

SEXUAL MYTHS IN DIABETES

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Citation

S Kalra, B Kalra. *SEXUAL MYTHS IN DIABETES*. The Internet Journal of Family Practice. 2009 Volume 8 Number 2.

Abstract

Sir,

Sexuality is an important aspect of health. This paper reviews the:-

- Physiology of sexuality.
- Sexual disorders in diabetes.
- Sexual myths.
- Management of sexual disorders.
- Counseling to correct myths.

Sexuality is an essential part of human biology and social life .It is necessary for both reproduction and recreation.

The sexual response in both men and women is divided into 4 phases :-

- Desire
- Arousal
- Orgasm
- Resolution

Men and women differ from each other in the onset, duration and latency of these phases.

Disorders of sexuality can be classified according to,

- The predominant phase involved
- Etiology : organic/functional/mixed
- Spectrum : global /partner-specific

While many women and men with diabetes suffer from

sexual disorders,

an even larger number succumb to myths which affect their sexual life.

Myths can be grouped according to the domains of sexuality that they affect :-

- Phases of response
- Contraception
- Fertility
- Choice of treatment

Common myths include :-

- Persons with diabetes cannot have intercourse.
- Women with diabetes must abstain throughout life.
- Having intercourse with a person with diabetes leads to diabetes.
- Having regular intercourse shortens life expectancy in person with diabetes.
- Intercourse leads to pruritis vulvae / balanitis.
- Intercourse leads to dysmenorrhea.
- Persons with diabetes cannot bear children.
- OCs are contraindicated in women with diabetes.
- CuT is contraindicated in women with diabetes.
- Person with diabetes cannot enjoy intercourse.
- Men with diabetes will always have erectile dysfunction.
- Men with diabetes will always have premature

ejaculation.

- Women with diabetes cannot have orgasm.
- Insulin causes sexual dysfunction.
- Insulin causes pregnancy loss/sterility.
- Insulin causes erectile dysfunction.
- Anti hypertensives cause sexual dysfunction.

Management of sexual myths and disorders is essential for maintaining good mental health, as well as achieving adequate glycemic control.

Management of these myths and disorders can be

- pharmacological
- non- pharmacological

Nonpharmacological management includes :-

- counseling about the physiology of sexuality,.
- advice about how to modulate the various phases of sexual response.
- dispelling fears and myths related to sexuality.
- maintaining general as well as genital health and hygiene.

This will also include the use of phytopharmaceutical aphrodisiacs such as cinnamon and dates.

Pharmacological management is geared towards specific

disorders.

In both genders, one can use

1. androgens
2. sulbutiamine
3. yohimbine
4. DHEA-S

for desire and arousal disorders.

In men, options include

- Phosphodiesterase inhibitors – sildenafil, tadalafil, vardenafil
- trazodone

for erectile dysfunction .

- paroxetine
- sertraline

for premature ejaculation, and

- Local benzocaine for pain disorders.

Optimal use of counseling and drugs so as to dispel sexual myths and improve sexual function can help achieve good glycemic control.

References

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