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ABSTRACT FORM / *RESUMEN DE COMUNICACION*

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TITLE /
TITULO

SEXUAL FUNCTION IN WOMEN WITH INSULIN DEPENDANT DIABETES MELLITUS. A CASE-CONTROL STUDY.

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TEXT /
TEXTO

The aim of the study was to determine if women with insulin dependant diabetes mellitus (IDDM) had experienced changes in sexual functions correlated to neuropathy, other diabetic complications or social factors.

SUBJECTS AND METHODS: Forty-two women with IDDM (median age 37.5 years, range 27 - 50), with a duration of more than one year, as well as 42 age-matched controls (C)without diabetes or neurological diseases were included in the study. Age at onset of diabetes varied between 4 - 41 years (median 16) and duration of disease was 3 - 38 years (median 20 years). Nineteen women had retinopathy, 5 had nephropathy, and 5 had cardiovascular symptoms. Mean HbA1c was 7.8 (SD 1.5) and mean creatinine was 81.8 (SD 11.2). Eight women with IDDM and 2 controls had hypothyreosis under substitution. Sixty percent (IDDM) and 24% (C), had had menstrual irregularities ($p<0.001$) and five women had amenorrhoea at medianage 27 (range 22-41). Mean BMI (Body Mass Index) were similar in the two groups.

The women were neurologically examined with special concern regarding the sacral segments. A structured interview focused the women´s medical, sexological and social case histories.

RESULTS:No significant inter-group differences in demografics and early sexological case histories were found. Eleven women (26.2%) were smokers in both the IDDM- and the control group. Signs of autonomic nervous impairment differed between the groups concerning reduced feet-perspiration ($p<0.01$) and increased face-perspiration, especially from spicy hot food ($p<0.05$) reduced subjective vulvar sensation ($p<0.05$) nephropathy ($p<0.001$) and heart symptoms ($p<0.05$). Problems with the shoulders were frequent in both groups 69% and 54.8% respectively, but problems with arms, hands, and fingers 73.8% (IDDM) and 38.1% (C) ($p<0.001$) as well as in legs, feet and toes 64.3% (IDDM) and 26.2% (C) ($p<0.001$) were more common in the IDDM-group. Achilles reflexes were missing in 14 and 4 respectively ($p<0.005$). Duration of disease did afflict achilles reflexes, sensations of temperature and pain in feet, genital vibration thresholds and social problems.

Sexual dysfunctions (inhibited sexual desire, vaginal lubrication and/or orgasmic capacity) were significantly more prevalent in the IDDM-group (40%) than in the C-group (7%) ($p<0.001$). Moreover, none of the controls had more than one such dysfunction while several of the IDDM-women reported aggregations of them. There were correlations between sexual dysfunctions and vertigo, nephropathy, and autonomic neurological symptoms. There were significant differences in sexual satisfaction, still 91% of the IDDM-women with a steady sexual relationship and 98% of the controls were satisfied with their partner.

CONCLUSION: Sexual dysfunctions were common in these diabetic women. The sexual dysfunctions correlated to nephropathy as well as to autonomic neurological symptoms. These data are in concordance with findings in men with IDDM. However, their sexual relationships had not been severely afflicted by their dysfunctions. It is noteworthing that the women had not spoken with their regular doctor or nurse about their sexual dysfunctions.