Dakota Diabetes Coalition is proud to offer this column on diabetes and related concerns every other Friday.

	Dr. Johnson is a family practice doctor in Grand Forks with a special interest in diabetes -- and a special knack for writing. As a member of the Dakota Diabetes Coalition, he has generously made himself available to answer questions through our listserv. If you have comments, or questions for Dr. Johnson to address in future columns, please contact gailhand@q.com DAKOTA DIABETES COALITION Visit the Coalition's website! http://www.ndhealth.gov/diabetescoalition/

In women and men

Diabetes and Sexual Dysfunction

Sexual dysfunction is a common complication in patients with pre-diabetes and diabetes. Typically, the problems for men have gotten more attention, with 20 to 70 percent dealing with erectile dysfunction. However, sexual dysfunction in women with diabetes is a fairly common, if not frequently addressed, problem as well. Estimates of sexual dysfunction in women with diabetes range from 18 to 27% for those with type 1 and about 42% of women with type 2 diabetes. Additionally, particularly in men, sexual dysfunction is a marker for cardiovascular disease. For both men and women, sexual difficulties can be accompanied by or attributed to some psychological factors.

Obtaining a good history in these adult diabetes patients at risk for sexual dysfunction is important to create a treatment plan. With the advent -- and heavy advertising -- of effective medications for erectile dysfunction, perhaps it's easier for patients to speak more openly about a sensitive subject. Laboratory evaluation can also be useful. In men, modifiable risk factors for erectile dysfunction, in addition to diabetes control, include tobacco use, hypertension and dyslipidemia,

or cholesterol disease. Poor glucose control with elevated A1C is another modifiable risk factor. Thyroid disease is another common cause for erectile dysfunction, and should be considered in the work-up. Certain blood pressure medications, particularly beta blockers, can inhibit sexual function. Testosterone deficiency is also thought to be more common in men with either pre-diabetes and diabetes.

In women with sexual dysfunction, typical problems encountered are loss of libido, pain with intercourse, anorgasmia or difficulty achieving orgasm. Age, cardiovascular disease, and neurological conditions are all risk factors for sexual dysfunction in women with diabetes. Blood pressure, A1C, obesity, thyroid disease, and cholesterol disorders have also been identified as modifiable risk factors in this population. Menopause, independent of risk factors associated with diabetes, may also cause sexual dysfunction.

Successful treatment of sexual dysfunction in women with diabetes is not clear-cut, although improvements in the risk factors listed above may bring some results. Results with hormonal therapies have some controversy, not necessarily related to efficacy or non-efficacy for sexual dysfunction. Long term estrogen use may be associated with uterine cancer risk, thromboembolism, and cardiovascular disease. For a detailed review of this general topic, check out this reference: Primary Care: Clinics in Office Practice - Volume 33, Issue 4 (December 2006).

Testosterone therapy in women may improve sexual function, but more studies need to be completed before this becomes widespread recommended therapy.

In men, testosterone replacement in those with a deficiency may be helpful. Phosphodiesterase 5 inhibitors, Viagra (sildenafil citrate), Cialis (tadalafil), and Levitra (vardenafil) are well-known prescription medications that have efficacy rates of 50 to 60% in diabetic men. These medications are not without side effects, including flushing and headache, as well as other vascular problems such as vision loss or hearing loss, although these are thought to be rare. Medication interactions can exist, most notably with alpha blockers and nitrates, both of which can cause dangerous reductions in blood pressure. Other therapies for erectile dysfunction include vacuum pump systems, intraurethral prostaglandin suppositories, intracavernosal injections of prostaglandin, or penile implant surgery.

Since sexual problems can be a marker for concomitant cardiovascular disease in patients with diabetes, addressing them is important for both men and women. It's also vital to work with the patient to improve other factors that typically accompany sexual troubles. Successful treatment of sexual dysfunction deserves time and attention in order to improve patients' quality of life.

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This marks Dr. Johnson's last column for 2008. Enjoy a safe holiday, season, everybody!

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