

Sexual Advice Association

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Diabetes and sexual dysfunction in women

Sexual dysfunction is common in women with diabetes. A survey of 240 adults with type 1 diabetes visiting an outpatient diabetes clinic found that sexual dysfunction was reported by 27% of women and 22% of men. Sexual dysfunction in diabetic women was more common than those without (15%).

However sexual functioning in women with diabetes has been less researched than in men. It appears that the most common sexual dysfunction in these women is decreased sexual arousal and inadequate lubrication. They may also have decreased sexual desire and more pain on intercourse. Those with more diabetic complications or who are having difficulties in coming to terms with their diabetes seem to have more problems.

What can be done?

Both non-hormonal or hormonal approaches can be used.

Non-hormonal

Self-help

Sexual materials of all kinds are easy to find: books DVDs, vibrators, clitoral stimulators, erotic games and lingerie. These can be easily found on the internet.

Psychosexual therapy

Psychosexual therapy (also referred to as sex therapy or psychosexual counselling) has proven success rates. Both partners should try, if possible, to go together. For more details, see separate information sheet

Vaginal lubricants and moisturisers

If lubrication is a problem, this may be improved by lubricants and bio adhesive moisturisers. Many different water-based lubricants are now available. Oil-based lubricants, such as peach kernel or sweet almond oils, although they last longer than water-based, can break down the latex in condoms, but non-latex condoms can be bought. This is important for the prevention of sexually transmitted diseases.

Bio adhesive moisturisers have the advantage that timing of application is not dependent on intercourse. While lubricants are bought over the counter, one bio adhesive moisturiser (Replens) is available on prescription.

Clitoral vacuum pumps

This is a device which consists of a small vacuum pump that is placed over the clitoris to apply gentle suction to the region and increase blood flow, and lubrication to the genitalia and vagina and aiding sexual arousal.

Unfortunately although the pumps may be available on prescription (you need to contact your GP), they are difficult to get hold of, although there are firms where they can be purchased for around £25.

Hormonal

Oestrogens

Oestrogen levels fall after the menopause. Hormone replacement therapy (HRT) can be either given *systemically*, where they increase levels throughout the whole body or *vaginally*, without increasing hormone levels throughout the body. Systemic oestrogen (which can be given by tablet, patch or skin gel) will also deal with other menopausal symptoms such as hot flushes. It is ~~probably~~ best to seek specialist advice before taking systemic HRT.

Diabetes affects blood lipids (fats) as well as blood sugar, but HRT, especially if delivered through the skin, seems to improve the lipid profile

Low dose vaginal oestrogens are very effective and can be given by tablet, ring, creams or pessaries.

Long term treatment is required since symptoms return when treatment is stopped. There are no special concerns about giving low dose vaginal oestrogens in women with diabetes.

Testosterone

Testosterone is produced naturally in the female ovaries and adrenal glands and it is linked to female sexual function. The loss of sexual desire can be associated with this testosterone drop. When a woman gets her ovaries surgically removed (oöphorectomy), she experiences an immediate decline in testosterone. Several studies have shown a benefit of testosterone therapy in postmenopausal women but mainly in those using oestrogen. In the UK, the only licensed preparation for women for many years was subcutaneous implants or pellets to be put under the skin using local anaesthetic.

Testosterone patches for women are now available. These have the advantage that women can start and stop treatment whenever they want. However testosterone has not been studied in women with diabetes and it is probably best to see a specialist.

Tibolone

Tibolone is often classed as a type of hormone replacement therapy (HRT). It is a synthetic steroid with similar effects to the female hormones, oestrogen and progesterone, as well as testosterone. It can improve menopausal symptoms such as hot flushes and can improve lack of libido. However tibolone has not been studied in women with diabetes and it is probably best to see a specialist.

While women can find sexual problems difficult to talk about and isolating, various options are available. If possible, share your concerns with your partner and try to agree whether you would both be willing to seek help together. You will normally be welcome as a couple or as an individual when you ask for help from your GP, local hospital clinic or therapist in the private sector. Always ensure that the clinician from whom you seek help will be able to ensure that you have a thorough check-up of both physical and psychological factors.

Further information

British Diabetic Association. <http://www.diabetes.org.uk>

Insulin Dependent Diabetes Trust. <http://www.iddtinternational.org/index.htm>

The Menopause: what you need to know. 2nd edition
M Rees, DW Purdie, S Hope. 2006. Royal Society of Medicine Press.

Sexual Health and the Menopause.
Ed. J M Tomlinson Royal Society of Medicine Press

The Management of the Menopause – the handbook of the British Menopause Society
Ed. M Rees and DW Purdie BMS Publications Ltd

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