

17TH Welsh
Conference

PCDO
Society

New guidelines, new opportunities

7 May 2026



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Women's Health, Sex and Diabetes

Dr Heather Bell: GP Belfast

Nicola Milne: Primary Care DSN Manchester



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Disclaimer/disclosure



Dr Heather Bell

**GP Belfast
Committee Member PCDO**

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 and Abbott



Disclaimer/disclosure



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Queen's Nurse Primary Care DSN

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



Learning Objectives



Discuss the relationship between diabetes and the menopause



Overview of HRT and other therapies



Raise awareness of the prevalence and consequences of female sexual dysfunction



Provide some practice points for how to identify, communicate about, and address concerns raised in consultations

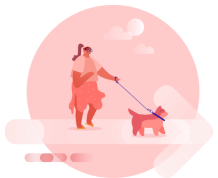


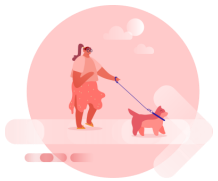
Signpost to practical tools (e.g., questionnaires, information leaflets, and other resources)



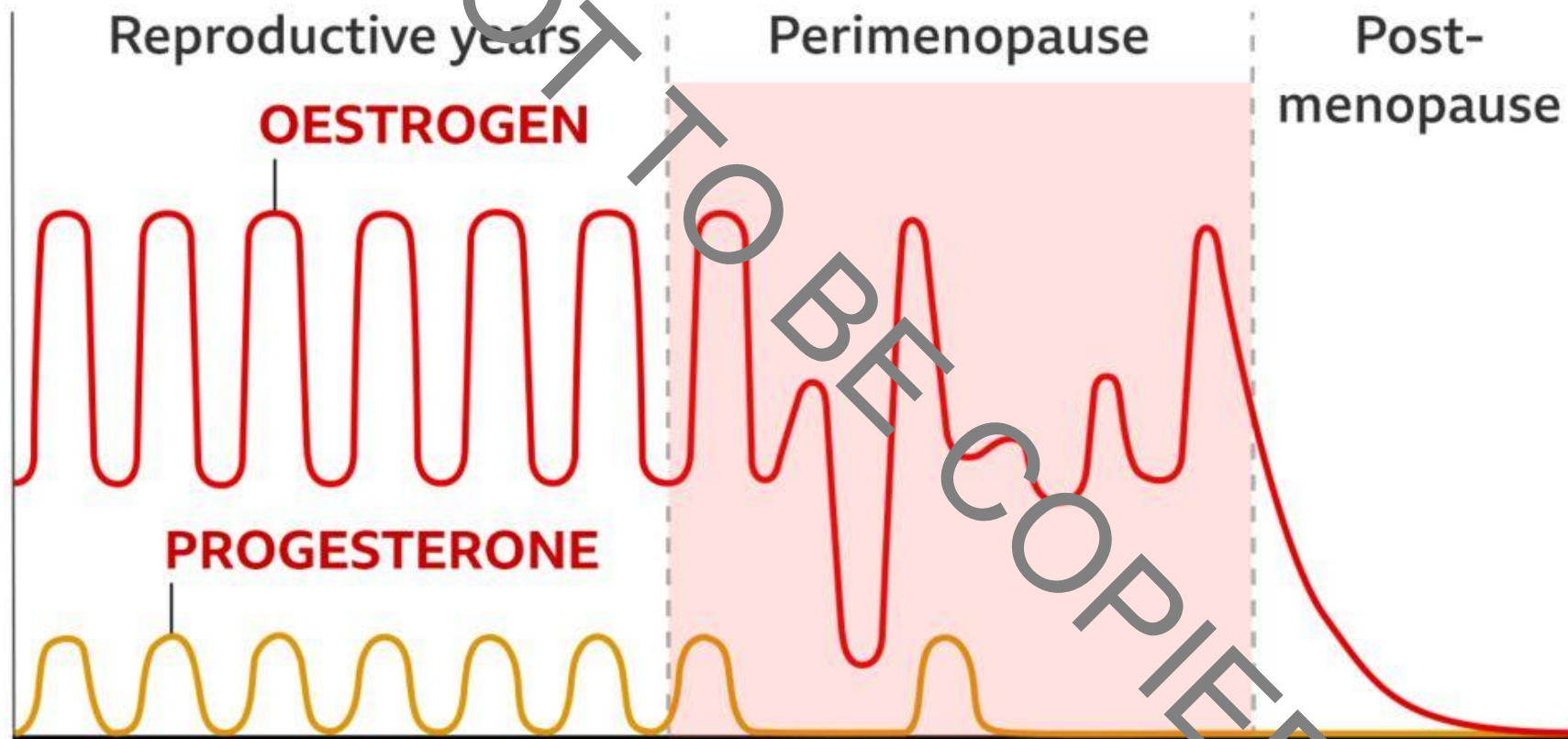
55 year old female....

- New urinary incontinence
- Increased thirst
- Lethargy
- Anhedonia – used to love going out for long walks now prefers to stay in bed
- Poor appetite
- Dry skin, dry hair
- Loss of libido

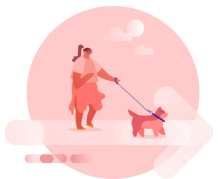




The menopause transition



Source: Dr Paula Briggs, Fast Facts for Menopause



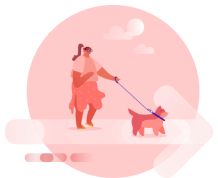
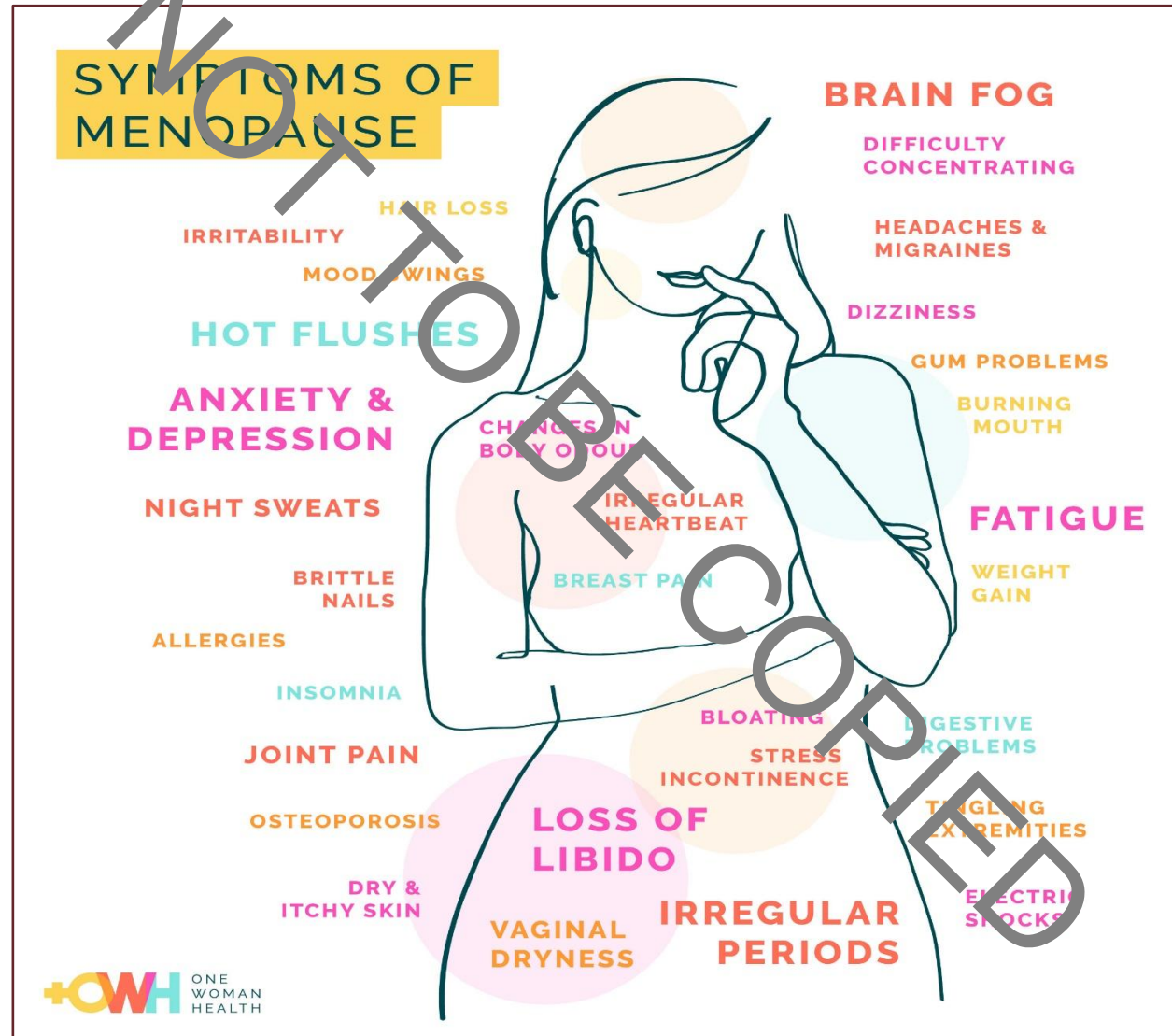
Menopause and Diabetes

- Women with early menopause may have up to 24% higher risk of developing type 2 diabetes
- Hormonal changes in the perimenopause can affect blood glucose levels and make it harder for some women to manage their diabetes.

<https://www.sciencedirect.com/science/article/abs/pii/S0039128X07002590#:~:text=https%3A//doi.org/10.1016/j.steroids.2007.12.018>

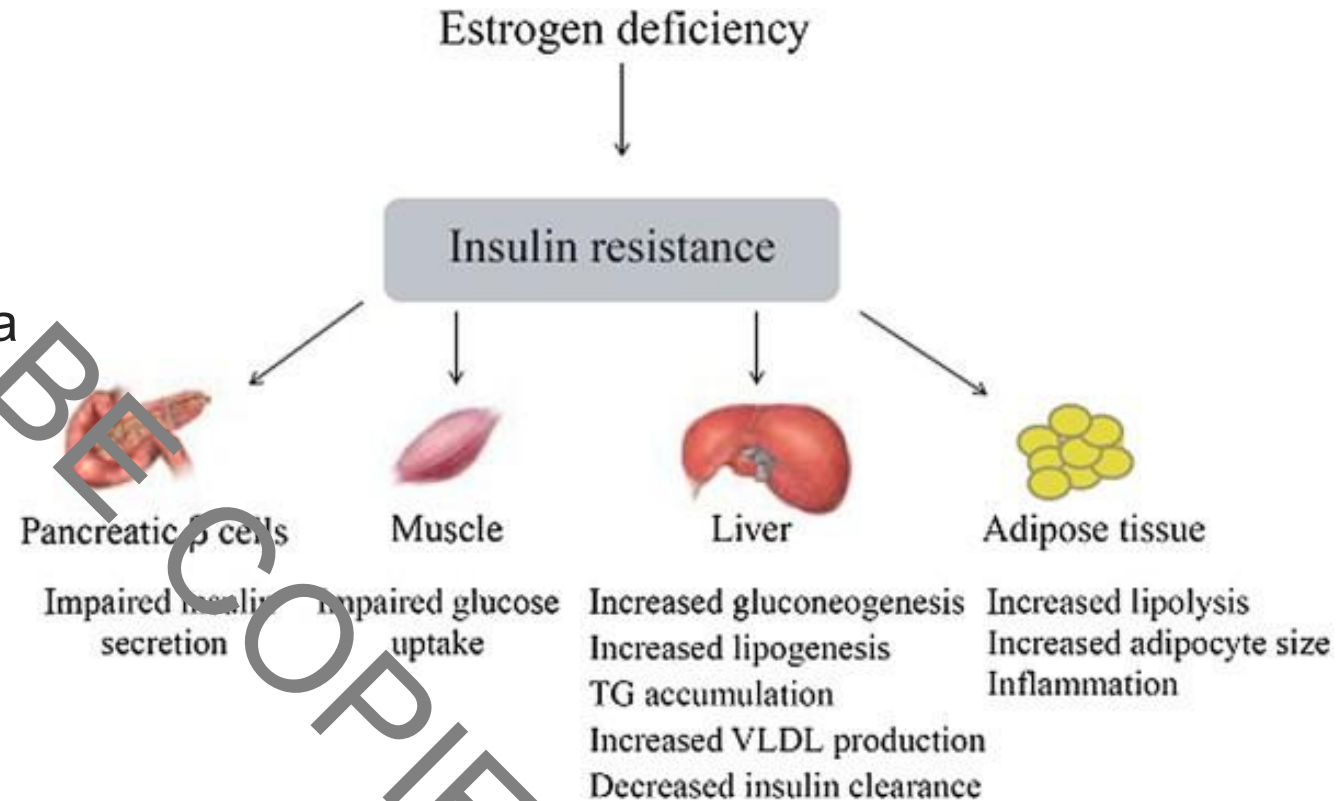


Menopause and Diabetes



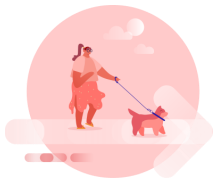
Oestrogen and Diabetes

- Oestrogen can make the body more sensitive to insulin, thereby optimising insulin activity
- Pancreas - improves fasting insulinaemia
- Liver - modulates gluconeogenesis
- Adipose tissue - improves insulin sensitivity
- Skeletal muscle – improves insulin stimulated glucose absorption
- Vascular endothelium – increases vasodilation response



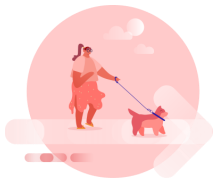
Progesterone and Diabetes

- Liver – promotes glycogen storage
- Skeletal muscle – diversion of glucose utilization from muscle and fat
- Promotes sleep
- Lack of sleep triggers cortisol response - which increase blood glucose levels.



Is there a link between menopause and diabetes?

- Changing body shape can be one of the symptoms of menopause.
- This can affect body fat stores and can cause or worsen insulin resistance.
- Weight gain can lead to high blood pressure



How does menopause affect diabetes?

- Changing hormone levels during menopause can affect blood glucose levels.
- Increased insulin resistance

Management includes:

- Weight optimisation and healthy living advice
- Blood pressure optimisation
- Lipid optimisation
- Smoking cessation advice where appropriate
- HRT?



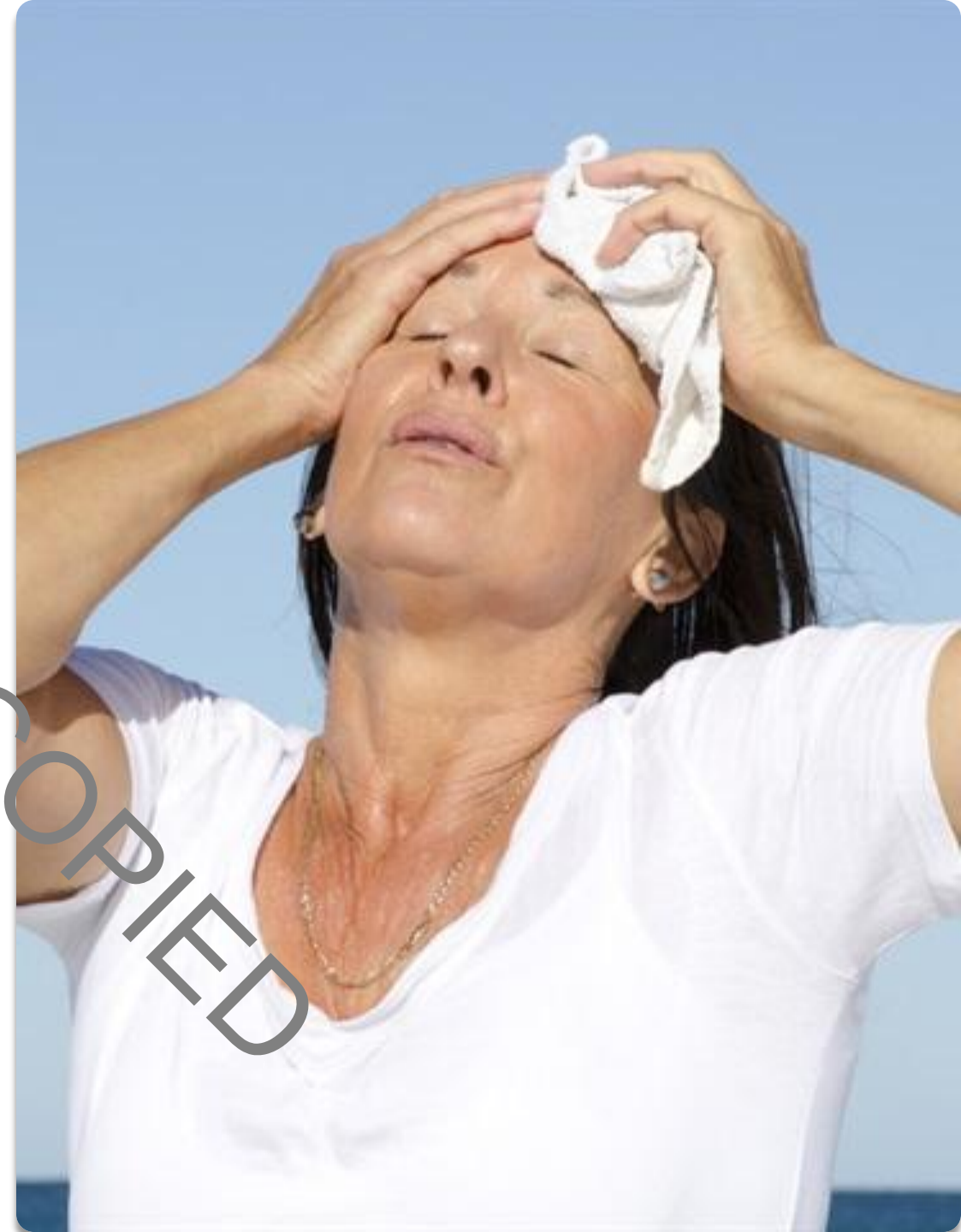
Diabetes and ASCVD

- People living with diabetes have x2 the risk of developing heart disease
- The cardioprotective nature of oestrogen in premenopausal women is reduced by the presence of diabetes



Is it a 'hot flush' or a hypo.....

- Hot flushes and palpitations can be easily confused with hypos
- Advise to check blood glucose levels more frequently if taking medications associated with hypoglycaemia



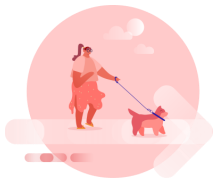
Hormone Replacement Therapy



HRT

There is lack of evidence on the benefit of hormone replacement therapy for women with type 1 diabetes mellitus.....

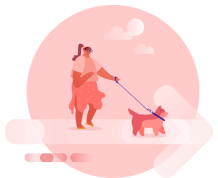
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How can HRT reduce the risk of Type 2 diabetes?

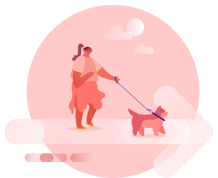
HRT was shown to be statistically significantly –

- Reduce levels of abdominal fat
- Improve insulin resistance
- Reduce/optimize blood pressure where required
- Favourably change blood cholesterol levels – a reduction in LDL ‘bad’ cholesterol, and an improved LDL/HDL ratio.



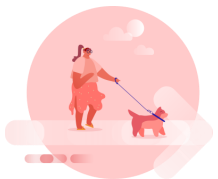
Benefits of HRT.....

- Proven
 - Control of menopause symptoms
 - Maintenance of bone mineral density
- Potential
 - Reduced risk of cardiovascular disease
 - ?Reduced risk of Type 2 diabetes
 - Reduced risk of colorectal cancer
 - ?Reduced risk of Alzheimer's disease



Risks of HRT....

- Endometrial cancer – if unopposed oestrogen
- Venous thromboembolism – 1.7/1000 women aged over 50y/o – NO INCREASED RISK WITH TRANSDERMAL PREPARATIONS
- CHD – possible increase when combined HRT started in women over 60years old, or with pre-existing CHD (1st 10years after menopause is the window of opportunity)
- Stroke – increased with oral HRT started in women >60 years old
- Breast cancer – increased with combined HRT after 5 years of use (additional 3-4cases per 1000 women). Less risk with oestrogen only preparations. Mortality is not increased.



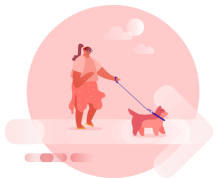
The specialist
authority for
menopause & post
reproductive health



Use of incretin-based therapies in women using hormone replacement therapy (HRT)

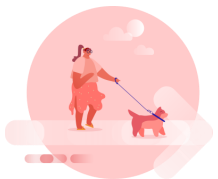
Testosterone

- Testosterone levels decline with age
- Testosterone supplementation should only be considered in women who complain of low sexual desire after a biopsychosocial approach has been excluded.
- BMS and NICE recommend that HRT should be given before testosterone supplementation is considered.
- Vulvovaginal atrophy should be addressed first.
- Side effects of testosterone supplementation are uncommon if levels are maintained within the female physiological range. (hair growth, acne, weight gain).
- Considerations
 - Blood monitoring – baseline, 3-6weeks, 6-12 monthly
 - Unlicensed - lack of longterm safety data

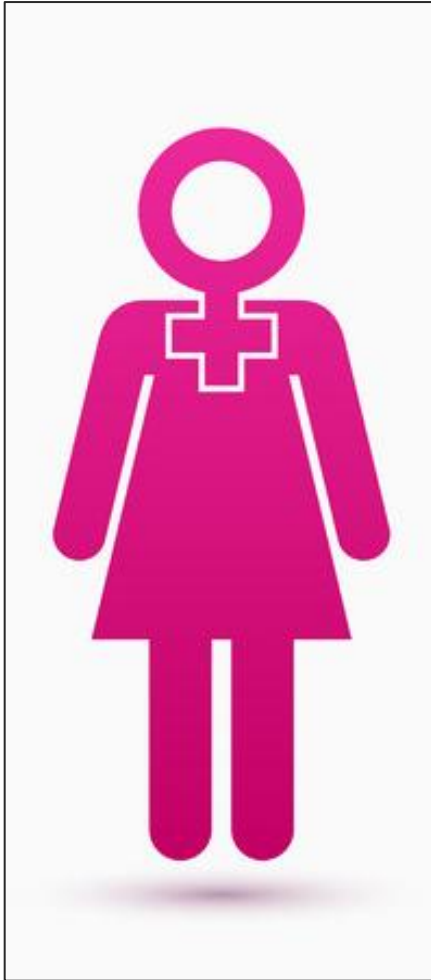


Comparison of menopausal symptoms in women with and without type 2 diabetes mellitus: a cross-sectional study.....

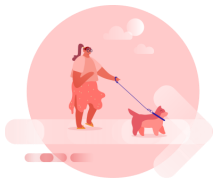
- Women with diabetes report vaginal dryness and sexual problems, and sleep disturbances more often than women without diabetes.
- They also experienced more severe symptoms related to vaginal and urinary health than women without diabetes.



Diabetes and female sexual health: Potential complications

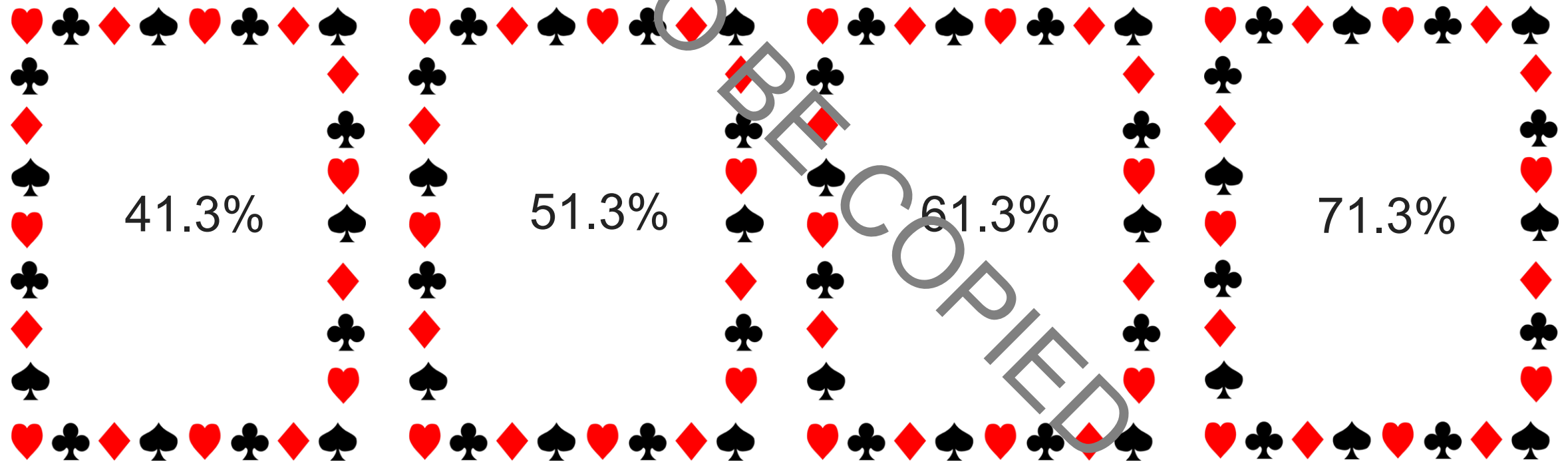


- Decreased sexual desire
- Decreased sexual response
 - Arousal
 - Orgasm
- Lack of lubrication: Dyspareunia
- Vaginitis, UTIs, mycotic infections

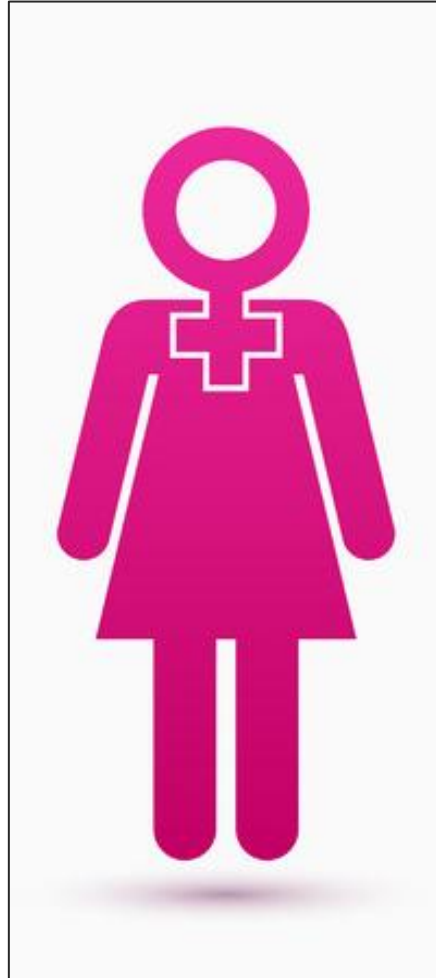


Sexual dysfunction for women with diabetes is twice as common than for women without diabetes

Approximately what percentage of women with T2D have FSD ?



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 Clayton¹, Irwin Goldstein², Noel N Kim³, Stanley E Althof⁴, Stephanie S Faubion⁵, Brooke M Faught⁶, Sharon L Parish⁷, James A Simon⁸, Linda Vignozzi⁹, Kristin Christiansen¹⁰, Susan R Davis¹¹, Murray A Freedman¹², Sheryl A Kingsberg¹³, Paraskevi-Sofia Kirana¹⁴, Lisa Larkin¹⁵, Marita McCabe¹⁶, Richard Sadovsky¹⁷

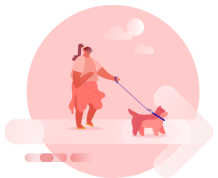
Affecting 10% of adult females, HSDD is associated with negative emotional and psychological states and medical conditions including depression

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

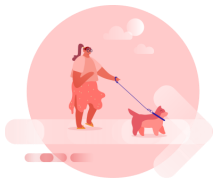
<https://pubmed.ncbi.nlm.nih.gov/29545008/>



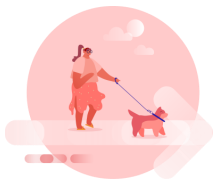
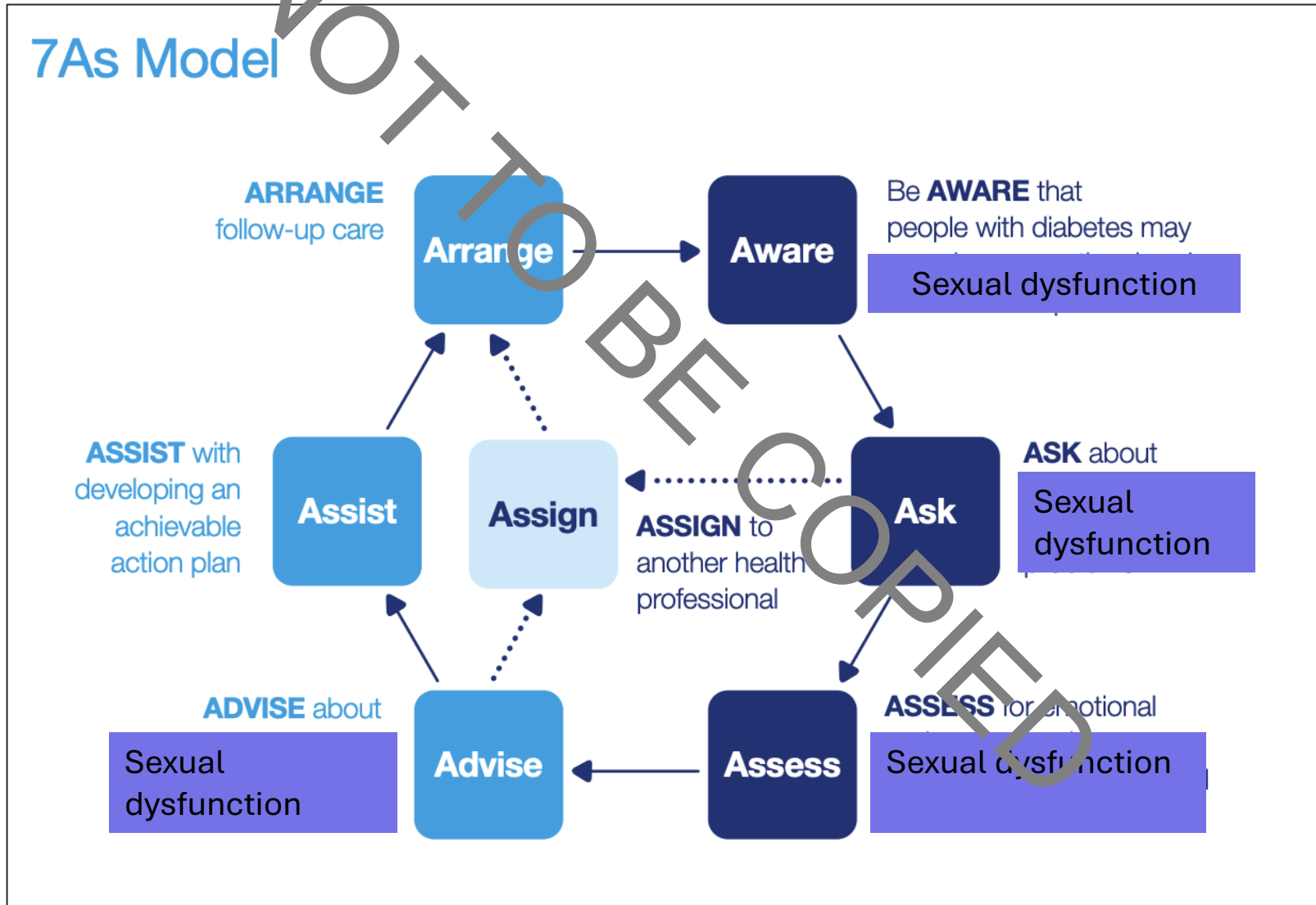
Why don't we routinely ask about sexual health?

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

- 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!



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



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

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



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

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?	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



ADVISE about
Sexual
dysfunction

Advise

ASSIST with
developing an
achievable
action plan

Assist

Assign

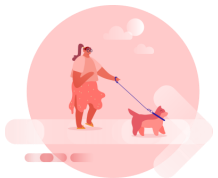
←.....
ASSIGN to
another health
professional

ARRANGE
follow-up care

Arrange

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



Vulvovaginal Atrophy

- When vaginal and /or bladder symptoms of urogenital atrophy predominate, vaginal oestrogen alone can be used.
- Vaginal oestrogen may also be used alongside systemic HRT if required.
 - Estradiol vaginal tablet
 - E-string
 - Estriol cream



Urogenital Candidiasis

- Rinse genital area after voiding and before bed
- Cotton underwear
- Early treatment with antifungals
- ?delay start of SGLT2i until blood sugars more controlled
- Treat recurrent thrush as per BNF (150mg every 72 hours for 3 doses then 150mg once weekly for 6 months).



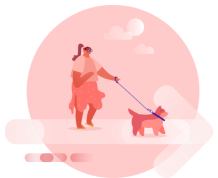
Medication for an overactive bladder

- Tolterodine (Detrol)
- Oxybutynin, which can be taken as a pill (Ditropan XL) or used as a skin patch (Oxytrol) or gel (Gelnique)
- Trospium.
- Solifenacin (Vesicare)
- Fesoterodine (Toviaz)
- Mirabegron



Overactive bladder: Patient advice

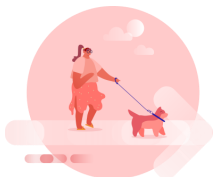
- Reduce caffeine intake – Caffeine is found in tea, coffee, cola and drinking chocolate and irritates the bladder.
- Reduce your alcohol intake - Alcohol causes your body to produce more urine as well as irritating the bladder.
- Drink plenty of fluids - If you do not drink enough your urine will become concentrated and this will irritate your bladder. Drink enough so your urine is pale straw colour.
- Do not have more than 300mls (1 glass) of cranberry juice a day.
- Don't hover over the toilet – This does not allow the bladder to empty fully. Sit properly on the toilet.
- Practice pelvic floor exercises –
- Bladder training exercises.






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





Resources




Diabetes Research & Wellness Foundation

Sexual health and diabetes for women

By:
Professor Katharine Barnard-Kelly PhD
CPsychol AFPPs, BHR Ltd.
Dr Darryl Meeking MB ChB MRCP
Portsmouth Hospitals NHS Trust
Professor Diana Naranjo,
Stanford University




Staying well until a cure is found...



SEX AND DIABETES

You can have a satisfying and active sex life if you're living with diabetes. For some people, it can be a key part of their experiences and relationships with others – and you can see this in our videos later on.




But there are a few common questions and concerns people have about sex and diabetes so we've covered them below.


This includes information on what to do if you have a sexual problem you think may be linked to your diabetes, as it can be a complication of diabetes. Not everyone with diabetes has sexual problems. But if you do, support and treatment is available.

[Show me more](#)

- [Diabetes health checks \(annual review\)](#)
- [Diabetes and sexual problems in men](#)
- [Diabetes and sexual problems in women](#)
- [Supporting someone with diabetes](#)



Sex Therapy



It's natural to want better sex and sometimes there are specific reasons for your difficulties. Don't be embarrassed about it, get help instead.

DIABETES AND SEXUAL PROBLEMS – IN WOMEN

Lots of women with diabetes have a fulfilling sex life but some may have problems with sex at some point, known as sexual dysfunction. The reasons for this are complex and can depend on both your physical and emotional health. Diabetes can sometimes be a cause of one of the factors.

[Show me more](#)

- [Sex and diabetes](#)
- [Diabetes and sexual problems - in men](#)
- [Diabetes health checks \(annual review\)](#)

But support and treatment is available.

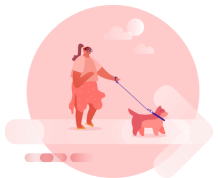
- [How does diabetes affect a woman sexually?](#)
- [Causes of sexual problems](#)
- [Screening process for women's sexual problems](#)
- [Treatment for women's sexual problems](#)
- [Helping to prevent sexual problems](#)
- [Further information and support](#)



<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>



Polycystic Ovary Syndrome (PCOS)

- PCOS is an endocrine condition which can affect 5-10% of women of reproductive age
- It is associated with insulin resistance and hyperinsulinemia thus increasing the risk of the development of T2D and/or CVD
- PCOS may be treated with weight optimisation through diet and increased physical activity
- Pharmacological treatment is commonly with metformin
- Any women with PCOS should be supported with lifestyle optimisation and screened regularly for T2D.



<https://www.verity-pcos.org.uk/booklets.html>



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/>



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Thank you.



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