



Diabetes Research &
Wellness Foundation



Sexual Dysfunction and **DIABETES** in Women

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What is sexual dysfunction in women?

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 glucose 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. **See Figure 1**
- **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.

Symptoms

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 suggests that reduced lubrication in the vaginal area is the major difference between women with diabetes and without.

1



Figure 1 *Self-image problems such as excess weight or lumpy injection sites and psychological issues such as depression should be discussed with your healthcare professional.*

2



Figure 2 *Concerns about the effects of diabetes on fertility or worries about the possibility of diabetes developing in offspring should be discussed with your healthcare professional.*

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.

Treatments available

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, girls with diabetes may be able to address important psychological issues before entering into sexual relationships.

Lubricants

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.

Mechanical aids

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.

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 behaviours such as solitary masturbation, oral-genital stimulation and manual stimulation of the clitoris may be helpful in placing less emphasis on intercourse 'performance'.

Oral therapy

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. Hormone replacement therapy (HRT) may be beneficial for this symptom. Viagra may also benefit women on anti-depressant medication who have difficulty achieving orgasm.

Other sexual health concerns

Diabetes may affect the sexual health of women in many other ways. For example, Genito-urinary diseases such as thrush, cystitis and genito-urinary infection are more common in diabetes.

Studies suggest 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 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. **See Figure 2**

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.

Psychological problems

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.

STAYING WELL UNTIL A CURE IS FOUND . . .

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.

Lumpy injection sites cause emotional distress for some women. Appropriate injection technique and regular changing of injection sites can help to reduce the impact of this problem.

Top tips to help manage sexual dysfunction

- **Get help** Sexual health is important to your physical and psychological well-being. There are treatments available to help you so see your doctor. Don't be embarrassed to seek help
- **Control your blood glucose** as effectively as possible
- **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
- **Make sure that your blood pressure and cholesterol is managed effectively**
- **Don't smoke**

More information:

Sexual Advice Association

Helpline: 0207 486 7262 Web: www.sexualadviceassociation.co.uk

Email: info@sexualadviceassociation.co.uk

College of Sexual and Relationship Therapists (COSRT)

Tel: 0208 543 2707 Web: www.cosrt.org.uk

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