

Sexual dysfunction



Erectile dysfunction in diabetes – QOF and QoL

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In 2013, it was gratifying to see that assessing and managing erectile dysfunction (ED) was recognised as a Quality and Outcomes Framework (QOF) target for diabetes. I observed many general practices up-skilling their knowledge in ED management and feeling much more confident in approaching the subject with their patients. Moreover the feedback from patients who were grateful for the healthcare professional's support regarding this sensitive subject inspired the clinician to incorporate sexual health questions into their usual diabetes assessment. Why was this important?

ED is not life threatening – although it may herald underlying cardiovascular disease or hitherto unknown diabetes. The important aspect,

of course, is the profound effect that ED can have upon quality of life (QoL). The paper by Malavige et al (summarised alongside) is a timely reminder of this. This, in turn, can impact negatively on many other psychological and physical aspects of care in diabetes.

Running an ED service myself, I recall countless occasions where ED has underpinned the development of a de-motivated individual affecting not only relationships but also enthusiasm for managing their diabetes. ED may affect a large proportion of the men with diabetes whom we see, so we cannot afford to ignore it. Although ED assessment and management is no longer a QOF standard, hopefully the legacy of when it was will continue: better patient recognition and treatment of ED resulting in improved QoL. ■

“The article by Malavige et al is a timely reminder of the profound effect that erectile dysfunction can have on quality of life.”

Diabetic Medicine

Erectile dysfunction as a predictor for quality of life in T2D

Readability ////
 Applicability to practice ////
 WOW! Factor ////

1 From a large set of independent sexual, clinical, socioeconomic and lifestyle variables, erectile dysfunction was found to be a significant predictor of poor quality of life (QoL) among men with T2D.

2 The investigated variables included age, level of education, monthly income, diabetes treatment, sexual problems, the presence of a variety of additional comorbidities, alcohol intake, HbA_{1c} and BMI.

3 A cohort of 253 Sri Lankan men with T2D were recruited over a 9-month period, with every third male in the daily outpatient register being invited to take part in the study.

4 Men completed the five-item International Index of Erectile Function (IIEF-5), the Sri Lankan version of the 36-item short form health survey (SF-36) questionnaire to measure QoL, and the disease-specific Psychological Impact of Erectile Dysfunction (PIED) scale. Data were also obtained using an interviewer-administered questionnaire by clinicians trained in discussing sexual problems. They collected data on lifestyle and the presence of premature ejaculation and reduced libido.

5 Results from the SF-36 showed that erectile dysfunction ($P<0.001$) and reduced libido ($P<0.05$) were significant predictors for poorer generic and disease-specific QoL on the physical summary scale, and erectile dysfunction ($P<0.01$), BMI >27.5 kg/m² ($P<0.05$), ischaemic heart disease ($P<0.05$) and insulin therapy ($P<0.05$) were significant predictors on the mental health summary scale.

Malavige LS, Jayaratne SD, Kathirarachchi ST et al (2014) Erectile dysfunction is a strong predictor of poor quality of life in men with type 2 diabetes mellitus. *Diabet Med* **31**: 699–706

Int J Impot Res

Male sexual performance and female sexual dysfunction

Readability ////
 Applicability to practice ///
 WOW! Factor ///

1 Women with T1D are at higher risk of developing female sexual dysfunction (FSD) than women without diabetes, but the impact of dissatisfaction on FSD derived from the sexual performance of their male partners has not been investigated.

2 The association between FSD and dissatisfaction derived from their male partners was compared among

70 women with T1D and 100 women without diabetes.

3 Semi-structured interviews were carried out and a set of scales was used to evaluate sexual function, sexual distress and the degree of satisfaction derived from the male partner's sexual performance.

4 Dissatisfied women from both groups were comparable in sexual functioning, sexual distress and FSD frequency, and there was no significant difference in dissatisfaction with partner's sexual performance between the control and diabetes groups. In the diabetes group, dissatisfaction resulted in orgasm disorders, while in the control group, dissatisfaction led to sexual desire, arousal and lubrication disorders.

Dimitropoulos K, Bargiota A, Mouzas O et al (2014) Dissatisfaction with male sexual performance and female sexual dysfunction in women with type 1 diabetes. *Int J Impot Res* 10 Jul [Epub ahead of print]

Int J Urol

After failure of first-line sildenafil monotherapy for ED

Readability ✓✓✓✓
 Applicability to practice ✓✓✓✓
 WOW! Factor ✓✓✓✓

- 1 Men with diabetes have an increased risk of developing erectile dysfunction (ED) than men without diabetes, and sildenafil is commonly the first-line treatment.
- 2 Sixty-six men with diabetes presenting with ED for at least 6 months and who were dissatisfied with the outcomes when using 100 mg sildenafil monotherapy were randomised into two equal groups to compare the efficacy and safety of two second-line treatments. Group A were instructed to use a vacuum erection device (VED) only, and group B were instructed to use a VED in addition to continuing 100 mg sildenafil therapy.
- 3 Dissatisfied men were defined as non-responders to a maximum dose of 100 mg sildenafil after four to six unsuccessful attempts over a minimum 3-month period.
- 4 Erectile function was measured subjectively using questionnaires at baseline, one month and three months from baseline. Results from 60 men were included in the analysis.
- 5 Mean International Index of Erectile Function Scores were significantly higher for group B at the 1-month and 3-month visits ($P < 0.0001$ for both). Men in group B also had more successful penetration and successful intercourse than men in group A.
- 6 Neuropathy damage to the cavernosal nerve in the penis may reduce the efficacy of sildenafil among men with diabetes who have ED; this is why a VED should be considered in combination with sildenafil as they have different mechanisms of action.

Sun L, Peng FL, Yu ZL et al (2014) Combined sildenafil with vacuum erection device therapy in the management of diabetic men with erectile dysfunction after failure of first-line sildenafil monotherapy. *Int J Urol* **21**: 1263–7

Urol J

Effect of penile prosthesis implantation on HbA_{1c}

Readability ✓✓✓✓
 Applicability to practice ✓✓✓✓
 WOW! Factor ✓✓✓

- 1 The aim of the study was to examine the benefits of sexual activity on HbA_{1c} among men with T2D who had experienced erectile dysfunction (ED) prior to penile prosthesis (PP) implantation.
- 2 PP implantation is the final treatment option for men who have ED.
- 3 Sixty-seven men who had an HbA_{1c} $\geq 6.5\%$ (≥ 48 mmol/mol) before implantation and were able to perform regular sexual activity after were eligible participants.
- 4 Medical records were retrospectively analysed, and participants were asked whether the implant allowed them to experience satisfactory sexual relations and how many times they used their PP implant a month.
- 5 The study participants had a mean age of 59.9 ± 10.9 years, and had a mean duration of T2D and ED problems of 11.7 ± 3.4 years and 2.7 ± 1.9 years respectively. The mean follow-up time from surgery was 22.6 months (range 7–36).
- 6 All participants expressed that the PP allowed them to experience satisfactory sexual relations, and 95.5% said they used the PP frequently.
- 7 The absolute mean change in HbA_{1c} after PP implantation was -0.2% (-2.2 mmol/mol).
- 8 The authors included limitations to consider such as no objective data was collected on physical activity levels and diets of participants post-surgery, which would have an effect on HbA_{1c}.

Talib RA, Canguven O, Al Ansari A (2014) Impact of sexual activity on glycated hemoglobin levels in patients with type 2 diabetes mellitus after penile prosthesis implantation. *Urol J* **11**: 1813–8

J Sex Med

Prevalence of erectile dysfunction and its cofactors at T2D onset

Readability ✓✓✓✓
 Applicability to practice ✓✓✓✓
 WOW! Factor ✓✓✓✓

- 1 The SUBITO-DE study is an observational, prospective study involving 27 Italian medical centres. Men with new or recently diagnosed T2D (< 24 months) were consecutively interviewed to ask if they had experienced a change in their sexual function or satisfaction. Those who replied positively were invited to take part in the study to measure the prevalence of ED and its associated cofactors and determinants.
- 2 From 1503 men interviewed, 499 responded to experiencing a change in sexual function or satisfaction. Their mean age was 58.8 ± 8.8 years.
- 3 Among the group of men who responded positively to experiencing a change in sexual function, ED was classified as mild in 19.4%, mild-to-moderate in 15.4%, moderate in 10.4% and severe in 21.6%.
- 4 Premature ejaculation, delayed ejaculation and hypoactive sexual desire were comorbid in 28.3%, 32.9% and 58.4% of the participants respectively.
- 5 A high prevalence of sexual dysfunction in men with recently diagnosed T2D was detected.
- 6 Psychological factors and T2D-related complications both increased the risk of ED. The authors conclude that an early diagnosis of ED can prevent emotional and physical discomfort in men and aid in identifying reversible cardiovascular factors.

Corona G, Giorda CB, Cucinotta D (2014) Sexual dysfunction at the onset of type 2 diabetes: the interplay of depression, hormonal and cardiovascular factors. *J Sex Med* **11**: 2065–73

“Neuropathy damage to the cavernosal nerve in the penis may reduce the efficacy of sildenafil among men with diabetes who have erectile dysfunction; this is why it should be considered that a vacuum erection device be used in combination with sildenafil as they have different mechanisms of action.”