effects of diabetes on fertility or worries about the possibility of diabetes developing in offspring are issues that cause concern and should be discussed. The risks to baby and mother and the worries of sexually active women can be reduced with adequate pre-pregnancy counselling and good early pregnancy care.

Diabetes may lead to psychological effects such as loss of self-image, loss of self-esteem, feelings of unattractiveness, loneliness and isolation. Women may attribute symptoms of depression, anxiety or worry to their diabetes and this can affect sexual well-being.

There is some evidence that these problems may be more common in older women with diabetes but it is not known whether these findings are related directly to diabetes.

Those women who require more support as a result of their diabetes may find that this affects their ability to communicate with a partner. Many older women may no longer have a sexual partner and find that their diabetes adds to feelings of loneliness or isolation.

Women, and younger women in particular, may worry about the effects of diabetes on physical appearance. Weight gain can be associated with insulin therapy. This is a problem that can be eased by adopting healthy eating patterns and lifestyle. Diabetes should not be a barrier to a good diet or regular exercise. Lumpy injection sites are a less common complaint since the introduction of purified insulin but it still causes distress for some women. Appropriate injection technique and regular changing of injection sites can help to reduce the impact of this disabling problem.

Diabetes can adversely affect sexual function in other ways; through symptoms of high or low blood sugars, the inconvenience of insulin injection, blood glucose monitoring and dietary modification. More research needed to discover the effect of these factors on female sexual health.



## Conclusion

Sexual health is important to your physical and psychological well-being. Women with diabetes may have a range of sexual health concerns and should be encouraged to talk freely about these so that help and advice can be offered where appropriate.

## Counselling

If it is clear that there is a strong psychological contribution to the problem, then seeing a psychosexual counsellor can be very rewarding. Visit your GP for more information.

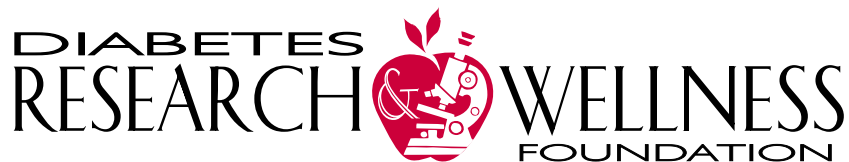
## Further advice for both men and women:

**Sexual Dysfunction Association** Helpline: 0870 7743571 Web: [www.sda.uk.net](http://www.sda.uk.net)  
E-mail: [info@sda.uk.net](mailto:info@sda.uk.net)

**British Association for Sexual and Relationship Therapy (BASRT)**  
Tel: 0208 543 2707, Web: [www.basrt.org.uk](http://www.basrt.org.uk)

**SPOD (an information service  
for disabled people  
with sex and relationship problems)**

Tel: 0207 607 8851  
Tues & Thurs (10.30-1.30),  
& Wed (1.30-4.30).



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