

Diabetes and Erectile Dysfunction



Diabetes can cause 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 erectile dysfunction between 10 and 15 years earlier than men who do not suffer from the disease.

Over the age of 70, there is a 95% 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 erectile dysfunction 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 dysfunction 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.

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](#). The NHS can provide the following medications on prescription for men with diabetes:

Brand names include:

- Viagra
- Cialis
- 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.

Non-oral treatments for erectile dysfunction

Additional treatments include vacuum constriction devices, intraurethral alprostadil suppository or intracavernous injection therapy and sex therapy.

Vacuum pumps consist of a plastic tube, in which you place your penis. The pump, which may be battery or hand pump operated, creates a vacuum that will draw blood into the penis making it erect. A rubber ring will need to be placed around the bottom of the penis to keep it erect. A vacuum pump is not for use if you have a bleeding disorder or take anticoagulants.

Alprostadil is a form of hormone medication that stimulates blood flow to penis, and may be given by two different methods:

- Intracavernosal injection - whereby alprostadil is given by injection into the penis
- Intraurethral application - whereby a pellet (1.6mm diameter and 6mm length) of alprostadil is inserted into the urethra via a urethral stick

Alprostadil may be prescribed if you do not respond to other treatments, or you are unwilling to try oral medications or vacuum pump therapy. Your health team may provide training on how to inject or insert alprostadil.

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.