

Diabetes and Erectile Dysfunction

Erectile dysfunction (ED) is a common problem amongst men who have diabetes affecting 35-75% of male diabetics.

Up to 75% of men suffering from diabetes will experience some degree of erectile dysfunction (erection problems) over the course of their lifetime.

Men who have diabetes are thought to develop ED between 10 and 15 years earlier than men who do not suffer from the disease. As men facing diabetes age, erectile dysfunction becomes more common. Over the age of 70, there is a 95 per cent likelihood of facing difficulties with erectile function.

What causes erectile dysfunction amongst diabetics?

Causes of ED are extremely complex, and are based around changes that occur to the body over time affecting nerve, muscle and blood vessel functions. In order to obtain an erection, men need to have healthy blood vessels, nerves, male hormones and a desire to have sex.

Without blood vessels and nerves that control erection, ED can still occur despite a desire to have sex and normal male hormones.

Factors amongst men

Many other factors bear on ED amongst diabetic men. These include being overweight, smoking, taking too little exercise and other lifestyle factors. Surgery can damage nerves and arteries linked to the penis, as can some injuries. Many common medications (including antidepressants and blood pressure drugs) can produce ED.

Psychological factors also have an enormous influence. Anxiety, guilt, depression, low self-esteem and paranoia about sexual failure are estimated to cause between 10% and 20% of ED cases.

How is ED diagnosed?

Erectile is diagnosed using several different methods. Patient history often informs the degree and nature of the ED. Medical and sexual past often has an influence, as does prescription or illegal drug use. ED patients may be physically examined, and bodily features can give clues to the cause. Laboratory tests can also be key for diagnosing ED.

Systemic diseases such as blood counts, lipid profile and liver enzymes may all give indications.

Further tests such as monitoring nocturnal erection (nocturnal penile tumescence) can help to cancel some causes out. Furthermore, psychological examination can reveal psychological factors.

Are there treatments for men with diabetes and erectile dysfunction?

Men who have diabetes and are having trouble achieving or maintaining an erection can take oral medicine. Brand names include Viagra, Cialis and Levitra. However, these medicines can all affect the heart rate, and detailed consultation with your doctor is necessary to determine the best course of action. Additional treatments include intracavernous injection therapy, vacuum constriction devices, intraurethral therapy and sex therapy.

Psychotherapy can have an enormous influence on erectile dysfunction. Further treatment such as surgery and vacuum devices may also have a role to play in some specific cases.

Which treatment is the best for diabetes and ED?

The most suitable treatment will depend on the health of the patient and their own ability to tolerate the treatment. Specialists such as urologists can work with individual cases and determine the best treatment.

What is the future of diabetes and erectile dysfunction?

There are frequent advances in this field. Better medications, implants, vacuum devices and suppositories have all increased options for diabetic men with ED. Gene therapy is not being tested, and at some point may offer a permanent therapeutic approach to tackling diabetes and erectile dysfunction.