

## SEXUALITY PERCEPTION ON MEN WITH DIABETES MELLITUS

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### ABSTRACT

Study on the sexuality of men with type 2 diabetes mellitus (DM2) and aged 40 years old or more. This is a qualitative and descriptive study aimed to know the patient's perception about sexuality and discuss the relationship between professional and patients on sexuality. Data were collected through interviews with eight men from Federal University Hospital, Niterói / RJ, Brazil. Two categories emerged: perceptions on sexuality and relationships with health professionals. One of the most significant results was declared that the age factor is more limiting than diabetes and have not felt a decrease in their sex life after forty years. Changes in sexual standards on male sexuality must be understood within the socio-cultural context, which in turn is reflected in education and health care.

**Keywords:** Sexuality. Diabetes Mellitus. Nursing Care. Nursing.

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### INTRODUCTION

With the difficulty in dealing with the sexuality of men with diabetes, the interest in performing this study arose from current research on human sexuality and emerging issues of everyday life of health practice<sup>(1)</sup>. In clinical care practice, man's sexual knowledge changes are observed, despite the neurological and vascular complications, there is a little progress in effective approaches and educational activities. It is foreseen that the diabetic man may have sexual disorders, when the disease is not controlled, both from the clinical point of view, as the subjectivity and human development.

From this perspective, a study involving topics such as "male sexual difficulties" shows that the frequency of full Erectile Dysfunction (ED) increases with age<sup>(2)</sup>. The frequency of moderate ED also increases, almost four times between 40 and 70 years old. However, sexual dysfunction begins to be affected in the advancing age of man, intensified by the complications of diabetes mellitus<sup>(3)</sup>.

In this sense, this study seeks to highlight the perceived sexuality of men with diabetes mellitus and the professionals' resources they seek to deal with this human dimension.

The objectives of this study were: to describe the diabetic clients' perception about their

sexuality and discuss the professional relationship and client about sexuality as a component of health care and nursing.

### MATERIAL AND METHOD

The present study had as central axis the discussion about diabetic male sexuality from a literature review and interviews with eight men. In this investigation, it was sought to problematize the discourses about sexual dysfunction in diabetics.

The subjects were invited to participate in the research during normal weeks of attendance in days aimed at the adult audience. The principles of convenience sample in qualitative research were taken as a basis, considering subjects in sufficient number to the saturation of senses, providing the possibility of successive inclusions of subjects until it was possible for a dense discussion of research issues. Thus, the sample did not seek a numerical representativeness and a deepening of the topic<sup>(4)</sup>.

The selection was based on the following criteria: men with DM2 from 40 years old. The option of 40 years old or more was considered since the prevalence of diabetes is higher in people above 65 years old. There is also the possibility to find men with less than 60 years old who already knew of the existence of the

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disease in their lives, but they have not started the treatment (one of the respondents took about eight years to start treatment). However, studies indicate that approximately half of diabetics are unaware of their condition<sup>(2)</sup>. The fact of being more prevalent among 40 to 70 years old, collaborates to this choice of age<sup>(5)</sup>. In this way, it was opted for men from 40 years old to encourage the adult phase, in accordance with the privileged phase for human health policy<sup>(6,7)</sup>, who are diabetics and are undergoing treatment.

The data were collected during January/May 2011, as initial project for the master degree thesis<sup>(8)</sup>, by eight semi-structured interviews, including a script used by the researcher in a flexible structure, with open-ended questions that define the area to be explored<sup>(4,9)</sup>. In this study, the following research questions were focused, among others: what do you mean by sexuality? Do you consider diabetes responsible for this problem? Do you consider that this problem affects you as a man? Do you find easy the access to the health service to address this difficulty?

The location of the study was the clinic of the University Hospital Antônio Pedro (HUAP). The service is considered by the Brazilian Society of Diabetes (SBD) a tertiary reference unit for people with DM. With central located in Niterói, Brazil, it provides specialized and multidisciplinary clinical care. The subjects were those assisted at the clinic of Endocrinology (consultation only by doctors) and Diabetes Group (consultation only by nurses).

In this clinic, the absence of registration has harm the survey of patients with the desired profile, where most of the adult audience served were female.

The subjects were identified by names of Greek gods to ensure anonymity, in addition to configuring the influence of subjectivity of phallic figure of Greek mythology in the construction of the western patriarchal society<sup>(10)</sup>.

Thematic analysis was used in terms of treatment of testimonies, which is a form commonly used in research in health care, in which the researcher gathers the data by topics

and examines all cases in the study so that all demonstrations are included and compared<sup>(9)</sup>. In this study, it was sought to understand the perception of male diabetic users regarding their sexuality, as well as their understanding on the nurse's approach and of other health professionals in general.

The ethical precepts of the research responded to resolution 196/96 of the National Health Council (CNS), with approval of the Committee of Ethics in Research with Human Beings HUAP-UFF in September 3, 2010. The Certified Protocol of Introduction to Ethics Assessment (CAAE) is 0154.0.258.000-10.

## RESULTS AND DISCUSSION

### Subjects' characterization

In the set of eight respondents, the following socio-demographic characteristics predominate: age groups from 40 to 49 years old (n=3) and 60 years old and older (n=3), white (n=3), incomplete basic education (n=3) and full high school (n=3), marital status married (n=4), employees and/or independent contractors (n=4) and retirees (n=4), while emphasizing the presence of two patients from 40 to 49 years old in the "retirees". This age group is considered as one of the highest rates of job occupation by man (IBGE, National Research for Sample of Domiciles 1998/2008, p. 202). Four of them were economically active and had an average monthly income over four minimum wages. Only three had income around one to two minimum wages, and one was unemployed. In characterization, there were used – as the basis for the questions race/ethnicity, education, employment and marital status - the criteria for collection by the Brazilian Institute of Geography and Statistics (IBGE). In addition to the socio-demographic characteristics, the occurrence of other associated pathologies was also investigated. In this way, four subjects mentioned Hypertension – SAH; and two Hepatitis C (HCV virus). Kidney failure was cited in only one case, and decreased hearing acuity was perceived and reported in one patient.

Through the exploration of the material, the following thematic categories were organized:

*perception about sexuality and relationships with the health care professional about sexual matters.*

### **Perception about sexuality**

One of the first questions of the interview was about what is understood about the sexuality. Answering that question was difficult for the eight respondents, but especially for those who had low or no education<sup>(11,12)</sup>. However, seven responded that represented sexual intercourse between a man and a woman, a human being's sexuality biological need, linked to the pleasure and love<sup>(13)</sup>.

You talk, like what? (Orpheus, 64 years old, self-employed, separated).

What is the reference? If I have sex with my wife? (Zeus, 47 years old, retired, married).

For sexuality? I don't know (laughs)! (Hercules, 40 years old, public servant, unmarried).

What I think? I don't understand (laughs). (Prometheus, 65 years old, retired, married).

Two patients considered sexuality very important for health and well-being, as well as an addition to the couple's relationship, mainly in married or ones having a lasting and stable relationship<sup>(13)</sup>. However, three of them stated that sexuality was important for a while, because today they prioritize other things in life.

It is very important to health! To live in peace, quiet. You have to have sex. (Achilles, 57 years old, broker, married).

Fundamental. It complements the married life. It helps in the well-being of the person and the relationship. Sexuality at the age that I am, with the problems that I have, is no longer as important as it was. (Hector, 52 years old, self-employed, married).

It always was. This is part of our life. (Apollo, 66 years old, retired, separated).

The exercise of sexuality was considered as something with little relevance to the current life of these three clients. Therefore, the problems of everyday life can act in the performance and quality of sexual activity, which leads us to understand that human sexuality is a complex and multifaceted phenomenon which involves physical, psychological, and social components<sup>(14)</sup>.

Today life is so full of rush, problems, the times that I seek or I am sought are not so many. (Hector, 52 years old, self-employed married).

I haven't had sex in a long time! I have no power to have sex. I'm 65 years old. It is another thought. Another story. (Prometheus, 65 years old, retired, married).

Although, the association between erectile dysfunction, initially did not come to light, including the difficulties of expression of sexuality, as the empathetic relationship consolidated in the interview process, the deponents were more free to talk about the subject for the time being delicate.

Impotence? Over 40 years old, we adapt. But power does not fall! 64 years old, I'm not staying up all night, but I did not stop. (Orpheus, 64 years old, self-employed, separated).

The disease itself affects you. Besides the everyday problems we have, we're losing the stimulus. (Hector, 52 years old, self-employed, married).

I was worried. I have diabetes, I'm going to die! I was powerless. (Hercules, 40 years old, public servant, single).

The individual wearer of a chronic illness experiences changes in his expectations, adjustments in family and social function and romantic relationships. Sexual problems can be a warning sign of DM, which can lead to depression, failure on treatment adherence, and marital conflicts<sup>(11,13)</sup>.

The reduction or even the lack of active sex life is viewed as normal and acceptable over the years. This speech can be perceived in the eight interviews, however, when sexuality was not being experienced, this lack was identified in five subjects. Psychological factors, such as somatization, low vitality, depressive mood, and relationship problems are highly prevalent in men with metabolic syndrome and have deleterious effects on relationships and already committed sexual responses<sup>(15)</sup>.

For one of the clients, his quality of life and the success of his romantic relationships were tied to problems in his sex life, being a determining factor in the failure of his current relationship, and endangering his future relationships. The increased care and treatment of sexual problems in populations of middle-

aged and elderly people with DM, improve the quality of life and strengthen the global disease control<sup>(15,16)</sup>. The growing awareness that the man's sexual health is related to their health in general lead to a paradigm change in the treatment of male sexual dysfunction. In addition to pharmacological and hormonal interventions, programs of lifestyle is a promising approach to effective intervention<sup>(15)</sup>.

The absence of sexual life, due to the inability to have an erection, resulting from diabetes disease, led to psychological disorders in some subjects. Then, a deponent pointed out that he got depressed and ashamed to take the problem to the family and had even wanted to commit suicide. However, for most of the respondents, it did apparently not express to be affected due to reduction and/or lack of sex life. The prevalence of erectile dysfunction is greater in men with DM than in those without DM<sup>(3)</sup>.

I never opened with my family, friends, anyone. Only who knows are the doctors and my wife, who didn't accept it. I'm ashamed of friends, wife, son. I thought of suicide. (Dionysus, 42 years old, retired, separated).

Men with erection difficulties often react with feelings of failure and loss of self-esteem<sup>(2)</sup>. The relationship between the issues concerning the reduction or absence of active sexual life and the physical and mental state of health occurred in six subjects, considering that stress and other related problems would affect the sexual pattern. The psychological factors are involved in a significant number of cases of erectile dysfunction alone or in combination with organic causes<sup>(5)</sup>. The fear and the insecurity of a day not being able to have a sexual relationship for any reason with his partner makes him think the woman betrayal.

There is even such thing as machismo, we are insecure. After the problem, it was not satisfactory. (Dionysus, 42 years old, retired, separated).

It would bring trouble, physical, mental, everything. But, thank God this isn't happening to me. (Achilles, 57 years old, broker, married).

A deponent reported that the extramarital relationship could be the risk of contracting a

Sexually Transmitted Disease (STD), such as AIDS (Acquired Immunodeficiency Syndrome). It is known that the number of sexual partners is a risk of infection for a person to acquire STDs<sup>(11)</sup>.

Even more than AIDS story appeared, I never wanted to venture. (Apollo, 66 years old, retired, separated).

The fear of one day having to make use of medicines indicated for the treatment of erectile dysfunction, such as Viagra (sildenafil) among others, was reported in six interviews. This frequency was interesting, since it was not part of the script of the interview. The drugs that can improve sexual function, together with adequate counseling to patients and their partners, are important because it maximizes the effectiveness of treatment<sup>(3,7,17)</sup>. Four respondents assumed the fact they have already made use of these medicines, but claimed not to feel any difference in their sexual performance:

I didn't think it changed anything. It was the same thing. (Hercules, 40 years old, public servant, single).

I take Viagra, Levita. It did not solve. (Dionysus, 42 years old, retired, separated).

### **Relationships with the health care professional about sexual matters.**

When referring to more specific issues related to sexuality, six respondents reported they have already sought an expert, but only once. The search for professional was considered unnecessary for respondents who had an active sexual life.

He got there, examined. It was less than five minutes, he gave me the recipe and that's it. (Zeus, 47 years old, retired).

I came few times, but I left because I wasn't going to get anywhere. (Prometheus, 65 years old, retired).

All of them considered to have ease of access in health service to treat this type of problem. However, three respondents reported that the encounter with the health professional had a satisfactory result, attributing the lack of management and appropriate care to the problem by the professional. One of them highlighted the importance of health

professionals being prepared to treat this type of issue<sup>(12)</sup>.

As for health professionals who they go to first, six patients reported the urologist and the psychologist. They were generally forwarded through other services, although not occurring a subsequent consultation. The reasons for this fact is related to a not individualized care and, in some way, inappropriate by professionals and/or clients' disinterest in continuing to perform the consultations<sup>(15,18)</sup>. The nurse was not the professional that could be used to talk about sexuality.

Sexual problems are common, but are rarely discussed by doctors with their clients<sup>(18)</sup>. The medical knowledge about sexuality in relation to diabetes should be part of health education strategies, with counseling, as well as the identification of symptoms that could signal the undiagnosed disease or its high risk. The current treatment of erectile dysfunction in men with DM requires a model of multi-approaches. However, control aspects of hyperglycemia and treatment of comorbidities of uncontrolled DM are often neglected, what exacerbates and worsens the pathophysiological effects of ED<sup>(3)</sup>.

I think there wasn't an appropriate way to talk by him, mainly because this is not a place where people can have a lot of time (Hector, 52 years old, self-employed, married).

For this deponent having or not a sexual life with his partner was indifferent, because both "do not feel more desire for each other".

As for the approach by the nurse about the sexuality, four reported to have been questioned during the nursing consultation, but superficially. This demonstrates that they are serviced by the nurse, but at the same time show that they could have been better welcomed and addressed in their demands.

The traditional health education does not prepare professionals to discuss, deal, handle and take care of the client with issues in sexuality. Those involved in health promotion should remember they do not need be sexologists, but they need to have an open attitude and be a good interviewer, in the mood to listen to the patient, without

judgments and projections of their anxiety and insecurity<sup>(12)</sup>.

Nobody in nursing ever asked about it. Many times, I felt like talking, but I don't have the guts. (Dionysus, 42 years old, retired, separated).

No, he never talked to me about this (Hercules, 40 years old, public servant, single).

It is very important to a more effective role of the nurse on the health-related sexuality. However, studies have shown that nursing education programs are still insufficient<sup>(14)</sup>. The lack of preparation and non-qualification in promoting learning experiences, sexual needs, problems or concerns of their clients regarding the topic, produce anxiety, emerging embarrassing and uncomfortable topics. It is still very strong the resistance of nurses including sexuality in the nursing process<sup>(1)</sup>.

Regarding the strategies<sup>(12)</sup> and perspectives to deal with the problem linked to sexuality, when they existed, three subjects said among other strategies and perspectives as "wait for the right time; hope to improve your health, take care of yourself".

The work you're putting is essential. Because the patient willingness to talk, but who is the interviewer may have more difficulty than the person who will be interviewed. (Hector, 52 years old, self-employed, married).

In fact, it is important to develop a positive relationship between the professional and the client, and thus creating an atmosphere of confidence and sensitivity, in which the client can feel free to share information of a personal nature. If during this process the nurse ignore questions about sexuality and sexual functioning, the patient may feel awkward to ask questions about his concerns<sup>(11,18)</sup>.

In diabetic treatment habits and attitudes promoters of quality of life should be cultivated, including issues related to human sexuality, in order to prevent complications. However, it must be realized that patient compliance is of fundamental importance to achieve therapeutic targets<sup>(15)</sup>. In this sense, adherence to treatment represents a challenge for professionals and users<sup>(19)</sup>. The

pathophysiology of ED is multifactorial, and men with DM are one of the subgroups of patients most difficult to treat of ED<sup>(3)</sup>.

In nursing and health care, the human and social dimension are together with life sciences, giving consistency to the practice of nursing<sup>(11)</sup>. These knowledges are interpenetrated in care, which was evident in this study related to human sexuality.

### FINAL CONSIDERATIONS

Through the objectives, we were allowed to examine the question of sexuality of the chosen health service users and view their perception about it with regard to the needs that it means.

As for identifying the main problems, erectile dysfunction was the most expressive sexual dysfunction by diabetic client so that it determines a state of strong emotional disturbance of the client with his world by the loss of his identity represented by his sexual potency. Therefore, the fear of one day being impotent, especially for diabetics, appeared significantly.

This fact highlights the fear of men losing their masculinity/virility, as well as the lack of knowledge about sexuality and the ways of possible treatments to regain the erectile ability. It is necessary to create opportunities to realize the need for space that men want to talk about their sexuality and what it represents (or not) for him.

The emotional impact that sexual dysfunction can bring to the individual can be very strong, so that causes feelings of anguish and deep sadness.

Analyzing the question of sexuality of the users of the health service continues to be a difficult work, even more in male universe, which considers sexual potency to prove his masculinity. This specific focus in men caused reflections about socio-cultural effects, as well as the educational base of today. Health professionals need to lean on their theoretical bases for understanding the unveiling of human sexuality, particularly men's. Removing the predesigned and prejudged

concepts is needed for a professional attitude responsible for the problems presented by his patient.

It is important to treat diabetic client's sexuality as a component of life that can affect health. Besides having to deal with the disease, which is chronic and degenerative, the consequences are striking in their way of living. Sexual dysfunction brought by diabetes aggravate diabetic fragile psychological state.

As the search for healthcare professional, the biggest highlighting thing was the consultation with the doctor than other professionals, such as psychologists and nurses. However, both the contact with the psychologist and the doctor had no positive impact, often because of the difficulty of professionals in addressing sexuality.

It is necessary to treat, take care, addressing sexuality, avoiding judgments of pre-set values, so that the cultural values do not impede an understanding of the client in their experience about sexuality. In this study, we propose to open new ways for addressing sexuality in nursing and health care. Thus, the professional seeks always new perspectives of care to be applied in their practice and rethink about their psycho-affective implications related to the approach of the client's sexuality.

The study deepens aspects of the diabetic subject's sexuality, treating their subjectivities and care mode. The work does not allow large generalizations, but it comes to a context leading us to reflect and to seek new ways to cope with human health, with a human and social perspective. It is worth highlighting from this qualitative study, that the authors conducted a later study about the quality of life of men with diabetes Mellitus.

### THANKS

The nurses of the DM Group/HUAP: Rose Mary Athayde, Sônia Carvalho, Leila Pohorille, Vera Montezano e Isana, Professora Vera Maria Sabóia; and all the men who contributed their time to the study.

## PERCEÇÃO DA SEXUALIDADE DE HOMENS COM DIABETES MELLITUS

### RESUMO

Estudo sobre a sexualidade do homem com Diabetes *Mellitus* tipo 2 (DM2), com 40 anos ou mais. Objetivos: conhecer a percepção do paciente sobre a sexualidade e discutir a relação profissional e paciente sobre este assunto. Estudo qualitativo, descritivo, no qual oito sujeitos foram entrevistados em um hospital universitário de Niterói/ RJ, Brasil. Duas categorias emergiram: percepção sobre a sexualidade e o relacionamento com o profissional de saúde. Um dos resultados expressivos foi a maioria ter declarado a idade como um fator mais limitante que o diabetes e que não sentiram diminuição em sua vida sexual após os quarenta anos. As alterações do padrão sexual na sexualidade masculina precisam ser compreendidas dentro do contexto sociocultural, que se reflete no campo da educação e do cuidado em saúde.

**Palavras-chave:** Sexualidade. Diabetes *Mellitus*. Cuidados de Enfermagem. Enfermagem.

## PERCEPCIÓN DE LA SEXUALIDAD DE LOS HOMBRES CON DIABETES MELLITUS

### RESUMEN

Estudio sobre la sexualidad de los hombres con diabetes mellitus tipo 2 (DM2), con 40 años o más. Objetivos: conocer la percepción del paciente acerca de la sexualidad y discutir la relación entre profesionales y pacientes acerca de la sexualidad. Estudio cualitativo, descriptivo en el que ocho sujetos fueron entrevistados en un hospital universitario en Niterói / RJ, Brasil. Surgieron dos categorías: percepciones sobre la sexualidad y las relaciones con profesionales de la salud. Uno de los resultados más significativos se declaró que el factor edad es más limitante que la diabetes y no han sentido una disminución en su vida sexual después de cuarenta años. Los cambios en las normas sexuales de la sexualidad masculina debe ser entendido dentro del contexto socio-cultural, que a su vez se refleja en la educación y la salud.

**Palabras clave:** Sexualidad. Diabetes *Mellitus*. Atención de Enfermería. Enfermería.

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**Submitted:** 11/17/2012

**Accepted:** 09/16/2014