

Free e-learning resource

Erectile dysfunction in type 2 diabetes

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Geoffrey is 46 years old with a diagnosis of type 2 diabetes and is seeking help for erectile dysfunction (ED). He and his younger wife are keen to start a family as soon as possible.

What examinations, investigations and treatments would you consider?

John is 70 years old, with type 2 diabetes and ischaemic heart disease. He is using tadalafil for ED on a daily basis. He suffers a brief loss of consciousness, the paramedics are called and hypotension and tachycardia are noted, after which John makes an uneventful recovery.

How would you interpret John's loss of consciousness and what actions would you take to prevent a recurrence?

Trevor has not responded to PDE5 inhibitor treatment for his ED.

How can he be helped in these circumstances?

By working through this interactive case study, we will consider the following issues and more:

- The causes and risk factors for erectile dysfunction (ED) in people with type 2 diabetes.
- Appropriate examinations and investigations.
- Lifestyle and pharmacological interventions to help manage ED and its comorbidities.
- Contraindications and drug interactions of medications for ED.

D *Diabetes & Primary Care's* series of interactive case studies is aimed at all healthcare professionals in primary and community care who would like to broaden their understanding of diabetes.

These three scenarios cover the causes and risk factors for erectile dysfunction (ED) in people with type 2 diabetes and the assessment of related comorbidities. Holistic intervention includes lifestyle advice and multifactorial management of glycaemia, blood pressure and lipids, as well as specific treatment for ED symptoms. Cautions, contraindications and drug interactions of ED medications are also covered.

The format uses typical clinical scenarios as tools for learning. Information is provided in short sections, with most ending in a question to answer before moving on to the next section.

Working through the case studies will improve our knowledge and problem-solving skills in diabetes care by encouraging us to make evidence-based decisions in the context of individual cases.

Readers are invited to respond to the questions by typing in their answers. In this way, we are actively involved in the learning process, which is hopefully a much more effective way to learn.

By actively engaging with these case histories, I hope you will feel more confident and empowered to manage such presentations effectively in the future.

David Morris, Undergraduate Clinical Tutor, Keele University; and retired GP and Specialist Doctor in Diabetes

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