

Female Sexual Dysfunctions in Diabetes

DR. M SAIFUDDIN

FCPS (Medicine), MD (Endocrinology)

FACE (USA), FACP (USA), FSRM (UK)


Assistant Professor (Endocrinology)

Dhaka Medical College



We fall in love and like to stay close

*Sex is way of exchange love
and
keep our generation alive*



Sex is like air.
It's not that important unless
you aren't getting any.

Sexual dysfunction

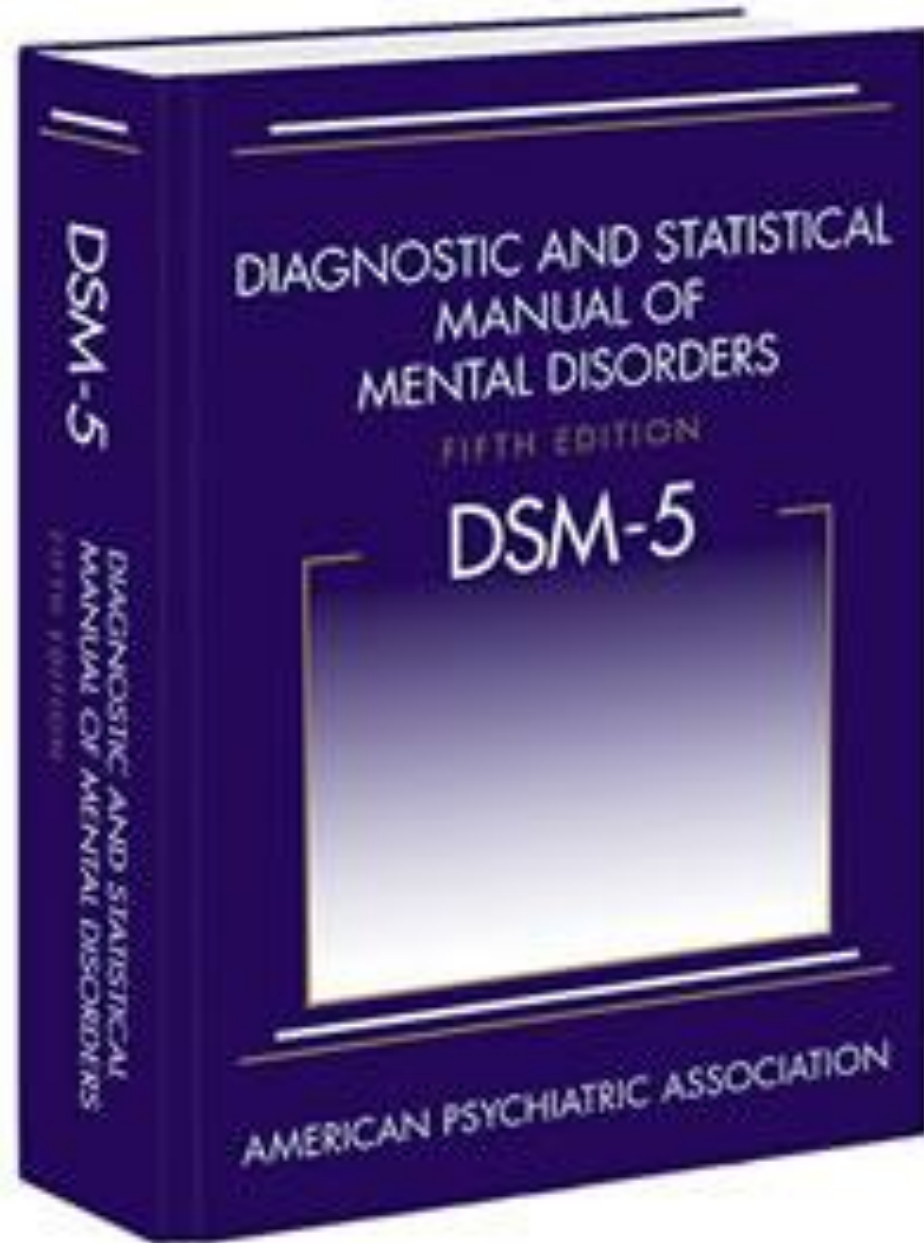
The various ways in which an individual is unable to participate in a sexual relationship as he or she would wish.

World Health Organization's International Classification of Diseases-10 (ICD-10)

Prevalence of Female sexual dysfunction in DM

- **Female sexual dysfunction is common in people with DM.**
- **Global prevalence of sexual dysfunction in women with Diabetes is estimated to be 20–80%.**
- **A systematic review published in 2016 by Mccool et al. estimated the global prevalence of FSD among premenopausal women to be 40.9% and also increases in transition from early to late menopause.**

Classification of Female sexual dysfunction

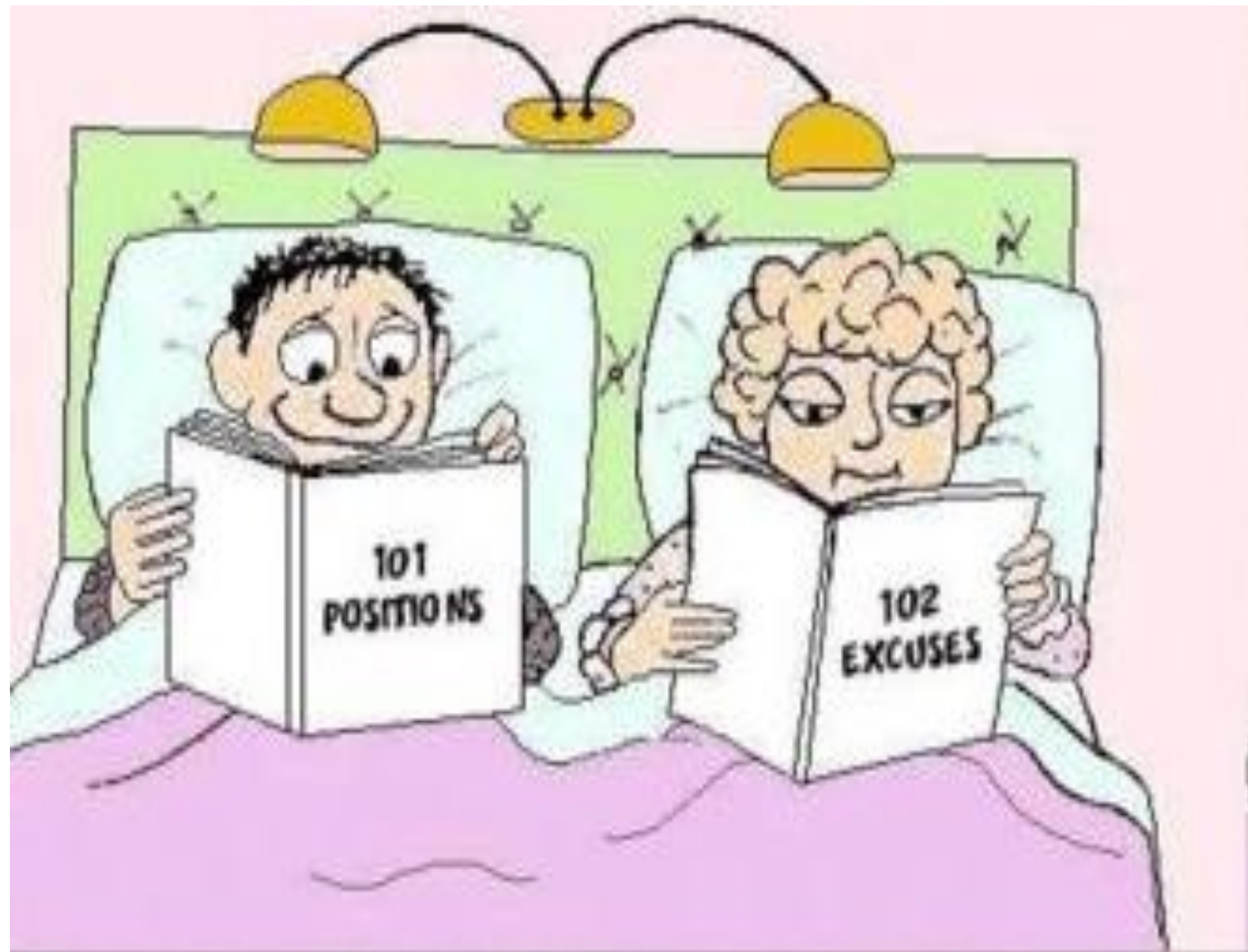


DSM-I	1952
DSM-II	1968
DSM-III DSM-III-R	1980 1987
DSM-IV DSM IV-TR	1994 2000
DSM-5	2013

Female sexual interest/Arousal disorder

Lack or significantly reduced sexual interest or arousal as manifested by three of the following :

- 1. Absent or reduced interest in sexual activity.**
- 2. Absent or reduced sexual or erotic thoughts or fantasies.**
- 3. Absent or reduced sexual excitement or pleasure during sexual activity in almost all or all (75–100%) sexual encounters.**
- 4. Absent or reduced genital or nongenital sensations during sexual activity in almost all or all (75–100%) sexual encounters.**



Female orgasmic disorder

Presence of either of the following on all or almost all (75–100%) occasions of sexual activity :

- 1. Marked delay, infrequency or absence of orgasm**
- 2. Markedly reduced intensity of orgasmic sensations**

Genitopelvic pain or penetration disorder

Persistent or recurrent difficulties with one or more of the following :

- 1. Vaginal penetration during intercourse**
- 2. Marked vulvovaginal or pelvic pain during intercourse**
- 3. Marked tensing or tightening of pelvic floor muscles during vaginal penetration**

Please note

- **Disturbance must cause marked distress or interpersonal difficulty.**
- **Symptoms persist for a minimum of 6 months, are not better explained by a nonsexual mental disorder or relationship problem and not attributed to effects of a substance or medication or other medical conditions.**

Pathophysiology of Female sexual dysfunction in with Diabetes

Hyperglycemia	Reduces hydration of vaginal mucosa result in poor vaginal lubrication, dyspareunia and genitourinary infections
Vaginal/urinary tract infections	Sexual discomfort or pain in pelvic region
Vascular complications	Can affect blood supply to vagina and clitoris causing problems with dryness and arousal

Neuropathy

- **Structural and functional changes in female genitalia**
- **Reduced sensitivity and impaired sexual response**

Hormonal

- **Low Estrogen levels can affect lubrication of vagina**
- **Estrogen deficiency also manifest as lethargy, loss of interest, fatigue**

Psychological

Anxiety, depression, stress, low self-esteem, body image perception disorders affect sexual function.

Treatment of Female sexual dysfunction in Diabetes

- **Good glycemic control**
- **Control of hypertension and dyslipidemia**
- **Avoid smoking, alcohol or substance abuse**

Reduced vaginal lubrication	<ul style="list-style-type: none">• Education regarding need for adequate stimulation prior to penetration• Water-based vaginal lubricants• Hormone replacement therapy
Genital infections	<ul style="list-style-type: none">• Treatment of genital infections• Genital hygiene education
Dyspareunia /Vulvodynia	<ul style="list-style-type: none">• Investigation and treatment of underlying condition• Lubricants

**Anorgasmia
(inability to
orgasm)**

- **Vibrating sex aids**
- **Clitoral therapy devices**
- **Psychosexual support**

**Reduced
libido**

- **Review and treat any concurrent depressive illness**
- **Psychosexual support for any self- image issues**
- **Androgen/DHEA supplementation**
- **Flibanserin (serotonin 1A receptor agonist and a serotonin 2A receptor antagonist)**
- **Phosphodiesterase (PDE-5) inhibitors**
- **Estrogen replacement (HRT)**

HRT not mean Husband Replacement Therapy!!



Use of Androgen in reduced libido

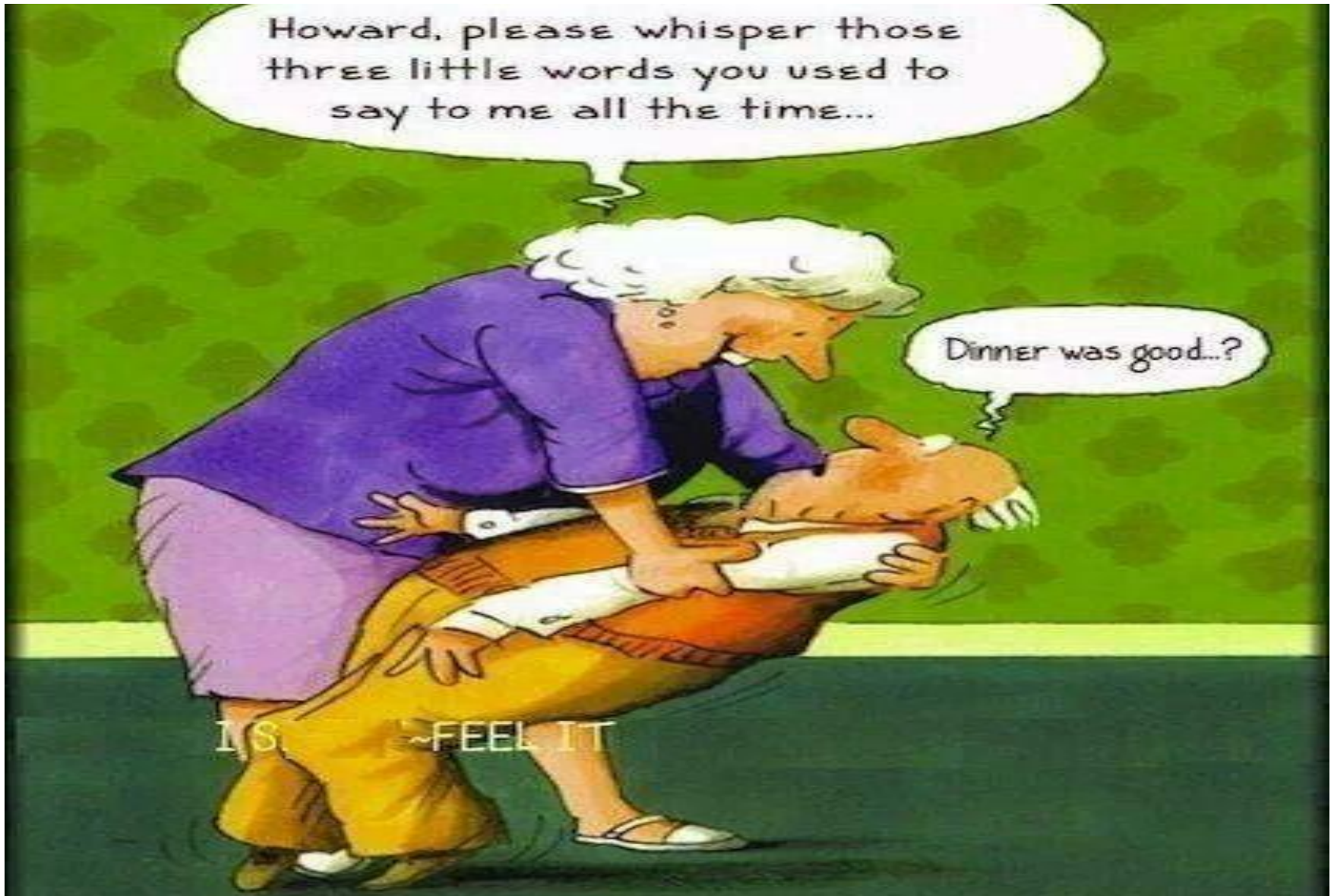
- **Dehydroepiandrosterone (DHEA) may improve libido and well-being among postmenopausal women.**
- **It provides precursor for intracellular production of androgens and estrogens in non-reproductive tissues, restoring the circulating levels of these steroids to improve well-being and sexual function.**

WOMAN'S GUIDE

To Love & Lasting Relationships

1. FIND A MAN WHO MAKES YOU LAUGH.
2. FIND A MAN WHO HAS A GOOD JOB AND CAN COOK.
3. FIND A MAN WHO IS HONEST.
4. FIND A MAN WHO WILL PAMPER YOU WITH GIFTS.
5. FIND A MAN WHO IS AWESOME IN BED.
6. MOST OF ALL, IT IS **VERY IMPORTANT** THAT THESE FIVE MEN **NEVER** MEET!

Romance



Take home message

- **Female sexual dysfunction is common in people with DM.**
- **Women are hesitant to initiate discussions, still want their physician to open the dialogue about sex.**
- **Sex education and counselling is very important.**
- **Emphasize the importance of good relationship to overcome the problem.**

**Thanks and gratitude to
Bangladesh Society of Medicine (BSM)**



THANK YOU