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Breaking the Silence:

female sexual dysfunction in patients with diabetes

Some topics continue to be left out of medical consultations, even though they are very present in patients' lives. One of these is sexuality. Talking about it remains difficult for both healthcare professionals and patients, especially women, who often keep silent due to shame and fear of judgment. Meanwhile, professionals, due to lack of training or time during consultations, may not address it. But sexual health is also health, and it deserves attention.

Female sexual dysfunction is defined as a set of alterations in the phases of desire, arousal, orgasm, or pain during intimate relations (dyspareunia). It appears more frequently when diabetes is not well-controlled or has been present for a long time. **Diabetes ranks first among metabolic and endocrine causes of sexual dysfunction**.

Women with diabetes face a higher prevalence of sexual dysfunction compared to women without diabetes, due to physical and hormonal factors, in addition to psychological and social barriers.

Among the physical and hormonal factors we find:

- **Peripheral and Autonomic Neuropathy:** This damages nerves, reducing genital sensitivity and altering the nerve signals that should initiate the sexual response.
- **Microangiopathy:** This leads to vascular problems, specifically affecting blood supply to genital tissues, reducing lubrication and tumescence (the process by which female genital tissues fill with blood during the sexual arousal phase).
- **Hormonal Changes:** Imbalances in estrogens, progesterone, and androgens affect both desire and physical response. Of note, not all of the above is necessarily due to menopause; in women with long-standing diabetes, hormonal imbalances can also occur before or after menopause. Insulin resistance per se, chronic inflammation, or alterations in the hypothalamic-pituitary-ovarian axis can modify levels of estrogens, progesterone, or even androgens. That is, even if the hormonal symptoms are similar, we must consider that it could be an added effect of diabetes on the endocrine system.

PSYCHOLOGICAL AND SOCIAL BARRIERS

There are also factors that are not detected with a lab test, such as fear, insecurity, stress, the pressure to keep "everything under control." Women with diabetes often live with a strong emotional burden in their daily lives, and their sexuality is dragged down by it. Therefore, stress, anxiety, and cultural taboos about sexuality worsen the symptoms of sexual dysfunction. These limitations not only affect women's quality of life but can also impact the comprehensive management of their disease.

Over the years, diabetes can cause damage that directly affects sexual response. The main alterations in sexual function in women with diabetes can be:

- **Sexual Desire Disorders:** Lack of interest, low libido, and in some cases, rejection of sexual activity due to fear of pain. All of this is associated with fatigue, hormonal dysregulation (alterations in estrogens and androgens), and constant worry about glycemic control.
- **Sexual Arousal Disorders:** Continuously high glucose levels can damage small nerves (neuropathy) and arteries that supply blood to the genital organs. This makes both natural lubrication and sensitivity in the area difficult. Without adequate lubrication to accompany the arousal phase and facilitate vaginal distension, satisfactory sexual intercourse cannot be achieved.
- **Orgasm Disorders:** As the above problems progress, anorgasmia (inability to reach orgasm) may occur.
- **Sexual Pain Disorders:** Genital pain before, during, or after penetration.

AS A HEALTH CARE PROFESSIONAL, I CAN'T HELP BUT WONDER: WHAT CAN WE DO IN OUR OFFICE?

The first step is to create a space where women feel they can speak without judgment.

Sometimes, a simple question is enough for patients to express their doubts and insecurities:

"Have you noticed any changes in your sexual life since living with diabetes?"

Health care professionals must take a holistic approach, as it is possible to significantly improve intimate quality of life and reduce the barriers imposed by diabetes on sexual well-being through optimal glycemic control to minimize neuropathy and microangiopathy, educating the patient about the effects »

WOMEN WITH DIABETES FACE A HIGHER PREVALENCE OF SEXUAL DYSFUNCTION COMPARED TO WOMEN WITHOUT DIABETES, DUE TO PHYSICAL AND HORMONAL FACTORS, AS WELL AS PSYCHOLOGICAL AND SOCIAL BARRIERS

» of diabetes on female sexual function, and local treatments (lubricants, hormonal therapies if indicated). In addition, psychological therapy and pelvic physical therapy may be necessary.

The most important thing in "our interventions as health care professionals is to transmit confidence and an open, non-judgmental attitude to patients" so that they feel secure enough to consult, in a way that they can speak without fear of being judged.

Currently, there are validated tools that health care professionals can use to assess female sexual dysfunction, such as:

• **The Female Sexual Function Index (FSFI) questionnaire:** This is the most widely used internationally to evaluate female sexual function. It is recommended to provide it to patients so they can bring it completed to a future appointment.

• **The Beck Test:** This is a questionnaire to detect symptoms of depression, which often coexist with sexual dysfunction.

• **Complete Medical Evaluation:** Gynecological review, hormonal levels, glycemia, etc. D

CONCLUSIONS

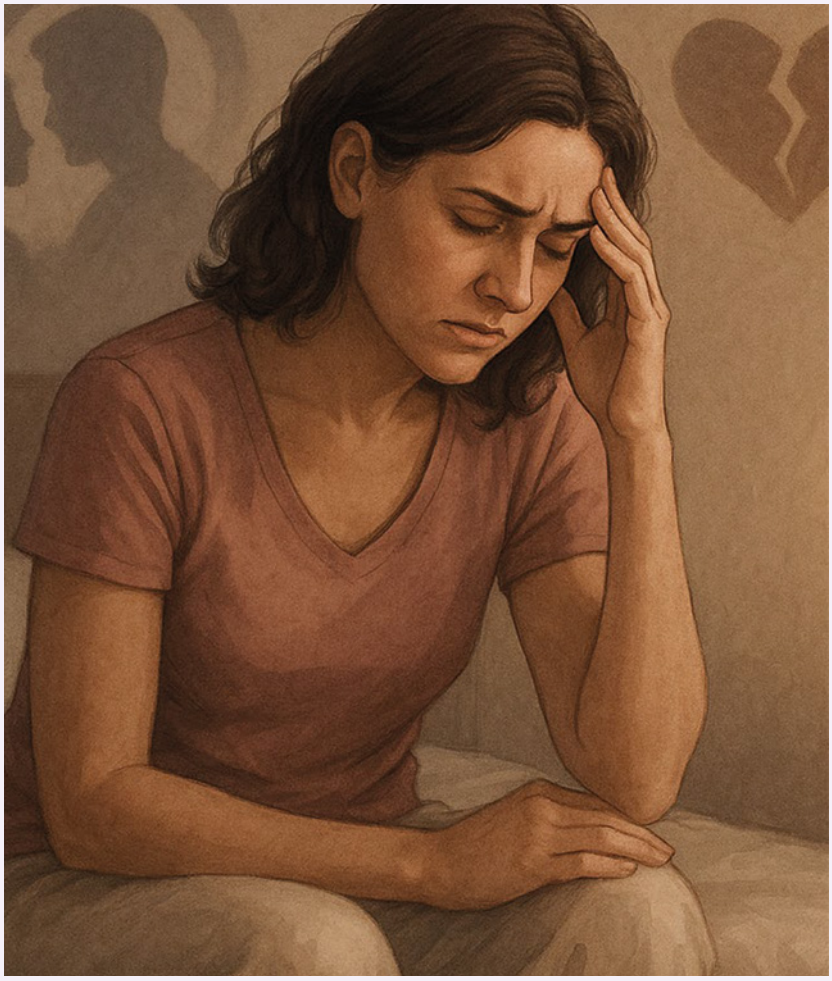
1. Complications of diabetes often focus on organs like the heart or kidneys, neglecting its impact on sexuality.

2. Intimacy, desire, and pleasure can also be profoundly affected by this disease.

3. Sexual dysfunction in diabetes is often associated only with men, ignoring that women also suffer significant alterations. "It's not just a man's thing."

4. In the case of women, the effects are not only physical but also emotional and relational.

5. Openly addressing sexuality in consultation allows us to break taboos and improve both sexual health and the overall well-being of patients.



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