18TH Scottish Conference | PCDO Society

Complex needs, clear priorities: Evolving diabetes care

28 October 2025

Masterclass: “What we don’t ask”

10:30 - 11:10 and 14:40 - 15:20

- Mood
- Male & Female Sexual Dysfunction

Jane Diggle & Nicola Milne

Learning Objectives

- Raise awareness of the prevalence and consequences of psychological problems among adults with diabetes
- Provide some practice points for how to identify, communicate about, and address these problems in clinical practice
- Signpost to practical tools (e.g. questionnaires, information leaflets, and other resources)

Disclosures

Jane Diggle
Specialist Diabetes Nurse Practitioner
College Lane Surgery, Ackworth, West Yorkshire

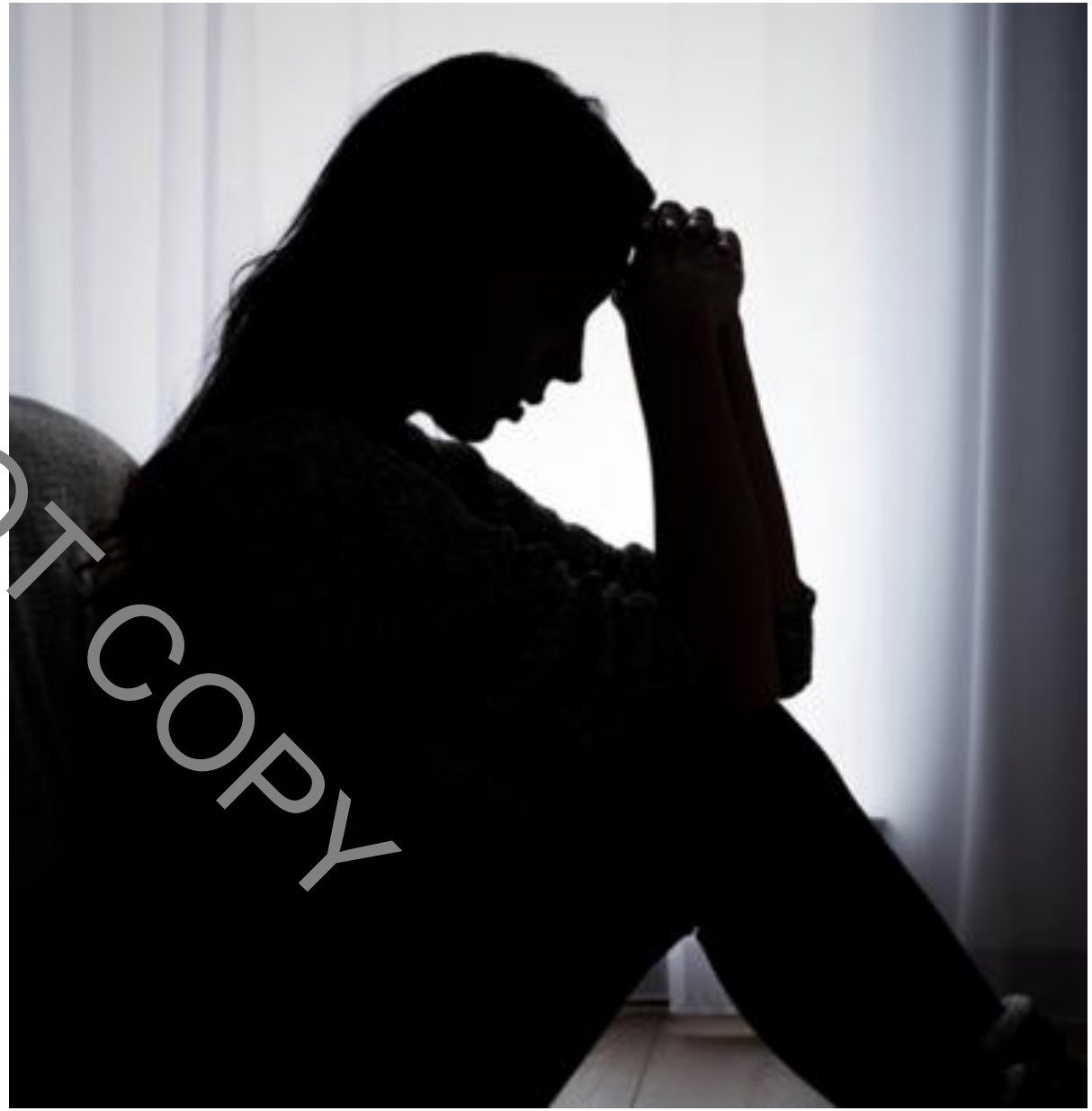
Current Committee Member and Former Co-Vice Chair of Primary Care Diabetes & Obesity Society
Editor-in-Chief of *Diabetes and Primary Care Journal*
Member of the iDEAL *(Insights for Diabetes Excellence, Access and Learning)* Advisory Group.
Tutor for iHEED Post-graduate Diploma in Diabetes (University of Warwick)

Received funding from the following companies for providing educational sessions and documents, and for attending advisory boards:
Abbott, Bayer, AstraZeneca, Boehringer Ingelheim Eli Lilly, Menarini, Novo Nordisk, Roche, Sanofi , Sciarc GmbH, Sherborne Gibbs Limited and Tetris.

Diabetes & Mood

Understanding the Emotional Side of a Physical Condition

- Diabetes is a chronic condition that not only affects physical health but also has a profound impact on emotional well-being.
- We can all feel stressed from time to time but having to manage diabetes (on top of everything else) can be overwhelming
- The stress of daily management, combined with blood sugar fluctuations, can trigger various emotional and psychological challenges but it is not fully understood (increased use of CGM should provide better insight)



What might cause stress for a person living with diabetes?

- Feelings of guilt around the diagnosis (linked to stigma & discrimination)
- Steep learning curve (so many new things to learn about and remember)
- Worry about impact on current/future work, homelife, relationships
- Having to pay close attention to diet and food choices
- Greater focus on weight and body image
- Having to take medication, give injections, monitor blood
- Fear of hypoglycaemia
- Disappointing or worrying results (e.g. high HbA1c)
- Worry about long-term complications
- Life's stress just making it harder to manage

…the possible effects:

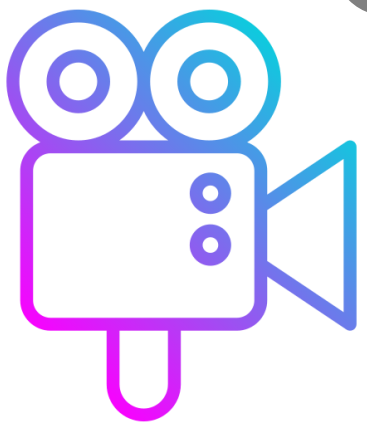
- difficulty self-managing the condition effectively
- reduction or stopping of usual diabetes management (e.g., missing healthcare appointments, avoid checking glucose levels, less healthy eating)
- higher glucose levels leading to increasing HbA1C
- more frequent and severe hypoglycaemia
- feeling ashamed, angry, low in mood, or anxious
- difficulties within personal relationships (e.g., with family and friends)
- impaired quality of life

Once psychological distress is established, it negatively impacts diabetes management through ↓motivation, ↑stress hormones, and changes behaviour and diabetes self- management

Stewart, R . 'Psychological issues in people living with diabetes' in Milne, N. & Thomas, T. (Eds.) Oxford Handbook of Diabetes Nursing, 2nd edition, Oxford University Press (2025)

The Emotional Toll of Diabetes

https://youtu.be/i2BineLAgBo



Depression	Diabetes Distress	Diabetes Burnout
• People with diabetes are twice as likely to have depression and 20% more likely to experience anxiety disorders[1] • It is bi-diectional • Share some symptoms e.g. tiredness, poor concentration.	• Negative relationship with diabetes experienced in multiple areas of life(e.g. powerlessness, management distress, stigma)[2] • One in four people with type 1 diabetes have high levels of diabetes distress, as do one in five people with Type 2 diabetes	• A point of emotional exhaustion with diabetes where self-management tasks feel overwhelming and, as a result, are reduce or ceased[2]
• Feelings of sadness, hopelessness, or lack of motivation are common among those struggling with the condition	• Feelings of failure about diabetes[2] management • Self-blame and judgment[2] • Resenting diabetes care tasks[2]	• Disengagement from self-care tasks Unhealthy or uncontrolled eating • Risk-taking behaviours • Non-attendance at clinic consultations **Sometimes described by health professionals as being 'difficult', 'non-compliant', or 'unmotivated', while they are actually struggling with the relentlessness of managing a life-long condition.**

1. Rotella F, Mannucci E. Diabetes mellitus as a risk factor for depression. A meta- analysis of longitudinal studies. Diabetes Research and Clinical Practice. 2013;99:98– 104.
2. Stewart, R . 'Psychological issues in people living with diabetes' in Milne, N. & Thomas, T. (Eds.) Oxford Handbook of Diabetes Nursing, 2nd edition, Oxford University Press (2025)

So why don't we routinely ask about mood & emotional wellbeing?

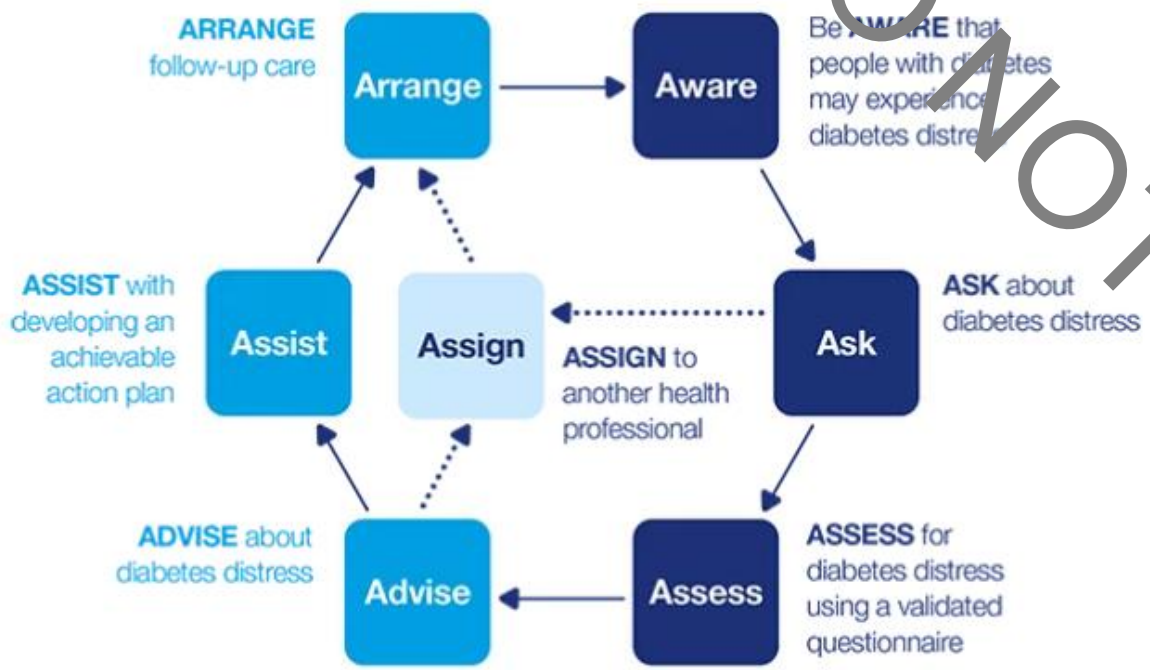
- Time Constraints – time-limited appointments
- Not part of our "core services"/not funded/not measured (ie. QOF)
- It's a relatively new concept – may not be aware of it
- Lack of confidence – don't feel you have the right skills to open a conversation about emotions and diabetes
- Don't know how to support or how to access additional support/services
- Lack of availability/limited access/long waiting times for psychological support services
- Assume person would not want to be asked such a personal question
- Reluctant to "open a can of worms"
- You may not think it is important!

What can we do to help people deal with the diabetes-related stress?

- ✓ Be aware
- ✓ Ask about mood and emotional well-being
- ✓ Assess mood and emotional health
- ✓ Offer support and advice
- ✓ Be aware of additional support available and how to access

7 A's model

A seven-step process that can be applied in clinical practice as part of a person-centred approach.



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https://www.diabetes.org.uk/for-professionals/improving-care/good-practice/psychological-care/emotional-health-professionals-guide

Aware

Be **AWARE** that people with diabetes may experience diabetes distress

Common signs **to look for include:**

- sub-optimal HbA1c or unstable blood glucose levels
- not attending clinic appointments
- reduced engagement with diabetes self-care tasks (e.g. less frequent monitoring of blood glucose or skipping medication doses)
- person may describe poor sleep patterns, waking early, loss of appetite or over-eating, tiredness, lethargy, negative feelings about self and self-worth.
- ineffective coping strategies for dealing with stress (e.g. emotional eating)
- multiple negative life stressors or chronic stress distinct from diabetes (e.g. financial problems, unemployment, homelessness)
- impaired relationships with health professionals, partners, family or friends
- appearing passive or aggressive during consultations.

Ask

ASK about diabetes distress

'It sounds like you're having a difficult time with your diabetes. The problems you describe are quite common. …..they often have a big impact on how you feel and how you take care of your diabetes. If you like, we could take some time to talk about what we can do to reduce your distress. What do you think?'

Some open-ended questions you could use: **'What is the most difficult part of living with diabetes for you?'**
'What are your greatest concerns about your diabetes?'
'How is your diabetes getting in the way of other things in your life right now?'

Normalise, but don't minimise

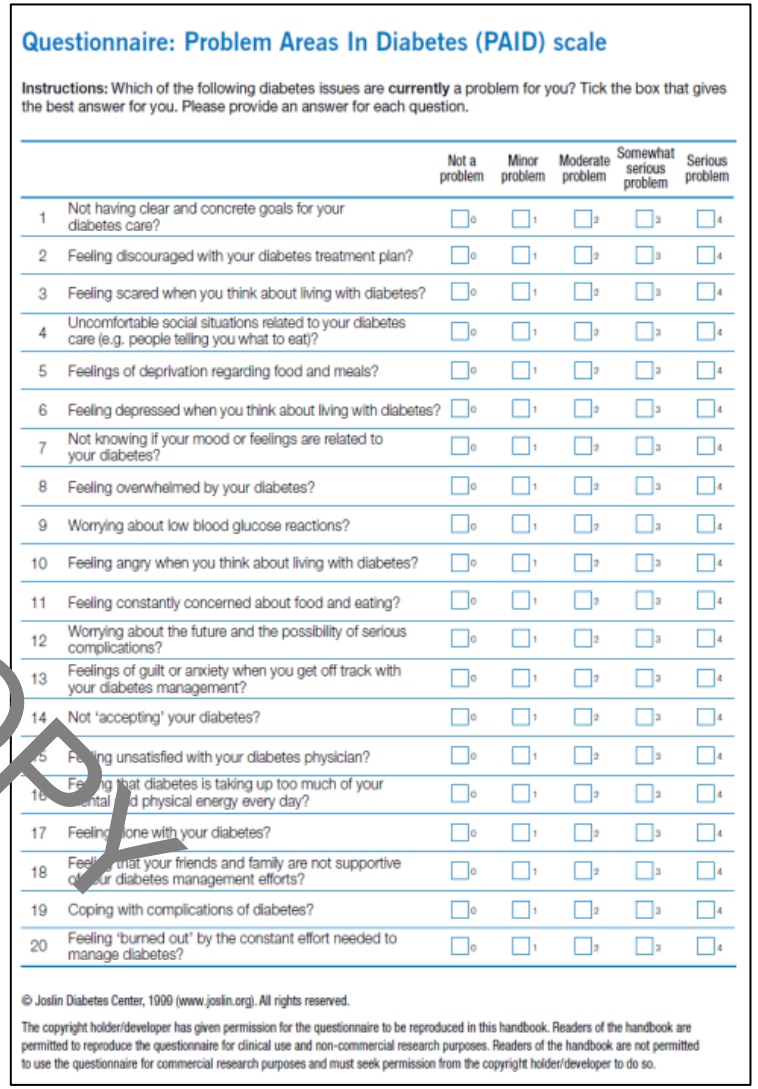
Assess

ASSESS for diabetes distress using a validated questionnaire

Patient Health Questionnaire -9 items (PHQ-9)

Problem Areas In Diabetes (PAID) is a 20-item questionnaire, widely used to assess diabetes distress.

- Each item is measured on a five-point scale, from 0 (not a problem) to 4 (a serious problem).
- The scores for each item are summed, then multiplied by 1.25 to generate a total score out of 100; with total scores of 40 or more indicating severe diabetes distress.
- Apart from the total score, an individual item score of 3 or more indicates a 'problem area' or concern and should be further explored in the conversation.



Questionnaire: Problem Areas In Diabetes (PAID) scale

Instructions: Which of the following diabetes issues are **currently** a problem for you? Tick the box that gives the best answer for you. Please provide an answer for each question.

		Not a problem	Minor problem	Moderate problem	Somewhat serious problem	Serious problem
1	Not having clear and concrete goals for your diabetes care?	☐0	☐1	☐2	☐3	☐4
2	Feeling discouraged with your diabetes treatment plan?	☐0	☐1	☐2	☐3	☐4
3	Feeling scared when you think about living with diabetes?	☐0	☐1	☐2	☐3	☐4
4	Uncomfortable social situations related to your diabetes care (e.g. people telling you what to eat)?	☐0	☐1	☐2	☐3	☐4
5	Feelings of deprivation regarding food and meals?	☐0	☐1	☐2	☐3	☐4
6	Feeling depressed when you think about living with diabetes?	☐0	☐1	☐2	☐3	☐4
7	Not knowing if your mood or feelings are related to your diabetes?	☐0	☐1	☐2	☐3	☐4
8	Feeling overwhelmed by your diabetes?	☐0	☐1	☐2	☐3	☐4
9	Worrying about low blood glucose reactions?	☐0	☐1	☐2	☐3	☐4
10	Feeling angry when you think about living with diabetes?	☐0	☐1	☐2	☐3	☐4
11	Feeling constantly concerned about food and eating?	☐0	☐1	☐2	☐3	☐4
12	Worrying about the future and the possibility of serious complications?	☐0	☐1	☐2	☐3	☐4
13	Feelings of guilt or anxiety when you get off track with your diabetes management?	☐0	☐1	☐2	☐3	☐4
14	Not 'accepting' your diabetes?	☐0	☐1	☐2	☐3	☐4
15	Feeling unsatisfied with your diabetes physician?	☐0	☐1	☐2	☐3	☐4
16	Feeling that diabetes is taking up too much of your mental and physical energy every day?	☐0	☐1	☐2	☐3	☐4
17	Feeling alone with your diabetes?	☐0	☐1	☐2	☐3	☐4
18	Feeling that your friends and family are not supportive of your diabetes management efforts?	☐0	☐1	☐2	☐3	☐4
19	Coping with complications of diabetes?	☐0	☐1	☐2	☐3	☐4
20	Feeling 'burned out' by the constant effort needed to manage diabetes?	☐0	☐1	☐2	☐3	☐4

Problem Areas In Diabetes (PAID) Scale. Available at: https://professional.diabetes.org/sites/default/files/media/ada_mental_health_toolkit_questionnaires.pdf

ASSESS for diabetes distress using a validated questionnaire

The Diabetes Distress Scale (DDS17)

- Includes 17 areas that people with diabetes sometimes have problems with

	Not a problem		Moderate problem		Really big problem	
1. Feeling that diabetes is taking up too much of my mental and physical energy every day	1	2	3	4	5	6
2. Feeling that my doctor doesn't know enough about diabetes and diabetes	1	2	3	4	5	6
3. Feeling angry, scared, and/or depressed when I think about living with diabetes	1	2				
4. Feeling that my doctor doesn't give me clear enough directions on how to manage my diabetes	1	2				
5. Feeling that I am not testing my blood sugars frequently enough	1	2				
6. Feeling that I am often failing with my diabetes routine	1	2				
7. Feeling that friends or family are not supporting me with my diabetes (e.g. planning activities that conflict with my schedule, encouraging me to eat the 'wrong' foods)	1	2				
8. Feeling that diabetes controls my life	1	2				
9. Feeling that my doctor doesn't take my concerns seriously enough	1	2				
10. Not feeling confident in my day-to-day ability to manage diabetes	1	2	3	4	5	6
11. Feeling that I will end up with serious long-term complications, no matter what I do	1	2	3	4	5	6

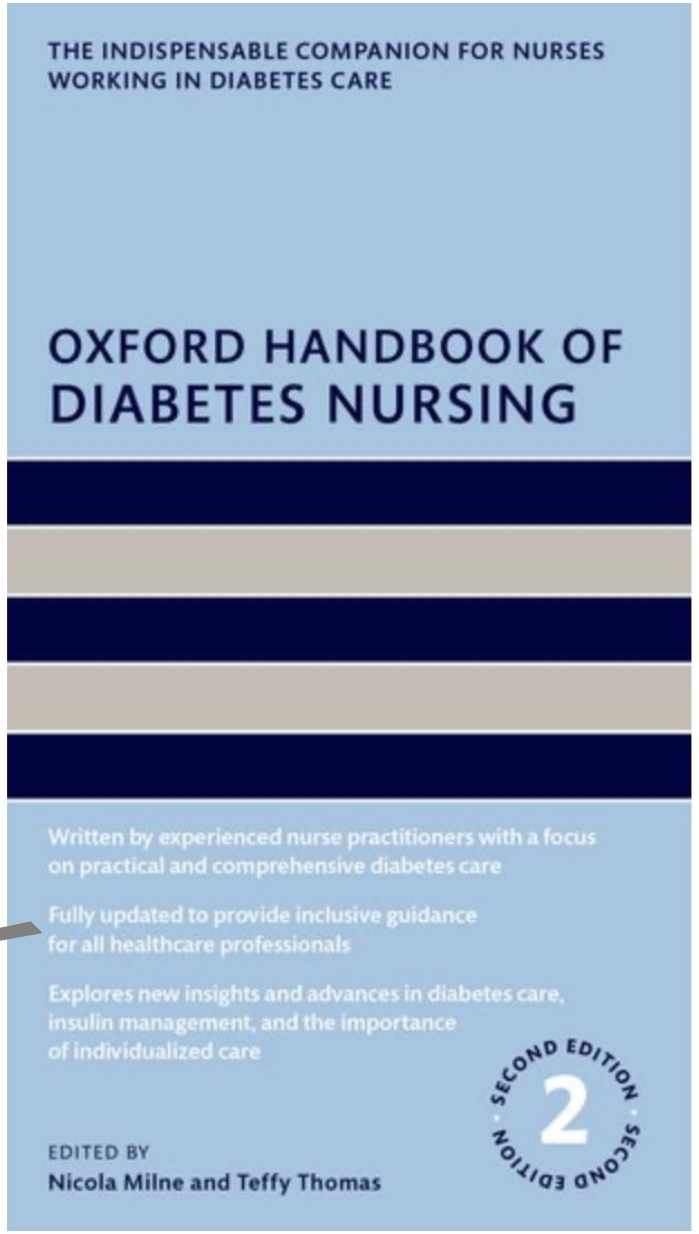
	Not a problem		Moderate problem		Really big problem	
12. Feeling that I am not sticking closely enough to a good meal plan	1	2	3	4	5	6
13. Feeling that friends or family don't appreciate how difficult living with diabetes can be	1	2	3	4	5	6
14. Feeling overwhelmed by the demands of living with diabetes	1	2	3	4	5	6
15. Feeling that I don't have a doctor who I can see regularly enough about my diabetes	1	2	3	4	5	6
16. Not feeling motivated to keep up my diabetes self management	1	2	3	4	5	6
17. Feeling that friends or family don't give me the emotional support that I would like	1	2	3	4	5	6

Diabetes Distress Scale (DDS- 17). Available at: https://professional.diabetes.org/sites/default/files/media/ada_mental_health_toolkit_questionnaires.pdf

- ✓ If you have the skills and confidence, support the person yourself, as they have confided in you for a reason.
- ✓ Consider your scope of practice, and whether you have the time and resources to offer an appropriate level of support.
- ✓ A referral to another health professional may be needed, if so, explain your reasons (e.g. what the other health professional can offer that you cannot) and discuss with the person how they feel about this.
- ✓ Explore the most appropriate support for the individual, for example, diabetes education or revising their management plan, advice on lifestyle changes, emotional or social support, or a combination of these.

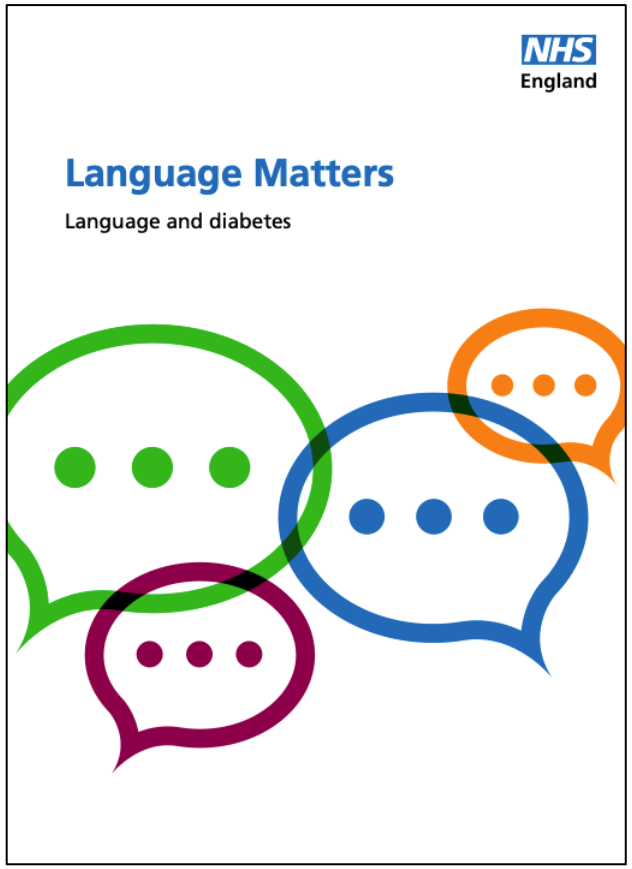
Top Tip (from Rose Stewart……)[1]

- **Think about your own well- being**— if you are experiencing high stress, compassion fatigue, or burnout, you will be less attuned to the needs of the people around you[1]
- Ask the magic question— **'what's one thing about your diabetes that's really getting to you at the moment?'** This will communicate that you're open to hearing about a person's stresses and worries without inviting them to offload everything on to you[1]

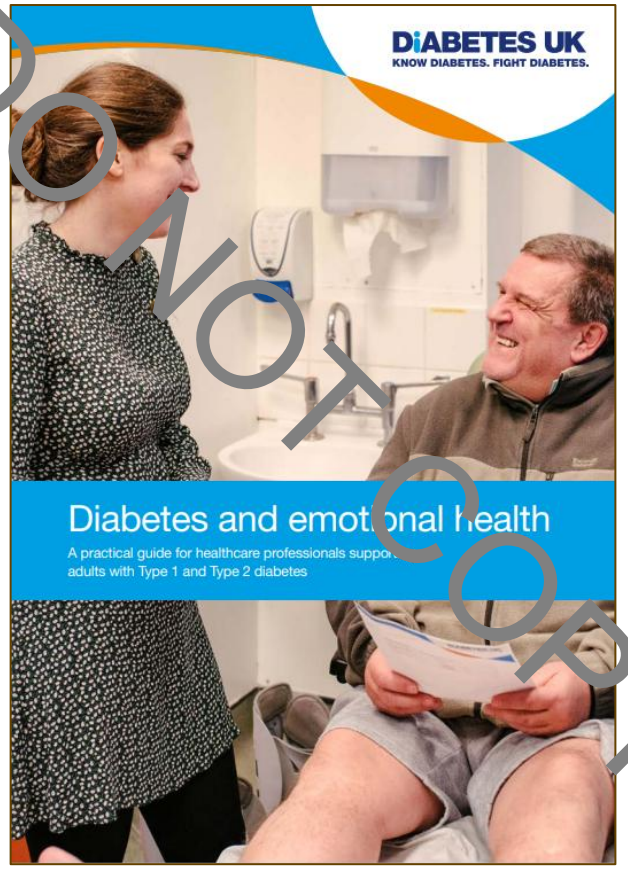


1. Stewart, R . 'Psychological issues in people living with diabetes' in Milne, N. & Thomas, T. (Eds.) Oxford Handbook of Diabetes Nursing, 2nd edition, Oxford University Press (2025)

Further Information



NHS England (2018) Language Matters: Language in diabetes. NHS England https://www.england.nhs.uk/long-read/language-matters-language-and-diabetes/



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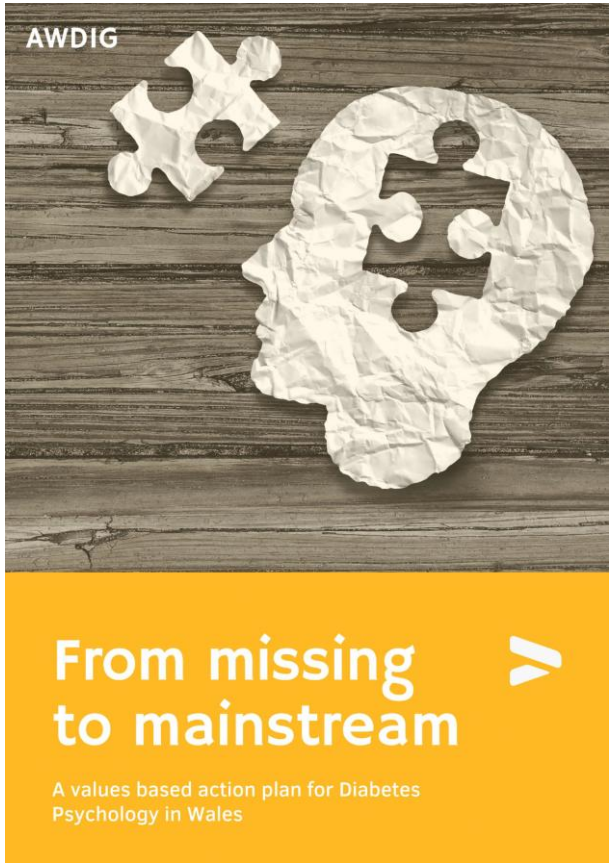


https://diabetespsychologymatters.com/wp-content/uploads/2022/04/missingtomainsteam-final-pdf.pdf

MyWay Diabetes

https://diabetesmyway.nhs.uk/know-more/my-complications/mental-well-being/

Diabetes and your Emotions: You're not alone

Video

Diabetes UK video that focuses on how diabetes can affect your emotional well-being.

Diabetes Burnout

Web Resource

A build-up of diabetes distress can tip into periods of "diabetes burnout" where a person with diabetes might start to avoid self-management tasks for more significant periods of time; this then has the potential to impact upon their physical health.

★★★★★ (1 reviews)

Diabetes Burnout & Distress: Is there anything I could do to help myself?

Web Resource

Support from an appropriately trained healthcare professional can be really helpful for people with diabetes distress or burnout. But there are many self-help actions you can take, both to overcome and also reduce your likelihood of experiencing burnout.

Diabetes Distress

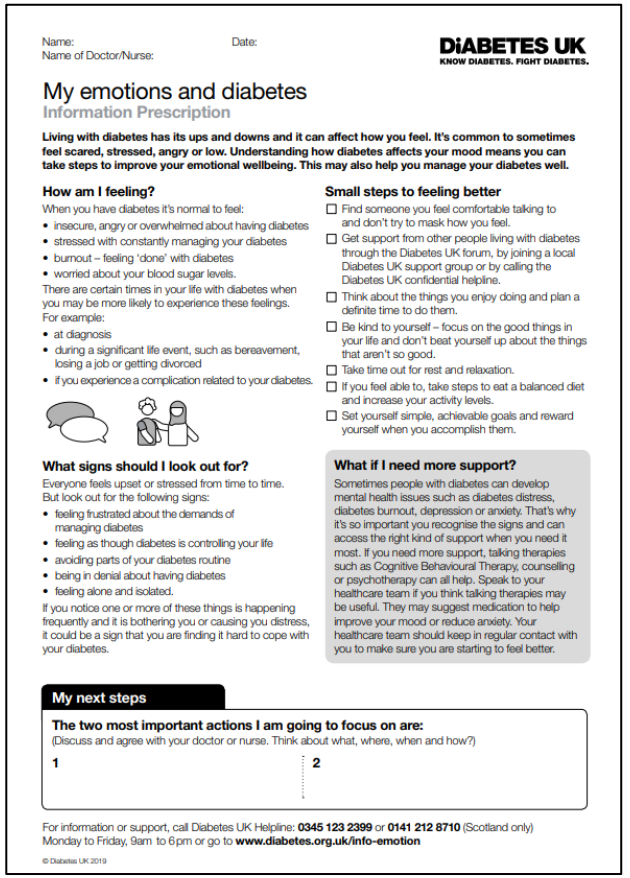
Web Resource

Living with an unpredictable health condition can be extremely challenging, so it is understandable for people to experience some difficult thoughts and feelings about their diabetes.

DIABETES UK
KNOW DIABETES. FIGHT DIABETES.

Diabetes UK Information Prescriptions to generate conversations .

Diabetes UK has a dedicated **helpline** to provide support and guidance on living with diabetes



Name:
Name of Doctor/Nurse:

Date:

DIABETES UK
KNOW DIABETES. FIGHT DIABETES.

My emotions and diabetes

Information Prescription

Living with diabetes has its ups and downs and it can affect how you feel. It's common to sometimes feel scared, stressed, angry or low. Understanding how diabetes affects your mood means you can take steps to improve your emotional wellbeing. This may also help you manage your diabetes well.

How am I feeling?

When you have diabetes it's normal to feel:

- insecure, angry or overwhelmed about having diabetes
- stressed with constantly managing your diabetes
- burnout – feeling 'done' with diabetes
- worried about your blood sugar levels.

There are certain times in your life with diabetes when you may be more likely to experience these feelings. For example:

- at diagnosis
- during a significant life event, such as bereavement, losing a job or getting divorced
- if you experience a complication related to your diabetes.

Small steps to feeling better

- ☐ Find someone you feel comfortable talking to and don't try to mask how you feel.
- ☐ Get support from other people living with diabetes through the Diabetes UK forum, by joining a local Diabetes UK support group or by calling the Diabetes UK confidential helpline.
- ☐ Think about the things you enjoy doing and plan a definite time to do them.
- ☐ Be kind to yourself – focus on the good things in your life and don't beat yourself up about the things that aren't so good.
- ☐ Take time out for rest and relaxation.
- ☐ If you feel able to, take steps to eat a balanced diet and increase your activity levels.
- ☐ Set yourself simple, achievable goals and reward yourself when you accomplish them.

What signs should I look out for?

Everyone feels upset or stressed from time to time. But look out for the following signs:

- feeling frustrated about the demands of managing diabetes
- feeling as though diabetes is controlling your life
- avoiding parts of your diabetes routine
- being in denial about having diabetes
- feeling alone and isolated.

If you notice one or more of these things is happening frequently and it is bothering you or causing you distress, it could be a sign that you are finding it hard to cope with your diabetes.

What if I need more support?

Sometimes people with diabetes can develop mental health issues such as diabetes distress, diabetes burnout, depression or anxiety. That's why it's so important you recognise the signs and can access the right kind of support when you need it most. If you need more support, talking therapies such as Cognitive Behavioural Therapy, counselling or psychotherapy can all help. Speak to your healthcare team if you think talking therapies may be useful. They may suggest medication to help improve your mood or reduce anxiety. Your healthcare team should keep in regular contact with you to make sure you are starting to feel better.

My next steps

The two most important actions I am going to focus on are:
(Discuss and agree with your doctor or nurse. Think about what, where, when and how?)

1 2

For information or support, call Diabetes UK Helpline: **0345 123 2399** or **0141 212 8710** (Scotland only)
Monday to Friday, 9am to 6pm or go to **www.diabetes.org.uk/info-emotion**

https://www.diabetes.org.uk/sites/default/files/2018-02/Diabetes%20UK%20Information%20Prescription_Mood.pdf

Every mind matters has some excellent resources for helping look after your mental health.
https://www.nhs.uk/every-mind-matters/

Learning Objectives

- Raise awareness of the prevalence and consequences of both male and female sexual dysfunction among adults with diabetes
- Provide some practice points for how to identify, communicate about, and address these problems in clinical practice
- Signpost to practical tools (e.g. questionnaires, information leaflets, and other resources)

Disclosures

Nicola Milne

Queen's Nurse Primary Care DSN
CVKM Lead Brooklands and Northenden PCN
Diabetes Specialist Nurse Clinical Lead for Greater Manchester and East Cheshire SCN

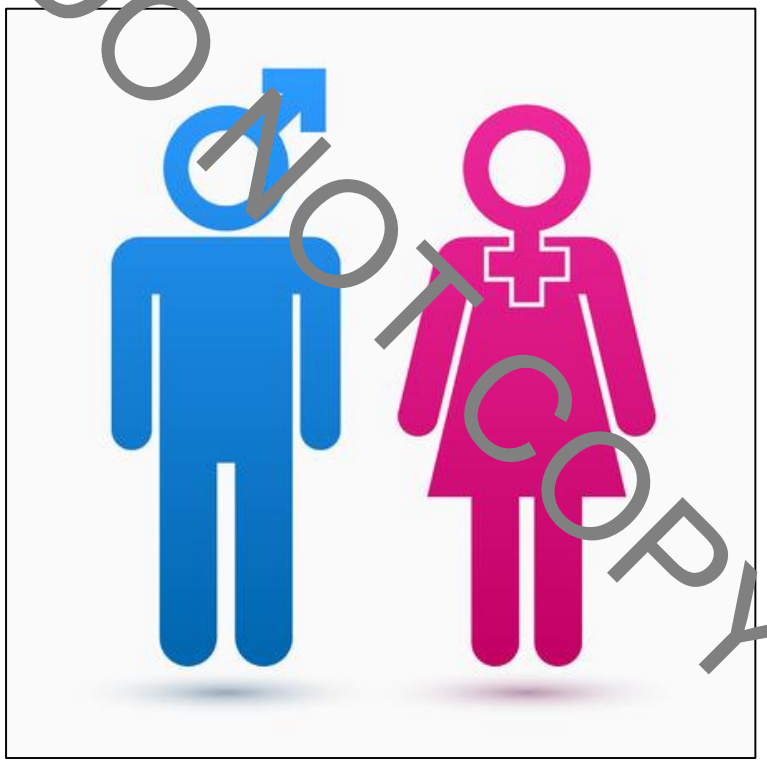
Co-Vice Chair Primary Care Diabetes and Obesity Society |Diabetes UK Clinical Champion |Chair Diabetes UK Professional Conference Organising Committee Liverpool 2019 | |Faculty Member 4FRONT Academy |Diabetes UK Council of Healthcare Professionals Member |NICE Diabetes Suite Committee Member 2019-2021| Tutor PG Diabetes Diploma: I-Heed, Warwick University | Diabetes UK Research Study Group Member

I have received funding from the following companies for providing educational sessions, attendance at conferences and for attending advisory boards:

Boehringer Ingelheim, Astra Zeneca, Lilly, Novo Nordisk, Sanofi, Abbott, Roche, Menarini and Bayer.

Diabetes and sexual health: Potential complications

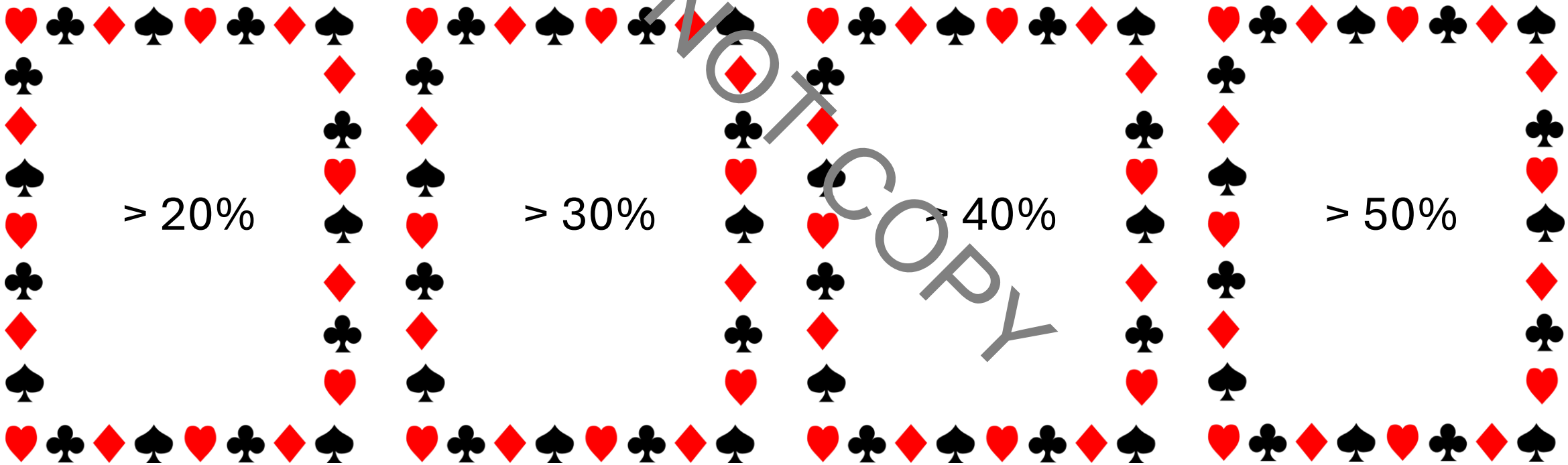
- Decreased sexual desire
- Erectile dysfunction
- Retrograde ejaculation



- Decreased sexual desire
- Decreased sexual response
  - Arousal
  - Orgasm
- Lack of lubrication: Dyspareunia
- Vaginitis, UTIs, mycotic infections

Incidence of ED is x 3.5 higher than in men without diabetes.

Approximately what percentage of men with diabetes are affected?



G. Hackett et al British Society for Sexual Medicine Guidelines on the Management of Erectile Dysfunction in Men—2017, The Journal of Sexual Medicine available at https://doi.org/10.1016/j.jsxm.2018.01.023https://bssm.org.uk/wp-content/uploads/2023/02/BSSM-ED-guidelines-2018-1.pdf

Sexual dysfunction for women with diabetes is twice as common than for women without diabetes

Approximately what percentage of women with T2D have FSD ?

41.3%

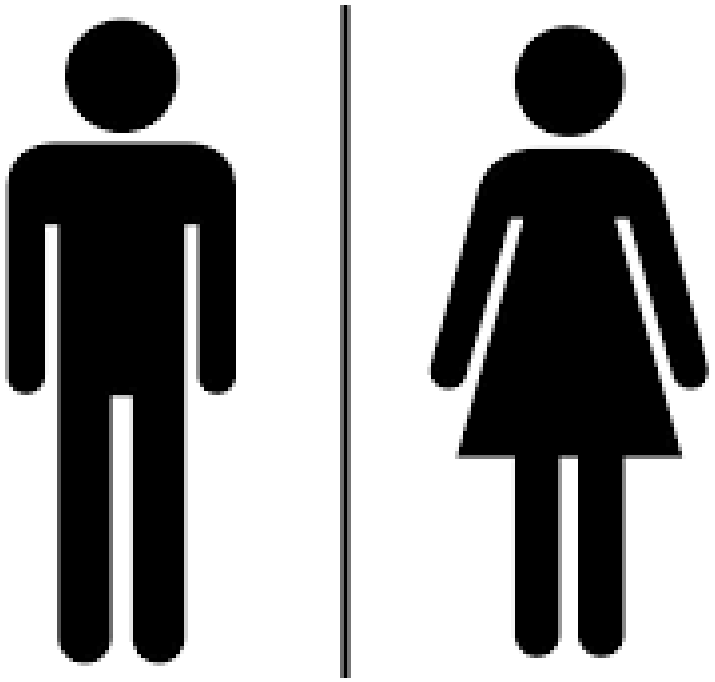
51.3%

61.3%

71.3%

Global prevalence of sexual dysfunction among diabetic patients from 2008 to 2022: Systematic review and meta-analysis.
https://europepmc.org/article/pmc/pmc10267599

Sexual dysfunction can lead to ….



- Anxiety
- Depression
- Loss of self esteem
- Broken relationships
- Suicidal tendencies
- Negative effects on quality of life (both partners)

The International Society for the Study of Women's Sexual Health Process of Care for Management of Hypoactive Sexual Desire Disorder in Women

Anita H Clayton [1], Irwin Goldstein [2], Noel N Kim [3], Stanley E Althof [4], Stephanie S Faubion [5], Brooke M Faught [6], Sharon J Parish [7], James A Simon [8], Linda Vignozzi [9], Kristin Christiansen [10], Susan R Davis [11], Murray A Freedman [12], Sheryl A Kingsberg [13], Paraskevi-Sofia Kirana [14], Lisa Larkin [15], Marita McCabe [16], Richard Sadovsky [17]

Affecting 10% of adult females, HSDD is associated with negative emotional and psychological states and medical conditions including depression

Depressive symptoms are independently and bidirectionally associated with HSDD, with the presence of depression conferring a 50% to 70% increased risk of sexual dysfunction, and the occurrence of sexual dysfunction is associated with a 130% to 210% increased risk of depression.

Adding a layer of complexity, most antidepressants are associated with decreased sexual desire

Both type 1 and type 2 diabetes mellitus almost double the risk of sexual dysfunction

https://pubmed.ncbi.nlm.nih.gov/29545008/

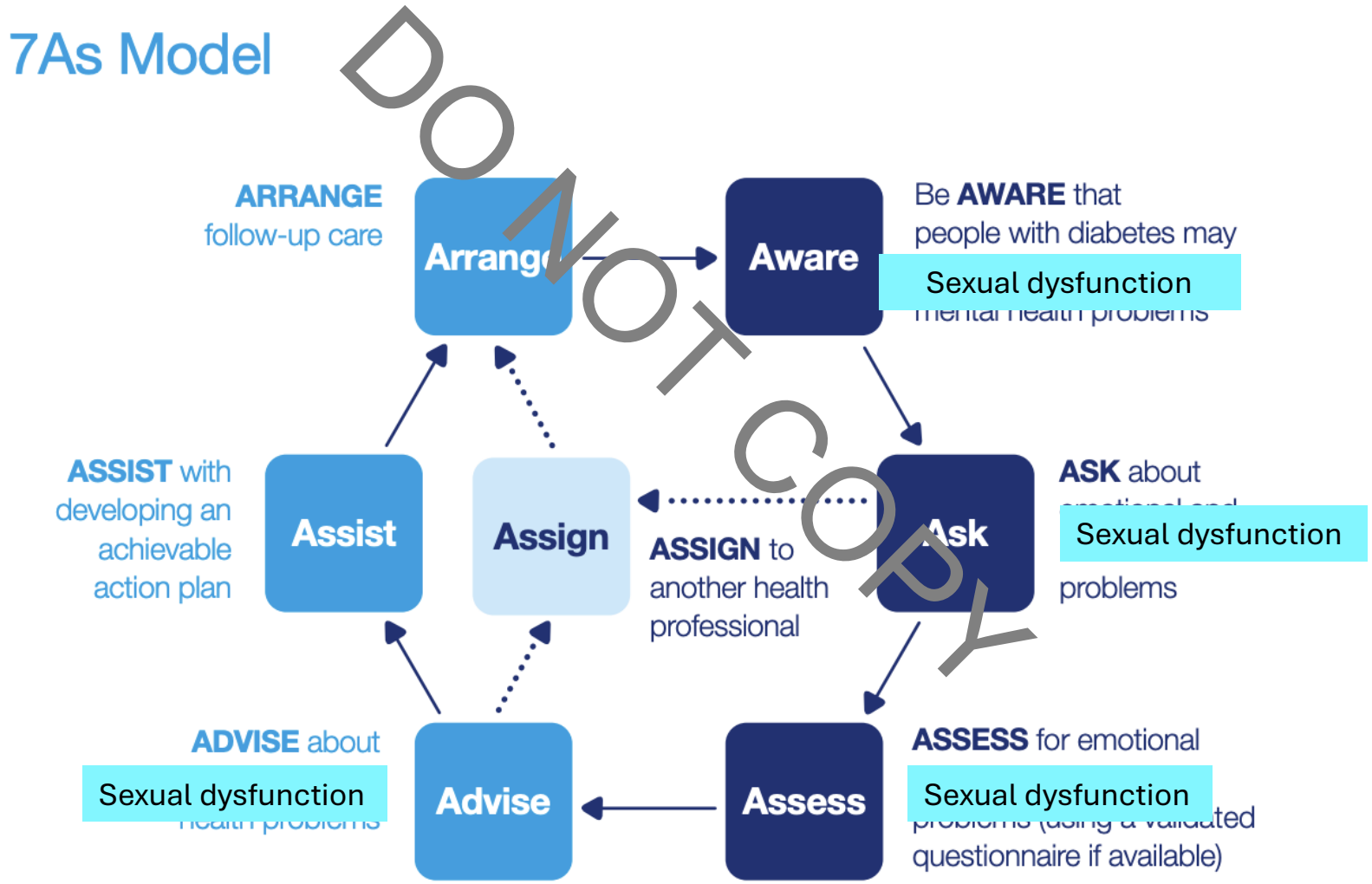
72% of women with FSD would like to talk to their HCP about their difficulties
73% of these women would like their HCP to initiate the conversation

So why don't we routinely ask about sexual health?

- Time Constraints – time-limited appointments
- Not part of our "core services"/not funded/not measured (ie. QOF)
- Lack of confidence – don't feel you have the right skills to open a conversation about sexual health and diabetes
- Don't know how to support or how to access additional support/services
- Lack of availability/limited access/long waiting times for sexual health services
- Assume person would not want to be asked such a personal question
- Reluctant to "open a can of worms"
- Expected because of the ageing process
- You may not think it is important!

7 A's model

A seven-step process that can be applied in clinical practice as part of a person-centred approach.



Aware

Female Sexual Dysfunction

Low or high glucose levels causing possible lack of vaginal lubrication/pain during sexual activity

Structural changes in female genital tissue, plus impairment of nerve and blood supply, impact on the arousal and orgasmic sexual response

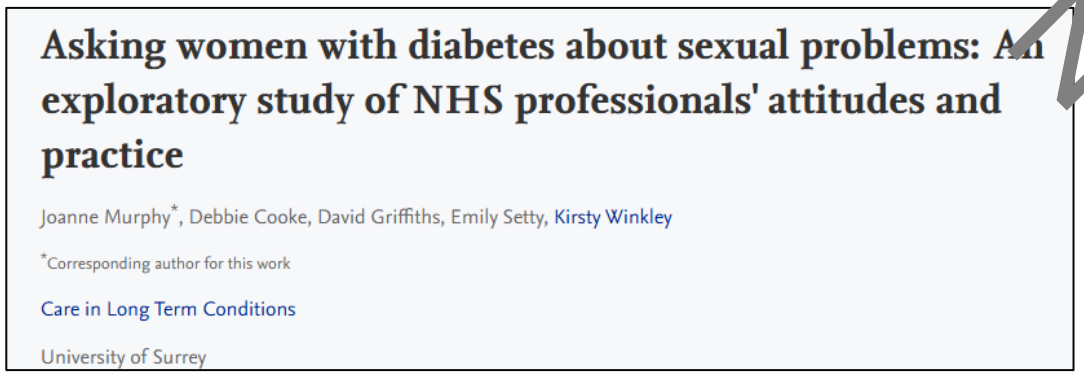
Higher rates of depression and diabetes related distress can lead to low sexual drive

Wearing of diabetes devices, such as pumps and glucose monitors may affect body image and self esteem. Also, areas of lypohypertrophy

The inconvenience of self-managing diabetes may affect the spontaneity of sex

Ask

Female Sexual Dysfunction



Asking women with diabetes about sexual problems: An exploratory study of NHS professionals' attitudes and practice

Joanne Murphy*, Debbie Cooke, David Griffiths, Emily Setty, Kirsty Winkley

*Corresponding author for this work

Care in Long Term Conditions

University of Surrey

- The area of female sexual dysfunction (FSD) is under researched
- There are still gaps in our knowledge of how best to support women experiencing difficulties
- Raising awareness of the problem may help women with diabetes **and** HCPs to discuss it as part of diabetes consultations
- Include FSD in diabetes guidelines

Murphy JC, Cooke D, Griffiths D, Setty E, Winkley-Bryant K. Asking women with diabetes about sexual problems: An exploratory study of NHS professionals' attitudes and practice. *Diabet Med*. 2024; 41:e15370

Assess

Screening for female sexual dysfunction

Decreased Sexual Desire Screener

DECREASED SEXUAL DESIRE SCREENER
BRIEF DIAGNOSTIC ASSESSMENT FOR GENERALIZED, ACQUIRED HSDD

THE DECREASED SEXUAL DESIRE SCREENER (DSDS) IS INTENDED TO ASSIST YOUR CLINICIAN IN THE ASSESSMENT OF YOUR DECREASED SEXUAL DESIRE.
PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS BY CIRCLING EITHER YES OR NO.

1	In the past, was your level of sexual desire or interest good & satisfying to you?	Yes / No
2	Has there been a decrease in your level of sexual desire or interest?	Yes / No
3	Are you bothered by your decreased level of sexual desire or interest?	Yes / No
4	Would you like your level of sexual desire or interest to increase?	Yes / No
5	Please circle all of the factors that you feel may be contributing to your current decrease in sexual desire or interest:	
	a. *An operation, depression, injuries, or other medical condition*	Yes / No
	b. *Medications, drugs, or alcohol you are currently taking*	Yes / No
	c. *Pregnancy, recent childbirth, menopausal symptoms*	Yes / No
	d. *Other sexual issues you may be having (pain, decreased arousal or orgasm)*	Yes / No
	e. *Your partner's sexual problems*	Yes / No
	f. *Dissatisfaction with your relationship or partner*	Yes / No
	g. *Stress or fatigue*	Yes / No

Kingsberg SA, et al (2019) Female sexual health: Barriers to optimal outcomes and a roadmap for improved patient–clinician communications. J Womens Health (Larchmt) 28: 432–43

The 19-item Female Sexual Function Index (FSFI)

Appendix A—Female Sexual Function Index (FSFI)*

Question	Response Options
Q1: Over the past 4 weeks, how **often** did you feel sexual desire or interest?	5 = Almost always or always 4 = Most times (more than half the time) 3 = Sometimes (about half the time) 2 = A few times (less than half the time) 1 = Almost never or never
Q2: Over the past 4 weeks, how would you rate your **level** (degree) of sexual desire or interest?	5 = Very high 4 = High 3 = Moderate 2 = Low 1 = Very low or none at all
Q3. Over the past 4 weeks, how **often** did you feel sexually aroused ("turned on") during sexual activity or intercourse?	0 = No sexual activity 5 = Almost always or always 4 = Most times (more than half the time) 3 = Sometimes (about half the time) 2 = A few times (less than half the time) 1 = Almost never or never
Q4. Over the past 4 weeks, how would you rate your **level** of sexual arousal ("turn on") during sexual activity or intercourse?	0 = No sexual activity 5 = Very high 4 = High 3 = Moderate 2 = Low 1 = Very low or none at all
Q5. Over the past 4 weeks, how **confident** were you about becoming sexually aroused during sexual activity or intercourse?	0 = No sexual activity 5 = Very high confidence 4 = High confidence 3 = Moderate confidence 2 = Low confidence 1 = Very low or no confidence
Q6. Over the past 4 weeks, how **often** have you been satisfied with your arousal (excitement) during sexual activity or intercourse? Response Options	0 = No sexual activity 5 = Almost always or always 4 = Most times (more than half the time) 3 = Sometimes (about half the time) 2 = A few times (less than half the time) 1 = Almost never or never

The Female Sexual Function Index (FSFI): A Multidimensional Self-Report Instrument for the Assessment of Female Sexual Function

Management may include....

- Optimisation of lifestyle factors where appropriate e.g. smoking cessation, weight loss
- Optimisation of glycaemic levels
- Use of gels and lubrication for any vaginal dryness
- Psychological interventions
- Medication review
- Pharmacotherapy treatments for sexual dysfunction in women with diabetes, such as PDE5 inhibitors, have demonstrated improvements in sexual arousal for example but most studies have limitations such as using non-validated questionnaires to measure outcome, small sample sizes and a lack of an appropriate control group

Winkley K, Kristensen C, Fosbury J. Sexual health and function in women with diabetes. Diabet Med. 2021; 38:e14644

Male Erectile Dysfunction (ED)

Erectile dysfunction (ED) is when a person is either unable to get an erection or unable to keep an erection for long enough to have sex.

May be the presenting symptom for a new diagnosis of diabetes.

Tends to present with more severe and refractory ED than their counterparts without diabetes.

Pathophysiology of ED in diabetes is multifactorial.

- In addition to vascular and neurological impairments T2D is associated with androgen deficiency: Routinely screen for the presence of low testosterone.

Medical therapies for ED are less successful in people with diabetes

Surgical intervention may be associated with increased general health risk

https://diabetesonthenet.com/diabetes-primary-care/how-to-diagnose-and-manage-erectile-dysfunction-in-men-with-diabetes/

Aware

Risk factors for erectile dysfunction include....

- Diabetes
- Metabolic syndrome
- Older age
- Sedentary lifestyle
- Living with obesity
- Dyslipidaemia
- Vascular disease
- Smoking
- Depression
- Stress/anxiety

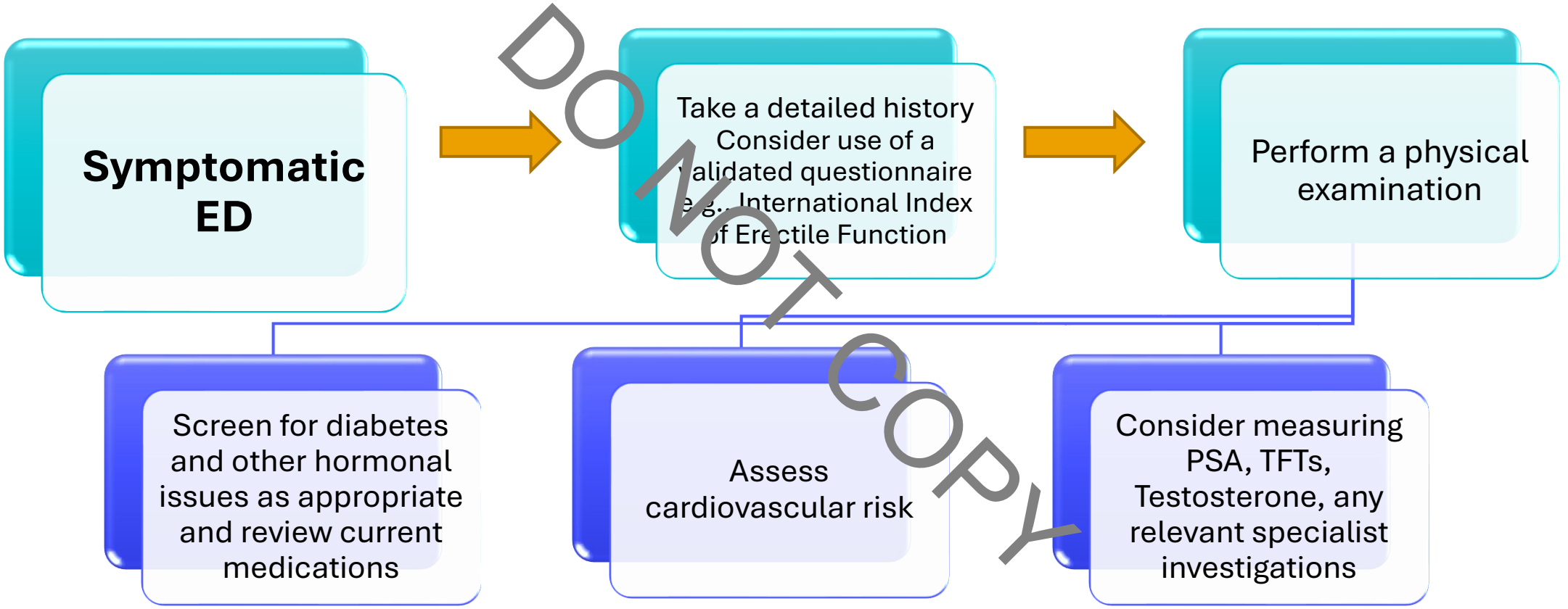
Aware

Certain medications that may be associated with erectile dysfunction include...

- Diuretics
- Anticholinergics
- Antidepressants
- Hormone treatment
- Cytotoxic agents/chemotherapy
- Some anti-hypertensives

Assess

Diagnosing Erectile dysfunction



Hackett G, Kirby M, Wylie K et al (2018) British Society for Sexual Medicine guidelines on the management of erectile dysfunction inmen–2017.*JSex Med* **15**: 430–57

Assess

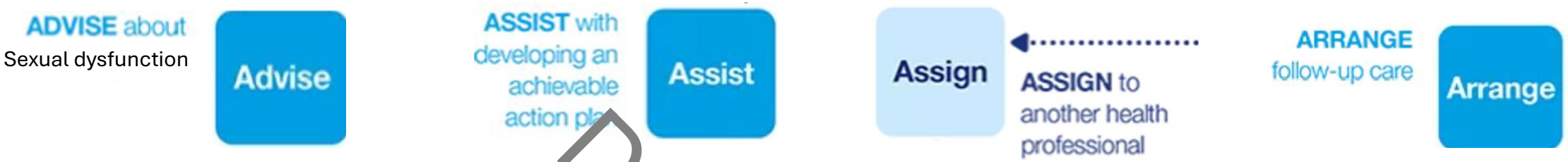
Differentiating psychogenic ED from organic causes....

Psychogenic

- Sudden onset
- Situational
- Normal waking and nocturnal erections
- Normal erection with masturbation
- Relationship problems
- Life event
- Anxiety, fear, depression

Organic

- Gradual onset
- All situations
- Reduced or absent waking and nocturnal erections
- No erection with masturbation
- Penile pain



Management may include……

- Consider the efficacy, safety and contraindications of the different treatments, and the person's and partner's preferences
- Treat any modifiable/potential risk factor for example,
  - Smoking cessation where appropriate
  - Alcohol reduction where appropriate
  - Optimisation of HbA1c, lipids, and BP
  - Reduction of CV risk
  - Weight management interventions as appropriate
  - Optimisation of physical activity
  - Review use of any recreational drugs
  - Review medications which may contribute to or exacerbate ED
  - Consider referral for psychosexual/relationship therapy if appropriate
  - Manage any abnormal testosterone, TFTs/PSA results

First line interventions

- Lifestyle and risk factor modification
- For men not at high cardiac risk of sexual activity a PDE-5 inhibitor
  - PDE5s include sildenafil (Viagra®), tadalafil (Cialis®), vardenafil (Levitra®), and avanafil (Spedra®)
  - See BNF and individual SMPC for prescribing advice to include timing of taking medication and for any contraindications
- Arrange for 6-8 week follow up to assess response to treatment
- Consider increasing to the maximum dose of PDE5 depending on symptom response and adverse effects
- Advise to try each PDE-5 inhibitor 4–8 times at the maximum tolerated dose before switching to an alternative drug.
- Suggest a trial of at least two different PDE-5 inhibitors taken sequentially before being classed as a 'non-responder'

NICE (2024) Erectile dysfunction: Scenario: Management of erectile dysfunction available at https://cks.nice.org.uk/topics/erectile-dysfunction/management/management/

Second line Interventions (under the care of a specialist)

If PDE-5 inhibitor drug or other treatment is ineffective, not tolerated, or contraindicated, offer referral to a urology specialist for consideration of.....

- Vacuum erection devices
- Intracavernous injection therapy
- Or Intraurethral alprostadil
- Or Alprostadil cream
- Vascular surgery/angioplasty
- Penile Prothesis

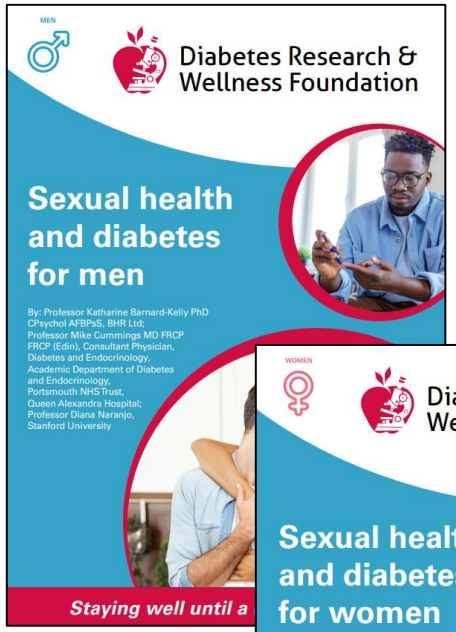
NICE (2024) Erectile dysfunction: Scenario: Management of erectile dysfunction available at https://cks.nice.org.uk/topics/erectile-dysfunction/management/management/

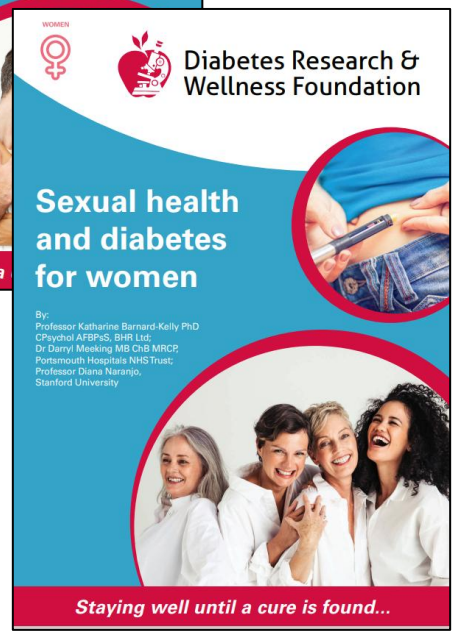
When to consider referral

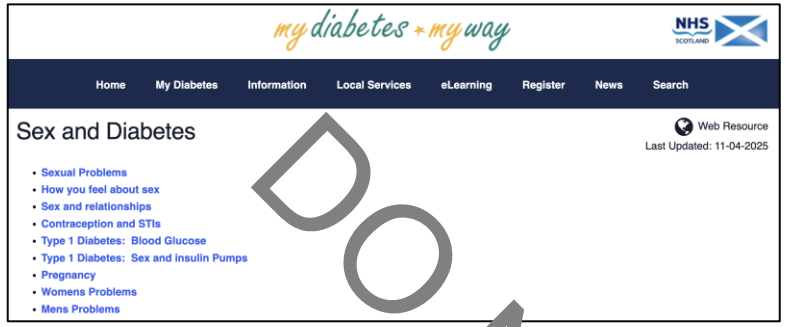
- To urology — for young men who have always had difficulty in obtaining or maintaining an erection; for men with a history of trauma (for example to the genital area, pelvis, or spine); if an abnormality of the penis or testicles is found on examination failure to respond as above to PDE-5
- To endocrinology — for men who have hypogonadism
- To cardiology — for men who have severe/unstable cardiovascular disease (CVD) that would make sexual activity unsafe or contraindicates phosphodiesterase-5 (PDE-5) inhibitor use
- For mental health/psychological/relationship support — for men with a psychogenic underlying cause of erectile dysfunction and those with severe mental distress.

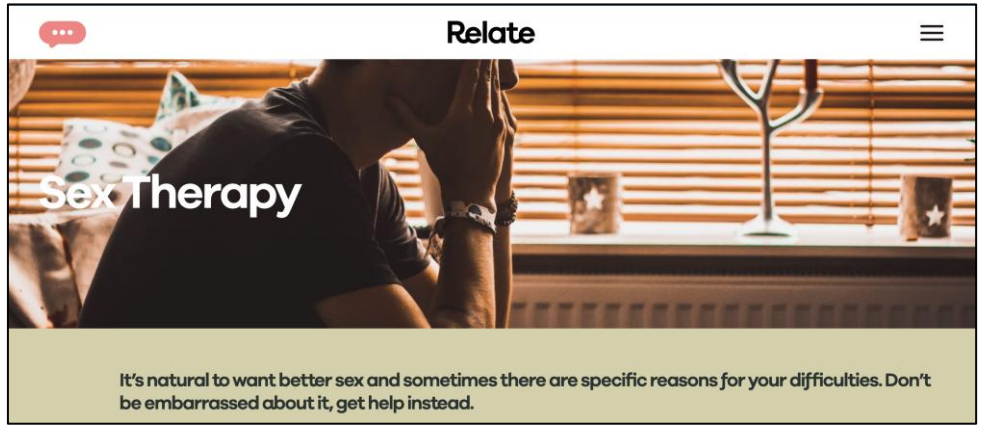
NICE (2024) Erectile dysfunction: Scenario: Management of erectile dysfunction available at https://cks.nice.org.uk/topics/erectile-dysfunction/management/management/

Resources

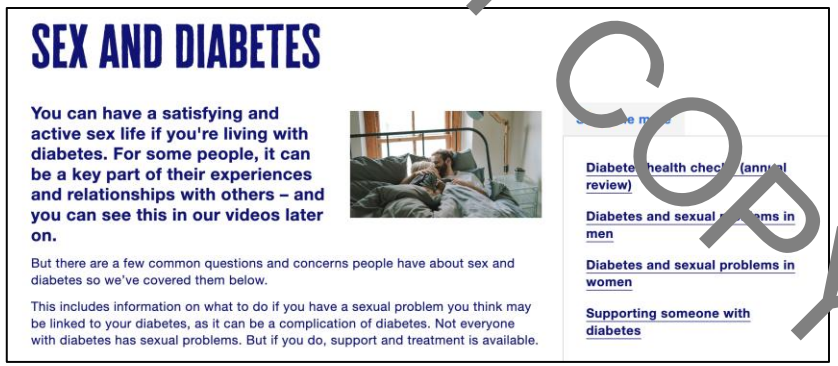


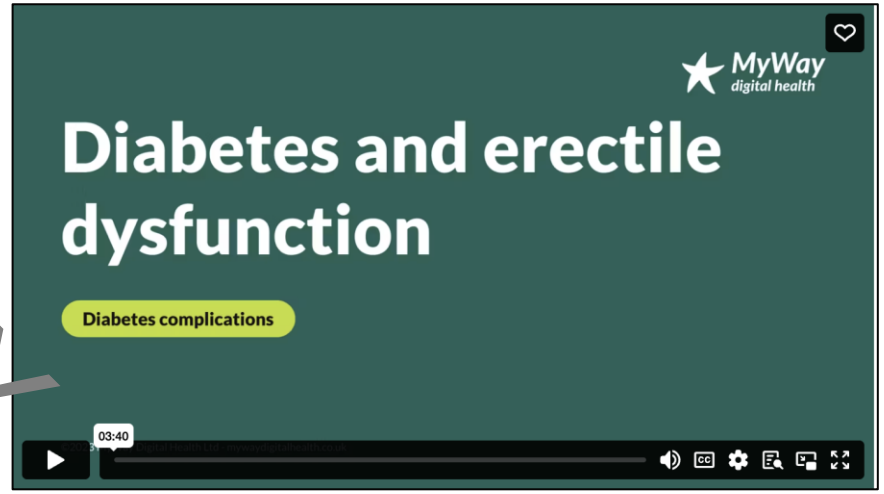






DIABETES UK
KNOW DIABETES. FIGHT DIABETES.





https://www.drwf.org.uk/understanding-diabetes/information-leaflets/

https://www.diabetes.org.uk/living-with-diabetes/life-with-diabetes/sex-and-diabetes

https://www.relate.org.uk/what-we-do/counselling/sex-therapy

https://mydiabetesmyway.scot.nhs.uk/know-more/my-complications/sexual-dysfunction/

"You're having sex, you probably need to have a snack beforehand and blah blah blah, check your blood sugar and come on, like who's actually gonna say 'okay I know we're getting into it now, let's just wait, let me just check my blood sugar?' Let me just eat a cereal bar or a banana and I'll be with you in two minutes. That's a mood killer for you, isn't it?"

Epps A, Winkley K, Forbes A, Abu Ghazaleh H (2025) The impact of wearable diabetes technology on sexual activity. Journal of Diabetes Nursing 29: JDN372

Further Information

At a glance factsheet: Diabetes before, during and after pregnancy

Essential information on reducing adverse outcomes in pregnancies complicated by... diabetes.

2 Jun 2021

https://diabetesonthenet.com/diabetes-primary-care/glance-diabetes-before-during-after-pregnancy/

Contraceptive considerations in people with type 2 diabetes

6 Oct 202

Lisa Devine, Laura Cullen

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Early View

Contraception is an important service which primary care is well placed to provide, and is of particularly great importance in women who have type 2 diabetes, both to avoid fetal and maternal complications due to high blood glucose and to avoid any teratogenic effects of diabetes medications. However, diabetes and its associated comorbidities and risk factors bring additional complexities to contraception choice. This article reviews the issues to consider when discussing contraception with women living with type 2 diabetes, drawing on advice from the Faculty of Sexual & Reproductive Healthcare.

https://diabetesonthenet.com/diabetes-primary-care/contraception-type-2-diabetes/

At a glance factsheet: Polycystic ovary syndrome (PCOS)

When to suspect, how to diagnose and key messages on management.

10 Jan 2024

https://diabetesonthenet.com/diabetes-primary-care/factsheet-pcos/

18TH Scottish Conference | PCDO Society

Thanks for your attention