SEXUAL FUNCTIONING AND DISTRESS IN DIABETIC WOMEN:

A TWO – CENTERS EXPERIENCE

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Introduction:

A high prevalence of sexual disorders has been observed in women with type 1 and 2 diabetes mellitus (DM). Here we present 4-years, two-center results of the study of disorders of female sexual functioning in female patients with diabetes.

Patients and Methods:

During the time period 2011 – 2014, female DM patients and healthy controls were enrolled according to the protocol inclusion criteria. The FSFI, FSDS and GHQ–28 questionnaires were used to evaluate sexual functioning, sexual distress and general health respectively. Comparative and regression tests were used to analyze data.

Results:

In total, 221 patients and 218 healthy controls were enrolled. Of the 221 patients, 107 (48.4%) had a diagnosis of type 1 diabetes (T1DM) and the remaining 114 (51.6%) had type 2 diabetes (T2DM). Control group was divided to CG-1 and CG-2 (104 and 114 women respectively) subgroups, each one age matched for T1DM and T2DM subgroups.

Diabetic patients in general, had significantly lower FSFI and higher FSDS scores compared to the healthy controls (p<0.05). T1DM and T2DM women also had significantly lower FSFI and higher FSDS scores compared to CG-1 and CG-2 controls (p<0.05).

Diagnosis of “any” diabetes, was found to be a significant predictor of FSD (OR 2.746, p<0.05). T1DM and T2DM women were 2.698 and 2.887 times more likely to have FSD compared to CG-1 and CG-2 non patients, respectively (p<0.05). Psychosocial factors, mainly depression, were found to be significant determinants for FSD in diabetic and non diabetic women (p<0.05).

Conclusion:

The current study findings confirm that FSD is more prevalent in women with diabetes. Both types of diabetes were found to be significant determinants for FSD in the patients of our study. Moreover, the role of psychosocial factors, such as depression, in the pathogenesis of sexual disorders and distress in both diabetic and non diabetic women is highlighted.