

SEXUALITY AND DIABETES

Sexuality is one of the greatest gifts we have as humans. When it works it can be wonderful and when it doesn't work it can be confusing and tremendously frustrating.

As sexual beings we are energetic and excited to test out the possibilities. If we are healthy, sex is exciting and fun and baring any anxieties, things work out and we continue to enjoy playing.

WHAT'S NEEDED FOR GOOD SEX?

Good sex requires the right circumstances so those participating can be both excited and feel safe. We need "arousal" which requires good nerve conduction, blood flow, and the right balance of hormones. We also need our preferred stimulation which requires touch of various types. And we need the capability to respond, which again, requires all of the above. It seems simple, but we are not simple and sex is also not so simple. The most difficult aspect of this cycle is how diabetes can affect it and unfortunately it can affect all aspects of sexual pleasure.

WHAT DOES DIABETES AFFECT?

There are two answers to this question.

Not much if it is well controlled.

Everything if it is not well controlled.

Unfortunately we don't stay young forever and life may begin to take a toll with stress, aging, illness, relationship difficulties, anxiety and depression. Particularly when we throw the long term effects of diabetes in the mix, sex can become quite complicated.





ISSUES AFFECTING MEN

Effects of long term diabetes are somewhat dependent on length of time having the disease and how the control has been over time. The sexual issues that we see associated with diabetes for men are the following:

Erectile dysfunction: This is associated with complications associated with reduced blood flow and poor nerve conduction (neuropathy). It may also be associated with certain medications for high blood pressure.

Low testosterone: This is the hormone associated with sexual arousal and sexual energy (Libido). When it is low it usually means interest in sex is lower.

Delayed ejaculation or orgasm: This is associated with neuropathy sometimes associated with anti-depressants.

Retrograde ejaculation: This condition is associated with neuropathy and is when the ejaculate backs up into the bladder rather than being ejected out the penis.

Peronies disease: This condition which causes a painful curvature of the penis is caused by plaque build up in an artery of the penis.



ISSUES AFFECTING WOMEN

For women the effects of diabetes are similar; they can be:

Lack of lubrication: Similar to men this is associated with neuropathy or reduced blood flow.

Increased difficulty achieving orgasm: This is associated with neuropathy.

Increased risk for yeast infections: This is due to elevated glucose levels.

For both men and women there are other factors that can have an effect on sexuality that are associ-

ated with having diabetes. Those who have diabetes run an increased risk for developing problems with depression and anxiety. These two conditions affect interest and performance with sex.

WHAT ELSE AFFECTS SEX?

Diabetes is not the only issue that affects your ability to have sex. Here is a brief list to check before you assume the cause is not if related to your diabetes.

Your relationship: Do you talk, touch, play, laugh and feel safe?

Your aging process: Are you healthy, happy with your body, how's your weight?

Health care in general: Do you smoke, drink, exercise, eat well, sleep well and manage stress?

Sex education: Do you know enough?

Medications: What do you take and can they have an effect?

If you run through this list and feel reasonably good about what you are doing to take care of yourself and you are still having any of the symptoms listed above then it may be time to see the doctor or your diabetes educator.

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NEXT STEPS

There are different specialists who may treat sexual issues; the list below gives examples of some of those professionals you might see.

Diabetes educator

Primary Care Provider

Urologist

Obstetrician/Gynecologist

Sex therapist

Relationship therapist

As you can tell each of these will have a different set of ideas of how to go about the treatment process, so you may want to start with your diabetes educator or primary care provider to get the direction for whom to see next or what kind of treatment they might recommend.

Be assured there are treatments that can be helpful. Some will help restore functioning and some may simply help you identify a different way to play in this adult playground. Sexuality is such a special way to play, don't simply give up without knowing what might be useful and giving it a try.

QUESTIONS TO ASK YOUR HEALTHCARE PROVIDER

The visit to your healthcare professional will likely require some courage and a little reflection before you go. Here are some questions that might help them identify what is happening to you. These questions are hard because most people are not used to talking about sex, but to get the help you want it will be important to be this clear.

What is the nature of your problem? For example, do you not get an erection any time, ever? Or do you get good erections when you're alone, but none with a partner. Or do you get no erections with partner stimulation but get occasional morning erections. As you can see the more specific the better.

- ★ When did this start?
- ★ How has the problem changed since it started?
- ★ When does it happen? Every time, only some of the time, when you are stressed?
- ★ What makes a difference? More stimulation, different stimulation, more time in foreplay?
- ★ Do you have enough foreplay?
- ★ Does it matter how well your diabetes is controlled?
- ★ How is your interest in sex? Has this changed?
- ★ Do you receive the stimulation you would like? Does this make a difference?



ENJOYING A HEALTHY SEX LIFE: TIPS FOR PEOPLE WITH DIABETES

Take care of your diabetes. There is evidence to suggest that sexual problems for both men and women with diabetes are similar to other complications caused by prolonged, elevated blood sugar levels. So be mindful of what you eat and drink, test regularly, and take your medications as prescribed. This will assure you are doing your part to protect this aspect of your health. In the short term make sure your blood sugar is in your target range before you start sexual play. Nothing is worse than having low blood sugar during sex, or having it be so high that it interferes with your current arousal.

Stay fit with regular exercise.

Having an interest in sex and being able to engage in such a strenuous activity requires you and your heart to be in good shape. So in addition to being sexual, get some other physical activity during your week. Spend some time working your core muscles too. These muscles are very important in enhancing your sexual experience.

Use it or lose it. One of the most effective ways to maintain an interest in sex is to have sex. This old adage holds true because when we have sex certain hormones are produced that make us feel good at the time and also increase our desire to engage again sooner. If we stop having sexual play we begin to lose interest and interest may fade from both our mental and physical memory.



Keep your sexual play interesting.

For most couples they learn what works to meet their sexual needs and then they use this activity forever. This becomes so familiar it can lead to boredom. Couples may benefit from a discussion that explores new interests or activities. This doesn't mean you get kinky, although that is a possibility, but does mean you discuss trying a different position or a different type of foreplay. Something new may restore some freshness and improve both interest and function.

Make sure you are having fun.

Sex is adult play and if you are not having fun perhaps you need something to change. If sex creates anxiety, or functionally you are having a hard time getting things to work, it might be time to talk with your diabetes educator, doctor or a sex therapist. If you have enjoyed sex **don't give up hope**, go see someone who might help.

Take time to connect with your partner.

Have a date night, have exercise time together, turn off the TV sit with each other and talk and touch. Too often our lives become too busy and we're always doing something. We forget that connection requires intention and attention. Have a relationship with each other on purpose. Plan it and do it because it is good for the relationship and ultimately it will be good for your sex life too.

Redefine sex, have a lot of foreplay, take your time. Because the sexual difficulties with diabetes may be primarily associated with arousal, foreplay activity may be helpful for lubrication and for erections. It can also be very pleasurable. Do not just jump into intercourse, unless you are in agreement and things work for you this way. Take time for play time, outer-course, before intercourse.

If you are having difficulty with any aspect of your sex life, see a professional to get some direction of how you might be helped. There are many treatments that can be helpful, but having someone to talk with about your concerns may be all you need. If you require more at least you have started the process. Even if you decide to not use the treatments, at least you will have the information and understand your choices.

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