



## Female Sexual Dysfunction in Diabetic Women

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### Overview

Diabetes has been linked with sexual dysfunction both the genders. Diabetes is an established risk factor for alteration of sexual health in men (erectile dysfunction). In women, the data available for the association between diabetes with sexual dysfunction are less convincing, although most of study data have shown a higher association of female sexual dysfunction (FSD) in women with Diabetes as compared to the nondiabetic women [1,2]. FSD has been documented in both type 1 and type 2 diabetic patients.

Compared to the international status of research regarding relationship of FSD with women diabetes very little attention has been paid in Indian scenario. The social infrastructure of our country is one of the major barriers leaving this issue not much explored.

### Symptoms

Symptoms of Sexual disorder reported in women with diabetes include the impaired or loss of sexual interest or desire to perform, arousal defect or lubrication difficulties (including difficulty in maintaining lubrication until completion of sexual activity). They also have dyspareunia (pain associated with sexual stimulation or vaginal penetration), and loss of the ability to reach orgasm [3] even after sufficient sexual arousal.

### Diabetes as a causal agent

Diabetes-induced vascular and nerve dysfunctions may impair the sexual response by affecting the structural and functional changes in the female genitalia which is sometimes severe. Studies in animals showed that diabetes does alter arousal and orgasmic

sexual responses by impairing relaxation responses of the vaginal wall and tissue to almost all neurotransmitter systems. It decreases nerve-stimulated clitoral and vaginal blood flow pattern, producing diffuse fibrotic changes of the clitoris and vaginal wall tissues, and reducing the muscular layer and epithelial layer function and thickness in the vagina. Vascular alterations, including atherosclerotic changes and diabetes related endothelial dysfunction, may be important for reducing the engorgement of the clitoris via alteration of circulation and for reducing the lubrication of the vagina significantly, leading to altered arousal and dyspareunia during sexual intercourse and activity. Diabetic neuropathy also significantly contribute to the pathogenesis of sexual dysfunctions in women by altering both the normal transmission of sexual stimuli and the related stimulation of sexual response. It has been postulated that FSD may be the direct effect of an imbalance in the hormonal levels of women with diabetes, as shown by different epidemiological studies demonstrating a correlation between changes in the levels of androgens, estrogens, as well as all sex hormone-binding globulin which ends up in sexual problems in diabetic women.

### Measure of female sexual dysfunction

Sexual dysfunction is measured in women using standard questionnaires. The Female Sexual Function Index [4] (FSFI) is a known instrument that assesses sexual function in women with six different phases: desire, arousal, lubrication, orgasm, satisfaction and pain during sexual intercourse. Questions are taken up based on the sexual activity of the last four weeks Each item is rated on a 6-point (0-5) scale. In women, the FSFI score [5] <17 can be considered as the criteria for accepting the presence of sexual dysfunction.

### Other associated factors

Cardiovascular disorders, thyroid dysfunction can accentuate the problem. High BMI (obesity) is an important factor most commonly associated with FSD.

### Management strategies

At the onset, open communication with partner is necessary. Necessary lifestyle modifications can be adopted like adequate rest, proper diet, limiting alcohol, reduce stress and physical exercise.

If FSD becomes a problem and hinders daily living, consultation can be asked for. we recommend to seek for counseling. Patient may need an extensive discussion with a counselor or therapist who specializes in sexual disorders related problems and relationship problems.

### Medical management

Adequate glycemic monitoring and control is necessary.

Hormonal therapy: Localized estrogen therapy can be of use. Androgen therapy can be considered as testosterone plays a role in the female sex play.

### Ospemifene [6]

This medicine works as a selective estrogen receptor modulator. It helps to reduce pain during performance of sex in women with vulvovaginal atrophy with decreased secretion.

Anti-depressant therapy, use of lubricants and device is of help.

Issues related to female sexual dysfunction are usually very complex in origin both anatomic and psychosexual, so even the best medications aren't likely to be effective if other emotional, mental or social factors are not handled properly.

"It's not about what you see, it's about what you don't".

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