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Research Article

**OCCURRENCE AND KINDS OF SEXUAL DYSFUNCTION
AMONG FEMALE SUFFERING FROM DIABETES**¹Fatima Zia, ²Dr Sana Zahra, ²Pakeeza Irum¹WMO, THQ Hospital Taxila, ²Nishtar Medical University.**Article Received:** March 2019**Accepted:** April 2019**Published:** May 2019**Abstract:**

Objective: This case work aimed to find out the occurrence & kinds of SD (Sexual Dysfunction) in the females suffering from the disease of diabetes mellitus.

Methodology: This was a transverse case work. There were total two hundred and twenty five females with diabetes mellitus and same amount of females with no diabetes mellitus working as healthy controls were the part of this case work. The collection of the data carried out about age of the females, anthropometric indexes, incidence and kinds of SD.

Results: Total 6.60% (n: 15) patients with diabetes mellitus found with SD and 1.70% (n: 4) in the group of healthy females were available with disorder of the pain during sex being the most frequent sexual dysfunction present in members of both groups. Some other sexual dysfunction are disorder of lubrication and disorder of sexual arouse. The occurrence of the sexual dysfunctions among females suffering from the diabetes mellitus was much high in comparison with the participants of healthy control group (6.60% vs. 1.70%).

Conclusion: The complication of SD is not much common among females suffering from diabetes mellitus in our country. But the professional of the diabetes care keep in view this issue during handling such patients and professional should give treatment for these issues.

Keywords: Sexual dysfunction, methodology, SD, professionals, comparison, lubrication, occurrence, incidence.

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INTRODUCTION:

SD among females suffering from diabetes mellitus is a subject which was not the matter of concern in a large amount of studies. There is very less amount of information available on this subject because most of the people in our society feel fear to discuss about their sex matters. A few case works have displayed that SD are very common complications among females suffering from diabetes mellitus, with the issue of sexual arousal as the most frequent kind of the sexual dysfunction [1]. There are some other kinds of the SD which are available in females as complication of pain during sex, disorder of lubrication, no desire of sex, orgasm & satisfaction in sex. There are many causes of SD among females with many factors playing their roles. As compared to the sexual dysfunction among males, psychogenic features perform an important part in the sexual dysfunction in females. Depression because of this complication is twice much frequent among females in comparison with the males [2].

Due to very less amount of data available on this subject, this case work carried out to find out the prevalence of the sexual dysfunction among females, its types and rate of occurrence among females suffering from diabetes mellitus to prevent this issue in our population.

METHODOLOGY:

This is a transverse case work. Total 225 willing females with diabetes mellitus were the part of this case work in Ganga Ram Hospital Lahore, Pakistan. The case work started in April 2018 and lasted up to October 2018. The females who were taking the course of various drugs as beta blockers were not the part of this case work. Total 225 workers of the same hospital who were willing to participate in the case work made the

control group of this case work. The interview of all the participants carried out by medical professionals in the unit of diabetes. All the participants were aware about the purpose of this case work. We gave the surety of their confidentiality in the period of this case work as well as after the completion of the case work.

We gathered the information from the participants of both groups regarding their age, history of drug usage, kind and total period of diabetes mellitus, kind of sexual dysfunction, their BMI & circumference of their waist. BMI calculation carried out with standard formula [3]. Flexible measuring tape was in use for the measurement of the circumference of waist [4]. The diagnosis of SD among members of both groups carried out FSFI [5] (Female Sexual Function Index) was in use for the characterization which is very precise tool for the calculation of sexual dysfunction among females. There were total 6 domains in this index. The standard of scores for diagnosis for different kinds of sexual dysfunction with the utilization of this index is available in Table-1. The ethical committee of the hospital gave the approval to conduct this case work. SPSS V. 10 was in use for the statistical analysis of the collected information. Student T test was in use to compare the averages whereas Chi square method was in use for the proportions. P value of less than .050 was significant.

RESULTS:

The medical traits of this cases and healthy control group are available in Table-2. The females suffering from diabetes mellitus are with high age as well as higher anthropometric indices as compared to the participants of the healthy controls. Total 6.60% (n: 15) patients with diabetes mellitus found with sexual dysfunction utilizing the standard in Table-1.

Table-I: FSFI domain scores for diagnosing sexual dysfunction

Domain	Score Range	Score SD
Sexual satisfaction disorder	2.0 to 15.0	<8.0
Lubrication disorder	0 to 20.0	<10.0
Arousal disorder	0 to 20.0	<10.0
Sexual desire disorder	2.0 to 10.0	<4.0
Orgasm disorder	0 to 15.0	<8.0
Sexual pain disorder	0 to 15.0	<10.0

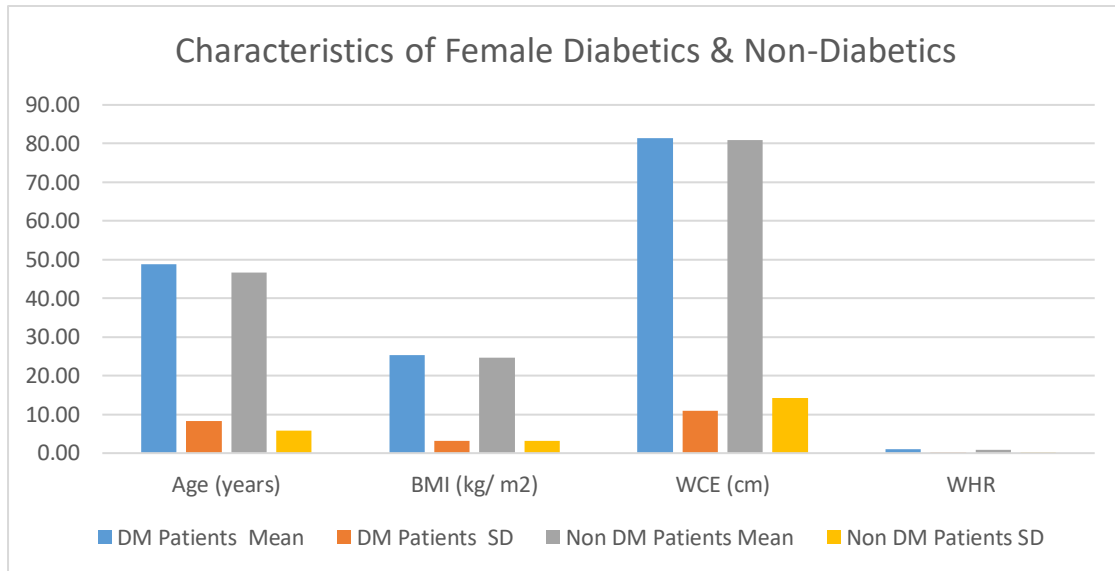
Disorder of pain during sex or dyspareunia was the most common kind of sexual dysfunction and it was available in all fifteen patients whereas disorder of lubrication was present in 5.30% (12) patients out of

fifteen patients & complication of sexual arousal was available in 4.40% (n: 10) patients. No patient reported the occurrence of sexual desire complication, orgasm or satisfaction during sex.

Table-II: Comparison of clinical characteristics of female diabetics and non-diabetics (n=225)

Variables	DM Patients		Non DM Patients		p-value
	Mean	SD	Mean	SD	
Age (years)	48.80	8.30	46.60	5.80	>0.050
BMI (kg/ m2)	25.40	3.10	24.60	3.10	<0.050
WCE (cm)	81.40	10.90	80.96	14.20	>0.050
WHR	0.94	0.09	0.91	0.06	<0.050

BMI - Body Mass Index; WCE - Waist circumference ; WHR - waist hip ratio

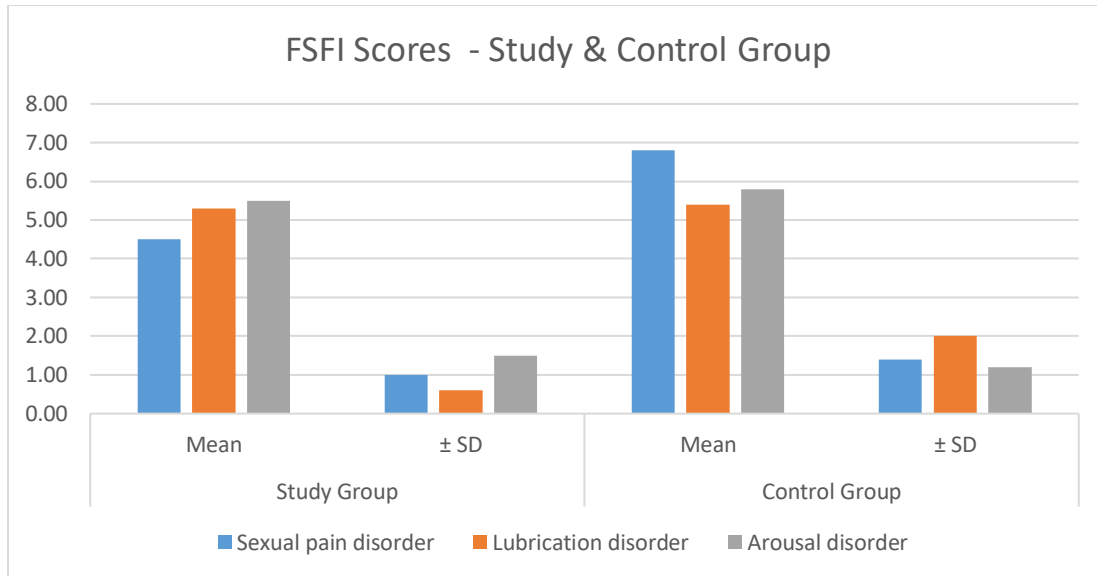


Total 1.70% (n: 4) persons in the group of healthy controls found with the complication of sexual dysfunction. All the females reported the disorder of sexual pain whereas 3 out of these 4 females found with complication of lubrication and disorder of sex arousal. The occurrence of the sexual dysfunction (6.60%)

among females suffering from diabetes mellitus was much high in comparison with the occurrence in healthy controls (1.70%). Table-3 describes the distribution of different kinds of sexual dysfunction among females and scores of their domain in both patient and healthy control group.

Table-III: FSFI scores for study and control groups

Domain	Study Group		Control Group	
	Mean	± SD	Mean	± SD
Sexual pain disorder	4.50	1.00	6.80	1.40
Lubrication disorder	5.30	0.60	5.40	2.00
Arousal disorder	5.50	1.50	5.80	1.20



DISCUSSION:

There are several complications of the diabetes mellitus [6]. The complication of SD is prevalent in both genders suffering from diabetes mellitus but here is very less attention on the problems related to sex of females in research [7]. Various case works have displayed that females with diabetes mellitus are available with high dangers of SD. Common kinds of sexual dysfunction among females are less sex arousal & lubrication [8, 9]. There is also very less desire for sex and disorder of sexual pain but the issue of orgasm is not very common than in the general public [9]. Psychosexual features are also very vital in the reasons of SD among females.

The occurrence of SD among females with diabetes mellitus in current case work was 6.60%. This rate of occurrence is very low in comparison with the frequency of 27.0% as concluded by Enzlin [10] in his case work. This high rate can be result of free discussion about sex in his society. Newman & Betelson in their case work stated a very high occurrence rate of 47.0% in their subjects of study [11]. The low prevalence of the SD in this case work is the result of restrictions and taboos for the discussion of sex freely in our society which is not very common in European and African societies. Therefore, females in our society feel hesitant in discussing their sexual matters. Therefore there is very less attention towards the satisfaction of sex on female's part when she is able to give children in our society.

There were only 4 (1.70%) participants in the healthy controls suffering from SD which is much less than the same issue among the females suffering from diabetes mellitus. The findings of this case work are similar with the results of Enzlin [10] who concluded a very high

occurrence of this complication in all females. There were many females in their study who were hesitant to discuss their sexual matters as mentioned by this current case work. Dyspareunia was the most common complication of this SD in this case work. Followed by lubrication issue and disorder of sex arousal. A case work of Jensen [12] concluded that most common problem was less lubrication in vagina. Newman & Betelson in tier case work concluded the lubrication disorder as the most common issue present in 32.0% females. Eighty five percent females in their study stated that these sex related problems started after the diagnosis of diabetes mellitus.

Majority of case works have displayed that females with diabetes are available with high danger of acquiring SD [1]. The females suffering from diabetes mellitus are suffering from high incidence of depression in comparison with the depression among females with no diabetes [13, 14]. There are some limitation of this case work as questionnaire was self-organized which is the reason of non-preciseness. We did not carry out the psychiatric evaluation of our patients.

CONCLUSION:

Occurrence of SD among females suffering from diabetes mellitus was much high in comparison with the healthy controls. There is a high burden of this disorder on the personality of female. There is also a negative impact of this issue of marriage life. It is the responsibility of the health care professionals to tackle this problem with proper treatment. It is an advice for the diabetes mellitus care providers that they should address this issue during their consultations with patients for proper treatment of this issue.

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