



MediCare

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Diabetic Male Must Know

Erectile dysfunction, difficulty initiating or maintaining an erection, is a very common in men with diabetes. It is estimated that more than half of those male diabetic patients over the age of 45 will have some degree of sexual difficulties. There are several causes which include small blood vessel blockage (vascular), nerve damage (neuropathy), under production of the male sex hormone, testosterone (hypogonadism), psychological and drugs (such as beta-blockers and thiazide diuretics). One or more of these factors may be responsible in any diabetic male causing erectile dysfunction. Detailed assessment by the physician is important. Knee jerk response by taking erection enhancing drugs may not be the appropriate treatment.

Amongst the above factors, low testosterone (hypogonadism) is increasingly recognized to be common in males with diabetes, and low testosterone is associated with the metabolic syndrome (high cholesterol, high blood pressure and diabetes). Measurement is by doing simple blood test. If it is truly low, further assessment of pituitary hormone will be required as the release of testosterone is controlled by pituitary hormones. Treatment comes in the form of oral capsules, gel, patches and most effectively, injections. More recently, there is a form of long-acting intramuscular injection once every 3 months which provide a sustained blood testosterone level.

It has been clinical proven that erection problem in diabetic males may reflect underlying coronary heart disease. Hence, detailed cardiac assessment such as exercise stress test and coronary CT scan are highly recommended for diabetic males with erectile dysfunction