

## ORIGINAL RESEARCH—EPIDEMIOLOGY

## Prevalence of Sexual Concerns and Sexual Dysfunction among Sexually Active and Inactive Men and Women with Screen-Detected Type 2 Diabetes

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### ABSTRACT

**Introduction.** Type 2 diabetes negatively impacts sexual health. Only limited information is available regarding sexual health among sexually inactive patients with type 2 diabetes.

**Aim.** The aim of this study was to examine the prevalence of sexual concerns among sexually active and sexually inactive men and women with type 2 diabetes and of sexual dysfunction (SD) among sexually active.

**Methods.** Data from the Anglo–Danish–Dutch Study of Intensive Treatment in People with Screen-Detected Diabetes in Primary Care–Denmark study was used. A total of 1,170 Danish patients with screen-detected type 2 diabetes attended a health examination, including assessment of sexual concerns using self-report questionnaires and of SD using the Female Sexual Function Index (FSFI-R) and the International Index of Erectile Function (IIEF-5) instruments.

**Main Outcome Measures.** The main outcome measures used regarding sexual concerns are the following: prevalence of failure to fill sexual needs, of experiencing sexual distress, finding it important to have a good sexual life, and additionally, prevalence of SD.

**Results.** Data regarding sexual activity status during the last 12 months were available among 583 men and 377 women. Seventeen percent of men and 47% of women reported to be sexually inactive, among whom 57% of men and 42% of women reported failure to fill sexual needs; 31% of men and 10% of women that it was important to have a good sexual life, and 32% of men and 11% of women that they were experiencing sexual distress. Around half of men and women were excluded from the SD analysis, mainly because of reporting lack of sexual intercourse during the last 4 weeks. Among those included, 54% of men and 12% of women were found to have SD.

**Conclusions.** Sexual inactivity is highly prevalent among middle-aged and older men and women with early type 2 diabetes and these patients often have sexual concerns. The high exclusion rates when assessing SD using the FSFI-R and IIEF-5 instruments makes it difficult to draw conclusions regarding the prevalence. Sexual health should be broadly assessed in both sexually active and sexually inactive people with type 2 diabetes. **Bjerggaard M, Charles M, Kristensen E, Lauritzen T, Sandbæk A, and Giraldi A. Prevalence of sexual concerns and sexual dysfunction among sexually active and inactive men and women with screen-detected type 2 diabetes. Sex Med 2015;3:302–310.**

**Key Words.** Diabetes Mellitus; Sexuality; Sexual Dysfunction; Primary Care

## Introduction

Sexual well-being is positively associated with quality of life [1]. Type 2 diabetes negatively interferes with sexual health and function [2]. Previous research addressing sexuality among men and women with type 2 diabetes mainly describe sexual dysfunction (SD) assessed using screening instruments [3,4]. However, most widely used instruments for sexual function assessment primarily describe men and women who are sexually active, often with a partner [3,5]. People with type 2 diabetes are often middle-aged or older, and advancing age is usually related to reduced intimate contact or sexual activities and more physical sexual problems [6]. In previous studies of SD among people with type 2 diabetes, up to 50% of subjects have been excluded due to lack of sexual activity [7]. Thus, little is known about sexuality among sexually inactive people with type 2 diabetes. Previous research has shown that sexuality is also a positive factor in life among people who are not sexual active [8]. Therefore, more knowledge on sexuality among sexually inactive is desirable.

Sexuality comprises many levels of sexual behavior than having sexual intercourse. Thus, people's sexual well-being may not necessarily dependent on whether they have a SD or have sexual intercourse or not [9]. Whether a person has sexual concerns might therefore be a better indicator of their actual sexual well-being.

To our knowledge, no previous studies have examined sexual concerns, among both sexually active and inactive men and women with type 2 diabetes. Such knowledge may be desirable for identifying sexual problems important to the patient [9,10].

The Danish arm of the ADDITION study (Anglo–Danish–Dutch Study of Intensive Treatment In People with Screen-Detected Diabetes in Primary Care) [11] contains information of both sexual concerns (using self-reported questionnaires) and of SD (using previously reported instruments) and do therefore provides a unique opportunity to broadly assess sexual health in a well-characterized cohort of men and women with screen-detected type 2 diabetes.

In the present study, our main hypothesis was that a high percentage of both sexually active and inactive men and women with type 2 diabetes do not get their sexual needs fulfilled, and that this is distressing for them. We hypothesized that men more often than women report that a good sexual

life is important as well as they more often have a SD.

## Aims

The aims of this study were to describe self-reported sexual concerns. This will be done by reporting the prevalence of: (i) failure to fill sexual needs; (ii) experiencing sexual distress; and (iii) finding it important to have a good sexual life among both sexually active and inactive; and by describing the prevalence of SD among sexually active men and women with type 2 diabetes.

## Methods

### Sample

Data for this study were collected at the follow-up examination of the ADDITION Denmark study. The design and rationale of the ADDITION study have been reported previously [11]. Briefly, ADDITION Denmark comprises two phases: a screening phase and a pragmatic cluster-randomized parallel group trial. All 40- to 69-year-old patients in 190 general practices in Denmark were invited to participate in a stepwise screening program for type 2 diabetes. Individuals were diagnosed according to the World Health Organization criteria as previously described [12]. Those diagnosed with type 2 diabetes were randomized to either routine care of diabetes or intensive treatment. Overall, 1,533 eligible patients with screen-detected diabetes agreed to participate in the trial. The study was approved by the local ethics committee and conducted in accordance with the principles of the 1996 Helsinki Declaration. All participants provided informed consent.

After an average of 5 years of follow-up, 1,170 (76%) of these participants were reexamined in test centers and asked to complete self-report measures, including measures of sexuality. A total of 414 women and 604 men (86% and 88% of the study population, respectively) answered one or more questions on sexuality and were included in the present study. Supplementary Figure S1 displays the participant flow.

### Subject Measures and Study Procedures

Health assessments at follow-up were performed by centrally trained staff unaware of study group allocation, and following standard operating procedures. Examinations included biochemical, anthropometric, and questionnaire measures [13]. Sexual measures were assessed using self-report questionnaires. Participants completed questions

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