



NHS Tayside Diabetes Managed Clinical Network Patient Information Leaflet

Diabetes and Erectile Dysfunction

What is Erectile Dysfunction?

Erectile dysfunction (ED) or impotence, means not being able to have or keep an erection for long enough to have sexual intercourse. All men experience failure to achieve an erection at some time in their lives and this problem increases with age for all men. If you are one of these men, you are not alone.

- Approximately one man in 10 over the age of 40 is impotent whether they have diabetes or not.
- Impotence may affect over half of men with diabetes.
- In men over the age of 70 with diabetes, over three-quarters have some degree of impotence.

There are a wide range of treatments and professionals available to help you.

What causes E.D.?

ED may have physical or psychological causes. In some cases, a mixture of both can happen. Common causes are:

- Diabetes, which can damage the blood supply to your penis and the nerves which control an erection.
- Smoking, drinking too much alcohol and use of some illegal drugs.
- Tablets e.g. for high blood pressure and depression.
- Operations on your bowel, prostate or bladder may damage the nerves connected to your penis.
- Damage to your spinal cord.
- Psychological problems include stress, anxiety, depression, marital problems, guilt and fear of failure to perform.

ED affects both people in a relationship. You may feel embarrassed, frustrated and guilty. Your partner may feel angry and rejected. Talking to your partner can lead to more understanding about how you both feel about this problem, helps you to improve the situation and decide if you want to take further action.

How to find Professional Help

You should first discuss the problem with your GP (family doctor) or one of your diabetes team. They may have previous experience in advising people about ED and may be able to help you themselves.

You may be referred or you can ask to be referred to a specialist.

What Assessment Is Needed?

It will be helpful if you and your partner can both be involved during your assessment; you should both be prepared to discuss your situation fully. You may have some or all of these tests performed:

- Blood tests to check diabetes control, kidney function and hormone levels.
- Tests on the nervous system, including blood pressure and sweat tests.
- You may see a psychologist to discuss any problems that affect your life in general as well as the impotence.
- You may have an injection of a drug into your penis to check your responses when you have an erection.

What treatments are available?

Changing medication. A change of drug or an additional prescription to remove the side effects of some medicines may be useful.

Drug therapy. Certain drugs are available on the NHS for men with diabetes and ED. They may not be suitable for you. Your doctor can give you further advice.

Self-injection therapy. You can inject a drug into your penis before intercourse. This increases the blood supply in your penis to produce an erection.

Vacuum therapy. You place a tube (like a rigid condom) over your penis and use a pump to empty the air out of the tube. This causes blood to be drawn into your penis. You place a ring on the base of your penis to maintain your erection during intercourse. Vacuum Therapy is only available on the NHS to patients who meet certain criteria.

Surgery. Occasionally an operation is used to renew the blood supply to your penis or to implant a rod to make your penis erect for penetration.

Impotence is now much better understood and treated than in the past. Help is available for you and your partner to find a way round this problem.

Contact the: The Sexual Dysfunction Association, suite 301, Emblem House, London Bridge Hospital, 27 Tooley Street, London, SE1 2PR. Helpline Tel: 0870 7743571 Email: info@sda.uk.net Website: www.impotence.org.uk

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