# Evaluation of sexual dysfunction in women with type 2 diabetes

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#### INTRODUCTION

- **❖**Diabetes mellitus is a common disease that may impair sexual activity.
- **❖**Among men, diabetes is a recognized risk factor for sexual dysfunction (SD).
- ❖ However, the effect of diabetes on female SD is poorly understood, with very little research examining whether rates of sexual activity differ in diabetic versus non-diabetic women.
- **❖**The aim of our study is to evaluate the prevalence of SD for diabetic women in addition to identify the causative factors contributing to SD among women.

#### **METHODS**

- **❖This is a descriptive case-control study involving 35 women with type 2 diabetes mellitus. They were compared to 35 control women matched for age.**
- **❖**The evaluation focused on demographic data, diabetes-related data and standardized measures of female sexuality with the Female Sexual Function Index (FSFI).
- **❖The FSFI** is a known instrument that assesses sexual function for women with six domains: desire, arousal, lubrication, orgasm, satisfaction and pain during sexual intercourse.
- **❖**For women, the minimum and maximum scores are respectively 2 and 36. Women with a score under 26 were classified as presenting SD.
- **❖** Patients excluded from the study:
  - pregnant and post partum women
  - sexual inactive in the past 1 year
  - previously diagnosed with any psychiatric disorder

#### RESULTS

Sociodemographic characteristics of diabetic and non-diabetic women				
	Diabetic group (n=35)	Non diabetic group (n=35)	p	
Age (years) Origin(%)	50.94±7.63	48.22±6.87	0.16	
Urbain	28.6	22.85	0.24	
Rural	71.4	77.15	0.52	
Educational level(%)				
Illiterate	14.3	11.4	0.12	
Primary education	57.1	51.4	0.43	
Secondary education	22.9	28.6	0.32	
Higher education	5.7	8.6		
Employement(%)				
Employed	34.3	31.4	0.42	
Unemployed	65.7	68.6	0.67	

Baseline demographic characteristic and I	laboratory finding	of diabetic women
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Parameter	Total(N=35)
Duration of diabetes (years)	26.17±9.35
Duration of marriage(years)	10.51±7.29
Rate of menopause (%)	65.7
Treatment(%) oral anti-diabetics insuline therapy	54.3 45.8
HbA1c (%)	8.86±2.35
BMI (kg/m²)	28.57±4.33
Metabolic syndrome (%)	60
Microangiopathic complications(%) neuropathy retinopathy nephropathy	57.1 51.4 40 20

## The domain involved in sexual dysfunction in diabetic and non-diabetic group based on FSFI score



#### Comparison of the 6 domains of FSFI in diabetic women SD+ vs SD-



### DISCUSSION AND CONCLUSION

- ❖Diabetes mellitus leads to SD among women and men affecting genital organs.
- **❖The studies on this issue indicate that diabetic women are at risk as much as men in terms of SD.**
- **❖When the literature is reviewed, it is seen that there are different findings with SD prevalence among diabetic women and this prevalence is estimated to be between 20 to 80%. In our study, it was 62%.**
- ❖For diabetic women, we found a significant reduction in the total score on the FSFI and in most of the items canvassed(desire, arousal, lubrication, orgasm and satisfaction) when compared with the control group.
- **❖This reduction could be due to metabolic and neurovascular factors responsible for the development of complications of diabetes.**
- ❖In fact, it has been hypothesized that hyperglycemia, by reducing hydration of the mucus membranes, including those in the vaginal tissue, results in poor vaginal lubrication and dyspareunia.
- ❖In addition, vascular damage may change the local blood flow and inhibition of the clitoris engorgement and vaginal lubrication during arousal ,resulting in dyspareunia
- **❖**Effect of glycemic control on rates of SD is also controversial. In our study, we found no significant association between HbA1c and SD (*P* = 0.09). Considering chronic nature of sexual dysfunction, prolonged evaluation of glycemic control may provide more reliable results.
- ❖Another finding was considering the impact of diabetes duration on SD. Some studies confirmed it while others did not confirm it .In our study, it was noted that there was a positive correlation between duration of diabetes and SD(P=0.013). As the diabetes duration prolonged, so did SD prevalence. ❖One of the discussed issues is the effect of other chronic diabetic complications like retinopathy and nephropathy on SD and considering them as risk factors for this complication .
- **❖**Determinants of sexual function include duration of diabetes and diabetic complications.
- ❖In the meantime, assessment of female sexuality should become a routine evaluation for women with diabetes, such as other diabetic complications.