

Erectile Dysfunction and Diabetes

Erectile dysfunction is more prevalent in men with diabetes. The Department of Urology at Singapore General Hospital shares treatment options and how to lower risks of this condition.



 **ERECTILE DYSFUNCTION** is more common in men with diabetes.

According to research, over 70 per cent of men with diabetes in Singapore suffer from erectile dysfunction (ED). The risk of developing erectile dysfunction increases significantly for diabetic men above 50 years old.

“With an ageing population and high prevalence of diabetes mellitus, ED might become a significant health problem in Singapore. Simple lifestyle modifications can help reduce the risk of ED. Ultimately, patients should not suffer in silence as there are various treatment options available,” says Mr Allen Sim, Registrar (AST), [Department of Urology, Singapore General Hospital](#) (SGH), a member of the [SingHealth group](#).

What is the link between diabetes and erectile dysfunction?

Erectile dysfunction is the inability to achieve or sustain a firm erection for sexual intercourse. Apart from sufficient levels of male hormones, three conditions must exist to trigger an erection:

1. There must be sexual arousal (from sensory and mental stimulations).
2. The brain must successfully transmit impulses to the penile nerves.
3. The muscles and blood vessels supplying the penis must allow more blood to flow into its two chambers known as corpora cavernosa. The penis can then expand and stiffen, much like a balloon filled with water.

“Uncontrolled diabetes can damage the blood vessels and nerves that control erection. Therefore, even with normal amounts of male hormones and a desire to have sex, you still may not be able to achieve a firm erection,” explains Mr Sim.

What are the treatment options for ED in diabetics?

Treatments for erectile dysfunction range from oral medications and use of mechanical devices to surgery and sex therapy and counselling.

Oral medications. Doctors may prescribe Viagra, Cialis or Levitra to diabetic patients who have trouble achieving and/or maintaining an erection.

These oral medications improve erectile function by blocking an enzyme that impedes blood flow. Found mainly in the penis, that enzyme breaks down a blood-flow-promoting chemical created during stimulation. Thus, Viagra, Levitra, and Cialis will not have any effect without sexual stimulation.

In a multicentre, randomized, double-blind, placebo-controlled trial, Viagra usage was associated with a significant improvement in penetration frequency (78 per cent) and maintenance of erection (93 per cent). Both Cialis and Levitra have similar response rates.

Use of mechanical devices. Doctors may recommend vacuum devices or hand

pumps that draw blood into the genital area to create an erection.

Self-injections. Doctors may recommend direct injection of alprostadil, a muscle relaxant, into the penis to stimulate blood flow. There are two types of self-injections: intracavernous injection therapy which uses a fine needle to inject alprostadil into the penis and intraurethral therapy which uses an applicator to insert a tiny suppository into the penis.

Surgery. Penile prosthesis (penile implant) is an option for diabetic men suffering from vascular diseases and severe erectile dysfunction.

Sex therapy and counselling. If erectile dysfunction is a result of stress, anxiety or depression, sex therapy or counselling may help.

How can diabetic men reduce their risk of ED?

It is very important for diabetic men to control their blood sugar levels to reduce the risk of erectile dysfunction due to impairments in nerve, blood vessel and muscle function. This can be achieved through medications, regular exercise and healthy food choices. As studies have shown that men with higher BMI (body mass index) are more likely to suffer from ED, losing weight can also help, both with ED and diabetes. Lastly, cutting down on smoking and alcohol consumption will improve these conditions as well.

“The best treatment for diabetic erectile dysfunction depends on many factors including a man’s health and ability to tolerate the particular treatment. Diabetic men should work closely with their urologists to determine the best treatment,” says Mr Sim.

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