

Sexual dysfunction

Neglect of sexual health remains a common problem



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In men with diabetes, erectile dysfunction (ED) represents the most common neurovascular complication, affecting between 35% and 50% at some stage in their life (Cummings, 2006). It impacts on quality of life and many studies have suggested that ED represents a cardiovascular risk factor (Thompson et al, 2005). Therefore, it is disappointing that ED still remains a taboo subject.

This view is supported by the findings of Grant and Lipscomb (2010; summarised alongside), in which only 9% of healthcare professionals specifically enquired at screening consultations about its presence. Why could this be? Traditional barriers to enquiring include the idea that ED is not a serious disorder, a poor understanding of the

aetiology of ED, lack of effective treatment, lack of healthcare professionals with an interest in the disorder, embarrassment or economic considerations (Cummings, 2006).

“As providers of holistic diabetes care it behoves us to either enquire about our patients’ sexual health or at least make them aware of ED as a common yet treatable complication.”

In the 21st century, ED can have serious consequences, yet we do understand its aetiology and we do have effective treatment options. Moreover, treatment is supported by the Department of Health and can be initiated by non-ED specialists.

As providers of holistic diabetes care, it behoves us to either enquire about our patients with diabetes’ sexual health – or at least make them aware of ED as a common yet treatable complication (either a “tout” or “advertise” approach). To do nothing is not acceptable practice.

Cummings MH (2006) Why treat erectile dysfunction? In: *Managing Erectile Dysfunction*. Altman Publishing, St Albans

Thompson IM, Tangen CM, Goodman PJ et al (2005) Erectile dysfunction and subsequent cardiovascular disease. *JAMA* **294**: 2996–3002

ACTA DIABETOLOGICA



ED not enquired about enough at routine review

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| Readability | ✓✓✓✓ |
| Applicability to practice | ✓✓✓✓✓ |
| WOW! factor | ✓✓✓ |

1 The authors sought to assess whether they were successfully identifying individuals with diabetes who had developed neuropathic problems, specifically erectile dysfunction (ED).

2 People with diabetes attending two diabetes centres in two district general hospitals in the southeast of England (either new patients or diabetes review clinic) were asked to complete a post-consultation, anonymous, self-reported questionnaire that explored several aspects of their consultation.

3 Of 420 people approached over a 4-month period, 213 completed the questionnaire (62% male).

4 The questionnaire assessed two aspects of the consultation: first, whether the individual had been asked about specific signs and symptoms of diabetic neuropathy (logged as doctor enquiry [DE]); second, whether the individual had experienced any of the problems discussed, such as sensory disturbance in the hands or feet, faintness or dizziness and ED (logged as patient had sign/symptom [PSS]).

5 Regarding ED, DE was only 9% compared with PSS of 45% ($P=0.0008$), suggesting that the prevalence of ED was much higher than what the doctors were uncovering.

6 It was concluded that there was a significant poor correlation between doctors enquiring about ED as part of a routine review and the extent of the problem. As a result, the authors have revised their post-consultation questionnaire into a pre-consultation screening tool for diabetic neuropathy.

Grant PS, Lipscomb D (2010) How often do we ask about erectile dysfunction in the diabetes review clinic? Development of a neuropathy screening tool. *Acta Diabetol* **46**: 285–90

JOURNAL OF SEXUAL MEDICINE

Look AHEAD trial: Effect of weight loss on erectile function

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| Readability | ✓✓✓✓ |
| Applicability to practice | ✓✓✓✓✓ |
| WOW! factor | ✓✓✓✓ |

1 This study aimed to assess the effect of weight loss on erectile function (EF) and dysfunction (ED) in overweight/obese men with type 2 diabetes participating in the Look AHEAD (Action for Health in Diabetes) Trial.

2 Participants were randomised to either a control (diabetes support and education [DSE]) or intensive lifestyle intervention (ILI), which involved group and individual sessions to reduce weight and increase physical activity.

3 Participants from five of the Look AHEAD centres completed the International Index of EF at baseline ($n=372$) and at 1 year ($n=306$).

4 After 1 year, participants in the ILI group lost 9.9% of initial body weight compared with 0.6% in the DSE group, and improvements in fitness were 22.7% versus 4.6%, respectively.

5 At 1 year, 8% of men in the ILI group reported worsening EF, 70% stayed in the same category and 22% reported improvements, compared with 20, 57 and 23%, respectively, for the DES group.

6 The authors concluded that weight loss in men with diabetes and obesity may help to preserve EF or prevent it worsening over time.

Wing RR, Rosen RC, Fava JL et al (2010) Effects of weight loss intervention on erectile function in older men with type 2 diabetes in the Look AHEAD trial. *J Sex Med* **7**(Pt 1): 156–65

DIABETES AND METABOLISM

ED, microangiopathy and UKPDS risk in type 2 diabetes

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| Readability | ✓✓✓✓ |
| Applicability to practice | ✓✓✓✓ |
| WOW! factor | ✓✓✓✓ |

1 To explore the association between erectile dysfunction (ED) and microangiopathy in hyperglycaemic states, the authors reviewed 221 men with type 2 diabetes and ED assessed by the International Index of Erectile Function (IIEF-5) questionnaire.

2 Men with ED (ED+; $n=83$) were compared with an age-matched cohort without ED (ED-; $n=51$), with similar diabetes duration, cardiovascular (CV) risk factors, micro- and macroangiopathy and UKPDS (UK Prospective Diabetes Study) risk scores.

3 IIEF-5 scores were 23 ± 1 standard deviation (SD) in the ED- group and 11 ± 6 SD in the ED+ group. Anamnestic impotence and erectogenic drug use were reported by 52% and 36%, respectively, of the ED+ group versus 12% and 8%, respectively, of the ED- group ($P<0.0002$ and $P<0.0001$, respectively).

4 Metabolic syndrome (MetS) prevalence was 88% and 64% ($P=0.002$) in the ED+ and ED- group, respectively; central adiposity markers were all significantly higher in the ED+ group. HbA_{1c} levels were 7.5% (58 mmol/mol) in both groups.

5 Prevalences of retinopathy, elevated albuminuria and polyneuropathy, and the composite endpoint of peripheral artery disease, transient ischaemic attacks and/or stroke, were all increased in the ED+ group (all $P<0.05$).

6 No differences were seen between the two groups regarding coronary artery disease and UKPDS 10-year CV risk. The authors concluded that ED in men with type 2 diabetes is associated with marked increase in MetS, central adiposity and microangiopathy.

Hermans MP, Ahn SA, Rousseau MF (2010) Erectile dysfunction, microangiopathy and UKPDS risk in type 2 diabetes. *Diabetes Metab* **35**: 484–9

JOURNAL OF SEXUAL MEDICINE

Sexual dysfunction high in women with and without diabetes

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|---------------------------|------|
| Readability | ✓✓✓✓ |
| Applicability to practice | ✓✓✓✓ |
| WOW! factor | ✓✓✓✓ |

1 This study aimed to determine the prevalence, clinical correlates and predictors of sexual dysfunction (SD) in women with diabetes.

2 Final participant numbers were 58 women with type 2 diabetes and 30 women without diabetes (control).

3 Prevalence of SD in women with diabetes and the control group was 88% and 80%, respectively.

4 Mean Female Sexual Function Index score was significantly lower in women with diabetes versus controls (16.2 ± 9.5 vs 21 ± 8.5 ; $P=0.02$), they attempted sex less frequently, and poor mental health status associated with SD was noted more frequently in women with diabetes than in the control group.

5 The authors concluded that a possible predictor of SD in women with diabetes is psychological morbidity.

Ogbera AO, Chinenye S, Akinlade A et al (2010) Frequency and correlates of sexual dysfunction in women with diabetes mellitus. *J Sex Med* **6**: 3401–6

INTERNATIONAL JOURNAL OF IMPOTENCE RESEARCH

ED a predictor of CV events or stroke?

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| Readability | ✓✓✓✓ |
| Applicability to practice | ✓✓✓ |
| WOW! factor | ✓✓✓ |

1 This Austrian study reviewed all data regarding admission for cardiac or cerebral vascular disease that occurred until 2008 in a cohort of men who underwent health investigation in 2001.

2 Erectile function was assessed using the International Index of Erectile Function (IIEF-5) questionnaire.

3 During follow-up, 58 CV events occurred in those with a negative history of cardiac or cerebral vascular disease ($n=2506$); 1.9% ($n=32$) of men without ED at baseline (IIEF-5 >22 ; $n=1636$) experienced a CV event compared with 2.9% ($+52\%$; $n=26$) in those with ED (IIEF-5 ≤ 22 ; $n=670$).

4 In contrast to age (hazard ratio [HR], 1.6; 1.2–1.8 for every decade), hypertension (HR, 1.88; 1.1–3.1) and diabetes (HR, 2.6; 1.2–5.8), ED was concluded to not be an independent risk factor for a CV event.

Ponholzer A, Gutjahr G, Temml C, Madersbacher S (2009) Is erectile dysfunction a predictor of cardiovascular events or stroke? A prospective study using a validated questionnaire. *Int J Impot Res* **22**: 25–9

INTERNATIONAL JOURNAL OF IMPOTENCE RESEARCH

ED associated with glycaemic control

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| Readability | ✓✓✓ |
| Applicability to practice | ✓✓✓ |
| WOW! factor | ✓✓✓ |

1 The role of glycaemic control and its correlation with erectile dysfunction (ED) in men with type 2 diabetes was explored in this study from Egypt.

2 ED was assessed in participants ($n=100$, aged 35–50 years) using the abridged form of the International Index of Erectile Function (IIEF)

questionnaire, and glycaemic control was based on HbA_{1c} measurements.

3 Participants were divided into three groups by glycaemic control: Group 1, good control ($n=26$); Group 2, fair control ($n=9$); Group 3, poor control ($n=65$), then again by potency: Group 1, good potency ($n=15$); Group 2, fair potency ($n=12$); Group 3, poor potency ($n=73$).

4 HbA_{1c} levels were higher with declining degrees of potency ($P=0.003$) and there was an association between degree of potency and glycaemic control ($P=0.002$).

5 Glycaemic control was concluded to be independently and inversely associated with ED in type 2 diabetes.

Awad H, Salem A, Gadalla A et al (2009) Erectile function in men with diabetes type 2: correlation with glycaemic control. *Int J Impot Res* **22**: 36–9

“In contrast to age, hypertension and diabetes, erectile dysfunction was concluded not to be an independent risk factor for a cardiovascular event.”