

CV autonomic neuropathy tied to sexual dysfunction, incontinence

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16/17. A five-unit increase in R-R variation was associated with greater odds of having FSD at both EDIC year 13/14 and EDIC year 16/17 (adjusted odds ratio for both, 1.11).

"In long-standing T1DM, CAN may predict development of FSD and may be a useful surrogate for generalized diabetic autonomic neuropathy," the authors write.

Pharmaceutical and medical device companies provided free or discounted supplies or equipment to support participants' adherence to the DCCT/EDIC study.

More information: [Full Text \(subscription or payment may be required\)](#)

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(HealthDay)—Among women with type 1 diabetes mellitus (T1DM) there are increased odds of female sexual dysfunction (FSD) and urinary incontinence (UI) associated with specific measures of cardiovascular autonomic neuropathy (CAN), according to a study published online June 28 in *Diabetes Care*.

In an effort to assess associations between CAN and FSD or UI, James M. Hotaling, M.D., from the University of Utah in Salt Lake City, and colleagues evaluated 580 women with T1DM in the Diabetes Control and Complications Trial/Epidemiology of Diabetes Interventions and Complications Study (DCCT/EDIC).

The researchers found that at EDIC year 17, FSD was seen in 41 percent of women and UI was seen in 30 percent. There were no statistically significant associations between measures of CAN at DCCT closeout and subsequent report of FSD or UI. There was a 53 percent increase in the odds of having UI with a Valsalva ratio ≥ 1.5 at EDIC year

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