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Diabetes and Sexual Health:

the complication we hardly talk about

The chronic complications of diabetes—such as ocular, renal, and cardiovascular involvement—are well known. Far less visible is sexual dysfunction, which can affect up to one in three people with diabetes. This is not a minor problem: it interferes with quality of life, may trigger anxiety, and can even serve as an early warning sign for cardiovascular complications.

Diabetes does not only affect the classic organs monitored in routine care. It can also alter the intimate and emotional sphere of those living with the disease. Sexual function depends on multiple biological, psychological, and social factors—any of which may be affected by diabetes.

In men, the most common issues are erectile dysfunction, retrograde ejaculation, and decreased libido. In women, the predominant problems are low desire, reduced lubrication, difficulty reaching orgasm, and dyspareunia.

Yet both patients and health care professionals rarely address the topic. This contributes to underdiagnosis and lack of treatment.

SEXUAL DYSFUNCTION IN MEN WITH DIABETES

Erectile dysfunction is the most frequent complication, with a prevalence ranging from 35% to 75%. Its causes include vascular damage, neuropathy, and hormonal alterations. In addition, obesity and aging contribute to testosterone decline, worsening the situation.

Erectile dysfunction extends beyond sexual wellbeing—it **can be the first sign of cardiovascular disease**. Identifying it offers an opportunity to prevent serious complications.

Available treatments include:

- Lifestyle changes: smoking cessation, weight loss, regular exercise.
- Oral medications (phosphodiesterase-5 inhibitors such as sildenafil or tadalafil).
- Local injections, suppositories, creams, or vacuum devices.
- Penile prostheses in refractory cases.

These therapies must be combined with sexual education and psychological support, as up to 50% of patients discontinue treatment when emotional and relational aspects are not addressed.

In men with diabetic neuropathy, semen may flow backward into the bladder instead of exiting the urethra (retrograde ejaculation), hindering fertility. Low testosterone—very common in men with type 2 diabetes—is associated with reduced libido, poorer-quality orgasms, and lower seminal volume.

SEXUAL DYSFUNCTION IN WOMEN WITH DIABETES

Female sexuality is more complex and less studied. Sexual dysfunction in women with diabetes is twice as prevalent as in the general population: 25%–70% in T1DM and 40%–50% in T2DM.

Common symptoms include low desire, insufficient lubrication, pain during intercourse, and difficulty achieving orgasm. These problems arise from both organic causes (neuropathy, vascular damage, hormonal changes, infections) and psychological factors (anxiety, depression, body-image concerns, fear of hypoglycemia).

Lack of information worsens the problem: up to half of women are unaware that their sexual dysfunction may be related to diabetes, and clinicians rarely inquire about it.

Structured diabetes education programs almost never include female sexual health—likely because it is not acknowledged in clinical guidelines. Furthermore, specialists frequently focus more on preventing unplanned pregnancies than on addressing sexual dysfunction.

Treatment options include:

- Lifestyle changes: weight loss and exercise programs.
- Hormone therapy in selected postmenopausal women.
- Treatment of depression; some antidepressants, such as bupropion, have been shown to improve sexual desire.
- Psychological and couples counseling.

The key is a comprehensive approach, addressing both medical causes and emotional and relational wellbeing. »

SEXUAL HEALTH IN WOMEN IS MORE COMPLEX AND LESS STUDIED. THE PREVALENCE OF SEXUAL DYSFUNCTION IN WOMEN WITH DIABETES IS TWICE THAT OF THE GENERAL POPULATION: 25%–70% IN T1DM AND 40%–50% IN T2DM

IN MEN, THE MOST COMMON PROBLEMS ARE ERECTILE DYSFUNCTION, RETROGRADE EJACULATION, AND LOW SEXUAL DESIRE. IN WOMEN, LOW DESIRE, INSUFFICIENT LUBRICATION, DIFFICULTY ACHIEVING ORGASM, AND PAIN WITH INTERCOURSE ARE MOST FREQUENT

» THE ROLE OF SEXUAL HEALTH IN THE DIABETES CONSULTATION

Sexual dysfunction affects mood, relationships, and metabolic control. Shame and time constraints often push this issue aside. Yet a simple, direct question can open an essential conversation:

"Have you noticed any changes in your sexual life recently?"

This gesture facilitates detection, enables support, and communicates to the patient that their holistic wellbeing matters. D

CONCLUSIONS

- Sexual dysfunction is a common complication of diabetes and must no longer remain invisible.
- It affects both men and women and may appear at any stage of the disease.
- It can be an early marker of cardiovascular disease, highlighting the importance of early diagnosis.
- Treatment should combine lifestyle measures, medical options, and psychological and couples support.
- Sexual health should be systematically incorporated into diabetes consultations as part of comprehensive care.
- Sexual health education should be integrated into structured therapeutic education programs.

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