Diabetic Women Less Satisfied with Sex

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Women with diabetes engaged in sexual activity about as often as women who don't have diabetes, but they enjoy it less, researchers found.

Diabetic women were more likely to report low sexual satisfaction (OR 1.42, 95% CI 1.03 to 1.94), and the effect was even stronger for diabetic women on insulin (OR 2.04, 95% CI 1.32 to 3.15), Alison Huang, MD, of the University of California San Francisco, and colleagues reported online in Obstetrics & Gynecology.

Diabetic women on insulin were also less likely to report at least monthly sexual activity than diabetics not on insulin and women without the disease -- but overall there were no significant differences in sexual desire or activity by diabetes status, the researchers noted.

"While many diabetic women are interested and engaged in sexual activity, diabetes is

associated with a markedly decreased sexual quality of life in women," they wrote.



Action Points

- · Diabetes mellitus is an established risk factor for sexual dysfunction in men; this study examined the relationship of diabetes to sexual function in middle-age and older women.
- . Note that the study found that diabetes is associated with worse overall sexual satisfaction and greater problems with lubrication and orgasm in middle-age and older women.

Diabetes is a risk factor for sexual dysfunction in men, but its impact on women's sex lives hasn't been as clear.

So Huang and colleagues looked at a cohort of 2,270 women from Kaiser Permanente Northern California who completed questionnaires on sexual activity.

Their mean age was 55, and 486 women had diabetes -- about 6% of them were taking insulin.

Almost two-thirds of the women (63.7%) reported some sexual activity in the previous 3 months, and for about half who had not had sex within that time period, it was because they did not have a partner or the partner had issues that precluded sexual activity.

Among the sexually active women, diabetics who were on insulin were more likely to report problems with lubrication (OR 2.37, 95% CI 1.35 to 4.16) and orgasm (OR 1.80, 95% CI 1.01 to 3.20) than women without diabetes or diabetics who were not taking insulin.

They were also more likely to report that their health status limited their sexual activity "quite a bit" or "extremely" compared with nondiabetic women (OR 2.29, 95% CI 1.49 to 3.51).

Complications of diabetes -- including heart disease, stroke, renal dysfunction, and peripheral neuropathy -- were associated with diminished sexual function among diabetic women, suggesting that "prevention of diabetic complications may be helpful in preventing sexual dysfunction," in these patients, the researchers wrote.

The study was limited by its cross-sectional nature, its reliance on self-reported data, and a lack of generalizability in that it only pertains to women with type 2 and not type 1 diabetes.

Still, Huang and colleagues concluded that physicians may want to "consider actively assessing for sexual problems in diabetic women, particularly those taking insulin."

The study was supported by grants from the National Institute on Diabetes and Digestive and Kidney Diseases, the National Institute on Aging, and the American Federation for Aging Research.

The researchers reported no conflicts of interest.

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