Diabetes and Erectile Dysfunction

According to the American Diabetes Association, over 23 million people in the United States have diabetes and 1.6 million new cases are diagnosed among people over the age of 20 each year. While juvenile diabetes is on the rise, 23% of Americans over the age of 60 have diabetes.

This article discusses the association between diabetes and Erectile Dysfunction, and how to reduce the risk of developing Erectile Dysfunction and other health problems.

Diabetes and Erectile Dysfunction

It has long been recognized that diabetes is the single most significant risk factor in Erectile Dysfunction, having caused at least 50% of all cases. It’s been estimated that about 35-75% of men with diabetes will experience at least some degree of Erectile Dysfunction during their lifetime. Further, diabetic men tend to develop Erectile Dysfunction 10-15 years earlier than men without diabetes. As men with diabetes age, Erectile Dysfunction becomes even more common. Above the age of 50, Erectile Dysfunction is likely to occur in approximately 50-60% of men with diabetes. Above the age of 70, 95%!

What Causes Erectile Dysfunction in Diabetic Men?

To get an erection, men need healthy blood vessels, nerves, male hormones, and a desire to be sexually stimulated. Diabetes can damage the blood vessels and nerves that control erection, called vasculogenic and neuropathic Erectile Dysfunction, respectively. Therefore, even if one has normal amounts of male hormones and the desire to have sex, one still may not be able to achieve a firm erection. The nerve damage of diabetes may also cause retrograde ejaculation.

Symptoms of Erectile Dysfunction

While symptoms may vary, common symptoms of erectile dysfunction include:

- Difficulty achieving or maintaining an erection in at least one in four attempts at sexual intercourse
- Achieving an erection takes longer than usual or becomes difficult in certain positions
- Sexual erections become weaker or less rigid
- Maintaining an erection becomes more difficult
- Morning erections becoming less frequent or less rigid.

Diabetes and Other Associated Cardiovascular Risks

Diabetic patient tends to develop other cardiovascular risks such as high cholesterol, high triglycerides, hypertension, overweight and coronary artery disease.

Coronary artery disease can affect sexual function on its own, but erectile dysfunction is nine times as likely in men who suffer with both coronary artery disease (CAD) and diabetes, than men who have diabetes without the addition of CAD. Erectile dysfunction is so prevalent in both coronary artery disease and diabetes, that it could be considered a risk factor for both. It has been said that if a man is suffering from Erectile Dysfunction, he should be screened for both CAD and diabetes.

Treatments for Erectile Dysfunction in Diabetic Men

Men with diabetes having trouble with achieving and/or maintaining an erection can consider taking oral medicine like Viagra®, Levitra® or Cialis®. However, because people with diabetes also tend to have problems with their heart, these medications may not be appropriate and cause dangerous interactions with their heart medicine.

Other treatments include intracavernous injection therapy (ICP), vacuum constriction devices and intra-urethral therapy.

Proactively Treating Erectile Dysfunction

As with any medical condition, erectile dysfunction is best treated promptly; the sooner it is diagnosed and treated, the better the outcome, for the following reasons:

- Identifying and correcting the underlying problem will help prevent further deterioration
- Disuse of an organ can cause the loss of healthy tissue, resulting in the progressive loss of erectile function. This condition is called “disuse atrophy”.
- Erectile dysfunction is more than just a sexual problem. A fulfilling sex life can contribute to your overall good health and well-being.

Before starting any kind of treatment for erectile dysfunction it is best to consult a physician who specializes in treatments for male sexual health. This is especially true for men with diabetes given that their health conditions, along with the medications they have been prescribed, can render some options potentially unsafe.
Reduce the Risks of Developing Erectile Dysfunction and Other Health Problems

Men can reduce the risk of developing Erectile Dysfunction and improve overall health by observing the following guidelines:

- Keep blood glucose, blood pressure, and cholesterol levels close to the target numbers your health care provider recommends.

- Maintain a healthy diet, healthy weight and an active lifestyle.

- Stop smoking. Tobacco use, including smoking, narrows your blood vessels, which can lead to or worsen Erectile Dysfunction. Smoking can also decrease the chemical nitric oxide which signals vasodilatation and increases blood flow to the penis. Quitting tobacco use will also lower the risks for other health problems including heart attack, stroke, kidney disease and various forms of cancer. If you’ve tried to quit on your own without success, ask your doctor for help.

- Drink moderately. Drinking too much alcohol – more than 2 drinks a day – can damage your blood vessels and worsen Erectile Dysfunction.

- Lower your stress level. Stress can reduce your erections. To keep stress under control, evaluate and prioritize your tasks, set realistic goals and expectations for yourself and ask for help when you need it. Try relaxation techniques such as meditation or yoga.

- If you haven’t exercised in a while, start with something easy, such as a daily walk.

- Fight fatigue. If you are well rested, you’re less likely to struggle with Erectile Dysfunction. Make sure you get plenty of sleep.

About Boston Medical Group

The Boston Method®, the treatment process used by Boston Medical Group’s network of independent physicians, has been successful for many men. The method itself was developed utilizing the 20 years of experience, advanced understanding, and specialized skills of the worldwide physician network. The physicians understand that treating sexual dysfunction requires a personalized assessment and treatment program for each patient, rather than a one-size-fits-all approach that can be overly simplistic and often ineffective. Their main focus is to prevent further deterioration over time and emphasize a long-term solution, but also to provide immediate benefits as well.