Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

ORIGINAL ARTICLE

CHANGES AGAINST THE AGING: SEXUALITY OF ELDERLY PEOPLE WITH COMPLICATIONS OF DIABETES MELLITUS

MUDANÇAS ADVINDAS DO ENVELHECIMENTO: SEXUALIDADE DE IDOSOS COM COMPLICAÇÕES DA DIABETES *MELLITUS*

CAMBIOS EN EL ENVEJECIMIENTO: SEXUALIDAD DE ANCIANOS CON COMPLICACIONES DE DIABETES MELLITUS

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ABSTRACT

Objective: to describe the changes occurred in the elderly people sexuality after the complications caused by diabetes mellitus. ***Method***: this is an exploratory study with a qualitative approach, carried out in two basic health units, with 11 elderly patients with diabetes mellitus and their complications. The data production was performed from a semi-structured interview. The data were submitted to the Content Analysis technique in the Categorical Analysis modality. ***Results***: from the analysis of the interviews, two categories emerged: "Sexuality interfered with the chronic condition" and "Unveiling the changes that occurred after the onset of diabetes and its complications." ***Conclusion***: the results show that the elderly confuse the concept of sexuality with the sexual act itself, which leads them to believe that they do not experience sexuality anymore, due to the limitations caused by the complications of the disease, provoking a lot of anxiety and dissatisfaction with the way they lead daily life. ***Descriptors:*** Diabetes Mellitus; Diabetes Complications; Aged; Sexuality; Quality of Life.

RESUMO

Objetivo: descrever as mudanças que ocorreram na sexualidade de idosos após as complicações provocadas pela diabetes *mellitus*. ***Método:*** estudo exploratório, com abordagem qualitativa, realizado em duas unidades básicas de saúde, com 11 idosos com diabetes *mellitus* e suas complicações. A produção de dados foi realizada a partir de entrevista semiestruturada. Os dados foram submetidos à técnica de análise de conteúdo na modalidade Análise Categorial. ***Resultados:*** a partir da análise das entrevistas, emergiram duas categorias << A sexualidade interferida pela condição crônica >> e << Desvelando as mudanças ocorridas após o aparecimento da diabetes e suas complicações >>. ***Conclusão:*** os resultados evidenciam que os idosos confundem o conceito de sexualidade com o ato sexual propriamente dito, o que os levam a crer não mais vivenciá-la, decorrente das limitações causadas pelas complicações da doença, provocando muita ansiedade e insatisfação da forma como levam a vida diariamente. ***Descritores:*** Diabetes *Mellitus*; Complicações do Diabetes; Idoso; Sexualidade; Qualidade de Vida.

RESUMEN

Objetivo: describir los cambios que ocurrieron en la sexualidad de ancianos después de las complicaciones provocadas por la diabetes *mellitus*. ***Método:*** estudio exploratorio, con enfoque cualitativo, realizado en dos unidades básicas de salud, con 11 ancianos con diabetes *mellitus y* sus complicaciones. La produción de datos fue realizada a partir de entrevista semi-estructurada. Los datos fueron sometidos a la técnica de Análisis de contenido en la modalidad Análisis Categorial. ***Resultados:*** a partir del análisis de las entrevistas, surgieron dos categorías << La sexualidad interferida por la condición crónica >> y << Desvelando los cambios ocurridos después del aparecimiento de la diabetes y sus complicaciones >>. ***Conclusión:*** los resultados evidencian que los ancianos confunden el concepto de sexualidad con el acto sexual propriamente dicho, lo que los llevan a creer no vivir más la sexualidad, decurrente de las limitaciones causadas por las complicaciones de la enfermedad, provocando mucha ansiedad e insatisfacción de la forma como llevan la vida diariamente. ***Descriptores*:** Diabetes Mellitus; Complicaciones de la Diabetes; Anciano; Sexualidad; Calidad de Vida.

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INTRODUCTION

Brazil presents a change in its demographic profile with changes in its age pyramid. As a consequence, it was considered a country of young people, becoming a country of the elderly people, due to the expressive increase of survival.[1] This increase in the elderly population is also related to the reduction of fertility and mortality rates in the country.

Healthy aging reflects in the adaptation of the elderly person to the physical, social and emotional limitations and in having life satisfaction, even with the passage of the years. However, changes in the standard of living are inevitable, making it necessary for the elderly to fight for confrontations, stresses, and unknown changes.[2]

With the arrival of wrinkles on the skin and white hair, several challenges emerge, such as the various physiological changes that make the elderly people more susceptible to pathological and psychological changes, triggering fear, depression and social seclusion, hindering to accept aging, associated with myths and stereotypes related to old age.[3]

Diabetes mellitus is not a single disease, it is a group of heterogeneous diseases of metabolic disorders that together have hyperglycemia caused by changes in the actions of insulin, secretion or both.[4]

When diabetes mellitus is not controlled, it can present several complications, which are acute and chronic, ranging from its metabolic state to physical alterations such as amputations and loss of vision. It can still cause genital changes such as impotence, retrograde ejaculation in men and decreased libido in women.[5-8]

Therefore, certain chronic conditions and medications act in an impactful way on the sexual function of the elderly, which is already considered culturally impractical.[9] At this stage of life, sexual function must be understood with a broad vision, analyzing the social, emotional and cultural context in which the elderly are inserted.[10]

When related to the elderly person, sexuality refers to myths and stereotypes, characterizing the elderly as asexual people, unleashing a taboo.[2] However, sexuality goes far beyond sexual practice. It is represented by gestures of affection, pleasure, communication, and love between two individuals who know each other´s body, strengthening the bonds of this couple.[3]

The sexual life of each human being must be understood based on their social interactions, being in a multifactorial way, forming the personal experience, unique, attributed to feelings and marked essentially by the culture that each person lives.[10] Despite the evolution of the approach to the sexuality currently, health professionals are not able to address this issue with the elderly population, demonstrating biases to supply this need.[2]

The scientific production regarding the sexuality of the elderly has grown, due to the aging of the population, reflecting the importance of this subject. However, it is noticed that most of the studies are of a quantitative approach, existing gaps in the experience of the sexuality of the elderly with complications of diabetes mellitus, especially the repercussions inserted in their sexuality.

In view of the above, the objective was to describe the changes that occurred in sexuality after the complications caused by diabetes mellitus.

MÉTHOD

This is an exploratory and descriptive study with a qualitative approach. The study included 11 elderly people who were experiencing some kind of complication of diabetes mellitus. The eligibility criteria of the interviewees were to be married, to live in a stable union, to be over 60 years old, to have diabetes mellitus and to have some complication of the disease.

A contact was made with nurses from two basic health units to identify the elderly people to be interviewed. The nurse responsible for each basic health unit asked the community health agents to accompany the researcher to make the first contact with the elderly selected for the research.

The first meeting with the elderly participants had as objective the presentation of the research and the topic addressed, besides providing the formation of bond and trust, so in the next meeting, the interviewees felt more at ease in answering the research questions. On the same day, the signatures of the Free and Informed Consent Term (TCLE) were collected in two copies.

For the second meeting and the beginning of the data collection, another contact was made by phone and in some cases in person, to schedule the date and time for the interview in the home, providing a more favorable environment in the which the interviewee felt more at ease.

The interview was carried out from August to September 2012, through a semi-structured script with closed questions for

sociodemographic characterization and open questions that allowed to reveal the perceptions of the elderly about the quality of life and sexuality, involving knowledge, experience and the changes occurred after the complications of diabetes mellitus. The responses were recorded and then transcribed integrally.

Following the reading and re-reading of the speeches not to lose any important content to the good development of the research, the collected data were submitted to content analysis, thematic modality[11], presenting the following phases: Pre-analysis; Exploration of material and Treatment of results/Inference/Interpretation. For this, a reading was carried out seeking to have an overview; to understand the particularities of the whole of the material to be analyzed; to elaborate initial assumptions that will be useful for analysis and interpretation of the material; to choose forms of initial classification; to determine the theoretical concepts that will guide the analysis.

The responses were analyzed according to their similarities and grouped by categories used in the construction of the results, in which two thematic categories were identified in the interviewees' discourses: Sexuality interfered by the chronic condition; Uncovering the changes occurred after the onset of diabetes and its complications.

The Maringá Health Professionals Training Center (CECAPS) authorized the research. The research was submitted and approved by the Ethics and Research Committee based on the Resolution 466/12, approved through opinion nº 89.445 and CAAE nº 03831512.5.0000.5539.

The elderly people who were part of this research were identified by code names to keep the information confidential, represented by precious stones: Aquamarine, Amethyst, Beryl, Diamond, Emerald, Grenada, Onyx, Opal, Pearl, Peridot, and Sapphire.

RESULTS AND DISCUSSION

There were 11 elderly people participating in the interviews, who had one or more complications of diabetes mellitus, ranging from 65 to 80 years old, six males and five females, as shown in Figure 1.

Aquamarine	75	F	Married	EFC	Retired	25	Diabetic foot
Amethyst	74	F	Married	Illiterate	Retired	38	Blindness
Beryl	70	M	Married	CES	Retired	18	Amputation of left foot
Diamond	70	M	Married		Retired	20	LLL amputation and use of DVP
Emerald	68	F	Married	CHS	Retired and she works in her son's company	10	Retinopathy and diabetic neuropathy
Grenada	77	M	Stable union		Retired	17	Retinopathy and diabetic foot
Onyx	80	M	Married	Illiterate	Retired	32	Diabetic nephropathy and hypertension
Opal	78	M	Domestic Partnership	CES	Retired and he works putting poison on free dates	19	Neuropathy and hypertension
Pearl	70	F	Married	CES	Retired	20	LLL amputation, blindness, and hypertension
Peridot	65	M	Married	CHS	Retired and marketer	10	Amputation of two fingers of the RLL
Sapphire	69	F	Married	CHS	Retired and babysitter	15	Diabetic foot

Figure 1. Characterization of the elderly diabetic couples of two basic health units of the municipality of Maringá. Maringá (PR), Brazil, 2012.
Legenda: CES= Complete Elementary School; CHS= Complete High School; LLL= Lower Left Limb; RLL= Right Lower Limb; DVP= Delay Vesical Probe.

Comprehensive analysis of the data enabled the characterization of the individuals and the identification of two thematic categories expressing the essence of the research, presented below.

♦ Sexuality interfered by a chronic condition

This category reflects how the elderly people experience sexuality after aging and

appearance of the chronic condition in their married lives.

Sexuality is more than just the sexual act, it is also composed of affection, care, companionship, pleasure, and kisses.[2] Thus, it can be experienced in various ways and at various moments in life. In view of this, the essentiality of companionship and care in the concretization of a relationship was observed in the reports of Beryl, Emerald, and Aquamarine:

> *[...] as best as possible, we are affectionate with one another, seeking to do what the other likes, not to mention care, as you can see I have been without one foot for nine months, she stayed at the hospital with me every day. She keeps on my side taking care, how many baths did she give me? At first, I felt bad, but then I saw in her, someone I could trust and she would help me in recovery. (Beryl)*

> *[...] Well, we love and respect himself as I said before, we do not have that disposition of a young man, but he still gives to the expense. You know that sometimes we feel like two little boys in love, because we like to watch movies together, have breakfast together, now we start walking together because they said it lowers diabetes. (Emerald)*

> *[...] when you are younger, it is very important and it is even necessary for you to set up a family, but today with the age that we are is not the priority, just the affection, affection and the fact of being together for everything. [...] our relationship is one of friendship, companionship, one helps the other in the difficulties, in the housework, we go to the fair together we make our diets together and even the trips to ATI is together. (Aquamarine)*

Still understanding the experience of the elderly participants, it can be felt a lot of compassion when listening to the reports of the interviewees, is possible to perceive the presence of feelings of affection, love, and friendship. A study showed that the companionship in elderly couples is represented by friendship and care, reverberating in the lives of these elderly people, leaving them happy and consequently approaching the couple.[10]

The chronic condition directly interferes with the couple's sexuality, since the partner who is ill needs essential care, becoming dependent on another person, affecting their self-esteem, hindering to experience their sexuality:

> *[...] we do not live, look at our conditions, we depend on others for everything, to take a shower, to do dressing, to apply insulin has to make my son because my daughter lives in Floraí and comes twice a week. She (poor wife) depends on even more on the others, nor does she eat more, nor take care of her even after the stroke. (Diamond)*

> *[...] the last thing we think about is sex, it was our time. (Onyx)*

> *[...] it ended up daughter, the marriage is over. [...] I stay in this bed all wet with urine, without bathing, he (husband) can not bear to carry me to the bathroom, I'm afraid of falling. Sometimes I'm lonely at night and I'm afraid, I hear the door slam, I'm afraid, I do not know if it's him coming because he sleeps in the other bed. [...] wanted to cut the hair again, fix the nails, you know! Bathing in the shower, but it is not possible, I'm very scared. [...] sexuality is important, the man likes, I'm afraid another woman walks with him, but I can not even leave here without my leg. (Pearl)*

A review of the literature has shown that changes in the couple's married life occur due to the overload of care, the lack of control of the body and the physical problems caused by the illness, affecting the couple's intimacy and sexual activity.[12]

Most of the older adults had stories to tell, especially from their youth, about the prohibitions and cultural burdens they carry to old age. If they were ashamed of having sex, of exercising their creativity and spontaneity in the sexual realm, they tended to increase their inhibition, their fear of failing or not to please, and even more, to talk about it. This inhibition could be noted in facial expressions, restlessness in the hands and even in the way of speaking, during the following accounts:

> *[...] my dear, I do not know how to speak, I know, but I can not express myself. I do not think I'm too open to talking about these things. Older people were not free to talk these things with his mother and father, he had to learn everything by himself after he married. [...] Oh my God! Two old men in the house? What can there be beside fellowship, friendship, and care? I believe that for women, it is much easier to go through the limitations of old age and illness, we are much quieter than them. He still "pisses me with little things", but I explain to him what we have to know to behave, because we are old people and we have to be respectful, but he is darned to look at a young girl when she passes the street." (Sapphire)*

> *[...] look, I will not know how to explain. I think it has to do with the intimacies between two people who marry and live together, it's about younger, healthier people, not old people (laughs). (Diamond)*

Studies show that the approach to the topic sexuality is viewed with prejudice, myths, and

taboos from its severe and repressive creation, contributing to the view of the older of asexuality.[2,13-4] Thus, we must play a different role in society, without prejudices about the sexuality of the elderly, because it makes them think that they are surpassing norms and values and assume a prejudice against themselves.

It is important to emphasize that, although the vast majority of people experience sexuality beautifully, purely and in keeping with its true meaning, some deponents have shown little importance to it when asked about the importance of sexuality for the couple. This fact occurs because they visualize sexuality only as the consummation of the sexual act, and most feel unable to do so:

> [...] for me, it does not matter so much, even in this situation that I walk with difficulty, now I do not know for him (husband), because of man, you know! (Amethyst)
>
> [...] important, but it is necessary to have health, the companion must also want to have this type of relationship, but it is complicated I do not know how to explain. (Grenade)
>
> [...] it does not matter when we respect the age of the elderly, everything in this life even ends our health, a phase of our lives comes that we only need care and company, and we do not think about it anymore. (Onyx)
>
> [...] it is not so important [...] he (husband) has to understand that it is not like before. (Sapphire)

Most of the elderly do not see sex as the primary activity to be practiced after aging. A study of 28 elderly people asked about the importance of sexuality, and 36% of them reported that sex is not important and 14% said that it is not very important.[15]

Over the years, people need companionship to feel protected, because living alone generates sadness, and it is important that besides physical attraction there is respect, companionship, affection, and trust for one to care for the other. Thus, the importance of sexuality is shown in the following accounts:

> *[...] Ah, it's very important if not, we become friends and the married relationship ends, you have to have that cuddle, a different hug, a kiss, that makes us feel alive. (Beryl)*
>
> *[...] I think it's part of a person's life of any age, not even an old man likes to be alone and everyone likes company and care. (Emerald)*
>
> *[...] it is very important, it is a good thing that is part of everyone's life, formerly we were very repressed in saying that this was good. (Opal)*
>
> *[...] Everyone needs affection and flirtations, whoever says they are not lying (laughs). (Peridot)*

Sexuality is lived by the elderly independently of its form since it is a contributing factor to improve the quality of life in aging.[16] A study showed that the sexuality of the elderly is not understood only as the sexual act, it can be manifested from other forms such as affection, care, caresses, touches and companionship, being experienced in various ways and at different times.[17]

♦ **Unveiling the changes that occurred after the onset of diabetes and its complications** Aging brings with it physiological and pathological changes, which can affect the sexuality of the elderly, but does not prevent them from having a satisfactory sexual life, since sexuality transcends physical capacity and is built up in other ways of sexual expression.[18]

Diabetes mellitus is accompanied by complications, especially when the patient is not properly cared. Complications of diabetes mellitus contribute to a significant loss of quality of life as well as being a major cause of death.

Thus, the elderly express the changes caused by the complications of diabetes and how much these have interfered in their conjugal and daily lives. It also reveals to us that these changes always bring negative feelings, resulting from dependence and loss of privacy, reported by Aquamarine and Amethyst:

> *[...] many things you know, we get older and diseases start to appear and we are becoming very dependent on each other, in my opinion, this causes the charm of the couple to end because we lose independence and will. Besides, I feel ugly, weak and full of pain, I'm worried when he (husband) goes to the bar I'm afraid that he will find another older woman that is healthier and has more zest. (Aquamarine)*
>
> *[...] our body suffers greatly with the arrival of old age, our head does not help much more and when diseases arrive everything gets worse. In my case, I was blind at 68 and my daughter! I almost went crazy, because it's one thing to be born blind and another very different is to suddenly stop seeing and having to learn to walk and do all things without seeing anything. Privacy is another problem because we can no longer control the time to take a shower, to go to the street and give a lot of work to the companion until it gives the impression that when I do not*

need help, the other person does not want to stay Very close, wants a break. (Amethyst)

A study showed that the changes in the cohabitation of the couple with a chronic condition are caused by the absence of intimacy, overload of care demanded and the physical limitations imposed by the disease.[12] The complications of diabetes mellitus interfere directly in the self-care of the elderly reducing their quality of life, affecting the couple's marital relationship, making the sick person feel dependent and with their low self-esteem.

In this context, it was possible to observe that several testimonies transmit the loss in the quality of life and in other cases, an extremely significant suffering was observed after witnessing the complications of diabetes mellitus.

[...] nothing has changed, everything is over! I have no quality of life and neither she (wife), who can be well under these conditions depending on others for everything? My son is angry, he still lives here, because he has separated from his wife, he has to be bathing, dressing... And she is like that seen, sitting in this little corner the whole day that God gave. And I was a man so active, I did market and even food when she got sick and had the stroke, then the thump came, I lost my leg, I already did not know how many surgeries, the last one and doctor put this probe that throbbing all day. I'll tell you something, there is the time that it makes you want to die. (Diamond)

[...] it is bad enough to have this disease, the name itself says, it comes from the devil. It brings so many other bad things that only make things worse for us. I was a man who worked in the sun, got the service at 6 o'clock and only came home at night, I had iron health. When I got older, this diabetes appeared to me, it was getting worse and attacked the kidneys, now I have no pleasure of eating. (Onyx)

More than sick, these elderly people with these types of feelings can develop other diseases, such as mental disorder, because the changes that occurred in their married and everyday lives were really big and abrupt.

Complications of chronic conditions directly interfere with the quality of life of the elderly, affecting their marital life due to physical changes, triggering feelings of depression and uselessness.[18]

They had elderly people who presented the sensation of the loss of being healthy and of the physical disposition, which according to them, it compromises leisurely enough since health is not only to be without any disease but the balance between physical, psychic and social aspects.

[...] a lot of things, first that we can no longer eat what we like, then the fact of sticking twice a day to take insulin was difficult to get used to, before it was her (wife) that applied it, later I also learned because sometimes she is not at home or she travels. (Beryl)

[...] the pain I feel in my legs makes me very discouraged, sometimes I do not want to go out for a walk, if we are going to eat a pizza I say let's eat at home anyway. But with his help (husband) I have tried hard not to lose energy, it is how he tells me if you stay at home the pain will stop? And unfortunately it does not pass, I can sit there feeling a pain that comes to tingle, now that I'm walking and taking a new medicine it began to decline. If I were still alone, I think I would give it go, because if you do not have a motivation the illness separates us from the world, we end up just going to the doctor. (Emerald)

[...] getting old is not easy, so being sick we gets full of pain, losing the urge to leave, to get ready, because everything that we will do, it hurts, this foot here, it seems that there are two needles in it, I take remedy for pain it attacks my stomach. (Grenade)

[...] ah! Everything changes, we have to be taking care of food, there's the blessed insulin that wherever we are going to have to take it and getting bored every day is a real horror. These days, I fall because of my leg that falsified, I have to take great care because when it tingles I go to the ground myself, walking alone does not give more, these sidewalks are bad. (Opal)

[...] I can not drink my beer with potatoes until I'm getting on well, I have controlled the food and even walked around the block. Of course, it scared when the doctor said that he would have to cut my fingers because he thinks it hard to lose a part of the body? Even more than the doctor said that if it did not cut urgently I had the risk of having to cut the whole leg. (Peridot)

The disease brings physical repercussions that instill changes in the aging of this elderly, affecting their physical, mental, social, cultural health and their sexuality.

The confrontation of the chronic and degenerative condition such as diabetes mellitus imposes drastic changes in the individual's way of living. These changes linked to the disease interfere with the sexual life, leading to psychological dysfunctions in the person with diabetes mellitus.[19,20]

Thus, the health professionals' action against the sexuality of the elderly with complications of diabetes mellitus should contemplate actions that clarify this

population so they have a marked improvement in their sexuality and can live better and at peace with the process of aging.

CONCLUSION

In this research, it can be stated that the elderly have great difficulty in differentiating sexuality from the sexual act itself, so much that they say they do not experience sexuality in the current phase of their lives, but when asked about the importance of sexuality for the couple, the vast majority shows great importance, and sexuality is represented by companionship, care, and affection. It can be pointed out that having someone to give and receive care, care and kind in this stage of life is of paramount importance.

The most painful part of the interview was during the questioning of what changed in the life of the elderly after the onset of complications of diabetes mellitus, because the answers were always loaded with sadness; suffering; loss of well-being; loss of privacy; loss of independence and loss of quality of life.

Considering this context, it was noticed the need for a study that evidenced about the sexuality of patients with complications of diabetes mellitus, who had the perception of their altered body. We think that unveiling these social representations will allow nurses and other health professionals a knowledge about the psychosocial universe that involves the human being who is submitted to the changes caused by the complication of the disease, since many health professionals have difficulties in this type of treatment for believing in the myth that the elderly are no longer available for intimacy, and should act in a more humanized way, considering the individual as a whole, not just a sick body or a disease.

In this way, favoring both the acceptance and enhancement of recovery in their treatment and mainly avoiding greater complications, so part of the well-being; quality of life; the act of caring for oneself and happiness as couples are recovered.

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Submission: 2016/12/31
Accepted: 2017/07/05
Publishing: 2017/07/15

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