Letter to Editor
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Sexual Dysfunction in Diabetes: An Individual and Couple Health Concern

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Dear Editor,

Diabetes mellitus is among the most prevalent chronic diseases worldwide and in Iran and its consequences extend beyond metabolic disturbances and well-recognized cardiovascular, renal and neurological complications. Sexual health and sexual dysfunction represent important yet frequently overlooked aspects of diabetes care. These conditions affect both women and men with diabetes and may compromise not only quality of life and psychological well-being but also the quality of intimate and couple relationships. Despite the considerable implications of these problems, sexual health remains insufficiently addressed in many routine clinical assessments of people with diabetes.

Research evidence highlights the substantial burden of this issue. A global systematic review and meta-analysis published in 2023 estimated the pooled prevalence of sexual dysfunction among individuals with diabetes at 61.4%, although prevalence varied according to sex, diabetes type, and geographical region, with considerable heterogeneity across the included studies (1). More recently, a multicenter cross-sectional study conducted in southern Iran among 390 men with type 2 diabetes reported erectile dysfunction of varying severity, including mild (19%), mild-to-moderate (17.7%), moderate (17.2%) and severe (24.6%) forms. The findings also demonstrated significant associations between sexual dysfunction and clinical factors such as age, diabetes duration, glycemic control and body mass index (2). Similarly, findings from the Diabetes MILES–Flanders study, involving adults with type 1 and type 2 diabetes, demonstrated that sexual difficulties affect both sexes and are associated with factors such as diabetes distress and poorer psychological well-being (3,4). Nevertheless, differences in study populations,

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assessment instruments and definitions of sexual dysfunction limit the direct comparability of these prevalence estimates.

Sexual dysfunction in people with diabetes is a multifactorial condition arising from the complex interplay of physical, psychological and interpersonal factors. Vascular impairment, diabetic neuropathy, hormonal and metabolic alterations, comorbid conditions and potential adverse effects of certain medications may contribute to the development or exacerbation of these problems. In addition, depression, anxiety, concerns about body image and the psychological burden of long-term disease management may adversely affect sexual functioning. Clinical manifestations also differ between men and women. Erectile dysfunction is among the most commonly recognized sexual problems in men, whereas women may experience reduced sexual desire, impaired arousal, decreased vaginal lubrication, difficulty achieving orgasm, or dyspareunia.

Importantly, the consequences of sexual dysfunction extend beyond an individual's physiological functioning or personal experience, as these difficulties may become a shared concern within the couple relationship. sexual dysfunction may decrease the frequency and quality of sexual activity, ultimately undermining physical intimacy between partners. Such changes may be accompanied by frustration, diminished self-confidence, performance-related anxiety, or a perceived loss of sexual attractiveness in either or both partners. Meanwhile, the partner may misinterpret reduced sexual interest or avoidance of intimacy as a sign of diminished emotional or marital attachment, potentially leading to feelings of rejection, concern, or dissatisfaction. Recent qualitative research involving couples affected by type 2 diabetes has similarly highlighted changes in sexual desire and intimacy, limited communication about sexual concerns and the resulting anxiety and relationship conflicts (5).

Furthermore, sexual difficulties and couple-related tensions may reinforce one another through a bidirectional cycle: sexual dysfunction can generate anxiety, frustration and dissatisfaction within the relationship, while interpersonal tension and concerns about relationship consequences may, in turn, perpetuate or aggravate sexual difficulties. Moreover, the psychological and practical demands of managing a chronic condition such as diabetes, adapting to lifestyle changes, and coping with concerns about disease-related complications may also influence couples' emotional and sexual interactions. Thus, neglecting sexual health may adversely affect not only patients' quality of life but also relationship quality and couples' ability to adapt to chronic illness (5).

A major challenge in this context is the gap between the presence of sexual difficulties and their clinical recognition. In many societies, sexual concerns remain associated with embarrassment, silence and fear of judgment. Consequently, patients may refrain from discussing their difficulties or regard them as inevitable consequences of aging, diabetes, or married life. Healthcare professionals may also postpone or avoid these conversations because of time constraints, inadequate training, or discomfort when addressing sexual matters. This situation creates a cycle of non-disclosure, underrecognition and undertreatment, in which even patients experiencing significant sexual difficulties may never have the opportunity to receive appropriate clinical support.

In this regard, the American Diabetes Association's Standards of Care in Diabetes-2025 emphasize the importance of addressing sexual health in both men and women. These recommendations include screening men with diabetes or prediabetes for erectile dysfunction and inquiring about women's sexual health including difficulties related to desire, arousal and orgasm. Assessment for genitourinary syndrome of menopause in postmenopausal women is also recommended (4).

This approach underscores that sexual health assessment should not depend solely on patients spontaneously reporting their

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concerns. Proactive, respectful, confidential and nonjudgmental inquiry into sexual functioning can represent the first step toward identifying these difficulties and facilitating appropriate interventions.

Given the multidimensional nature of sexual dysfunction in diabetes, effective management requires an interdisciplinary approach. Collaboration among endocrinologists, psychiatrist and psychologist, urologists, gynecologists and sexual medicine specialists can facilitate comprehensive assessment and the selection of interventions tailored to each patient's needs. Within this framework, considering the partner's experiences and concerns, while respecting patient confidentiality, consent and preferences, may provide a more comprehensive understanding of the interpersonal dimensions of sexual difficulties. Education about the physical and psychological aspects of sexual dysfunction, strengthening communication skills, sexual counseling and, when appropriate, couple-based interventions may complement the management of underlying contributing factors. Evidence from a 2024 pilot evaluation of the couples-focused Diabetes Together intervention further highlights the value of involving partners, improving communication and increasing shared understanding of diabetes-related challenges, including sexual difficulties and reduced sexual desire (6). The aim of such interventions should extend beyond restoring a specific physiological function to improving sexual functioning, rebuilding intimacy, enhancing relationship satisfaction and promoting the quality of life of both individuals and couples.

Ultimately, integrating sexual health into routine diabetes care is an essential step toward delivering comprehensive, patient-centered and evidence-based healthcare. Such care should move beyond an exclusively individual-focused perspective and when appropriate and consistent with patients' needs and preferences, incorporate the couple-related dimensions of sexual health. One of the major barriers appears to be not simply a lack of knowledge about the association between diabetes and sexual dysfunction, but rather the failure to translate existing evidence into routine clinical inquiry and practice. When healthcare professionals do not ask about sexual health, patients may never have the opportunity or confidence to disclose their concerns. Accordingly, respectful discussion of sexual health should become a natural component of diabetes care, as addressing sexuality means recognizing not only an important dimension of individual health but also the quality of intimate and shared life.

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Conflict of Interest

The author declares that there is no conflict of interest.

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