

Erectile Dysfunction in Men with Diabetes

Anil K Mandal*

University of Florida, USA

ABSTRACT

In 1906, Naunyn noted impotence to be the most common symptoms in diabetic men. Erectile dysfunction (ED) is a consistent inability to have an erection firm enough for satisfactory sexual intercourse. Men who have diabetes are two to three times more likely to have ED than men who do not have diabetes. Among men with ED, those with diabetes may experience the problem as much as 10 to 15 years earlier than men without diabetes. Research suggests that ED may be an early marker of diabetes, particularly in men ages 45 and younger. By age 70 and older, ED is found to be present in more than 95 percent of diabetic men. ED does not appear to be related to the duration of diabetes, and may precede the occurrence of other complication especially cardiovascular disorder. Endocrine factors, vascular changes low serum zinc

level, alcohol abuse and hyperprolactinemia have been incriminated as the underlying mechanism of ED. Vascular disease is considered to be the most important cause of ED. Internal pudendal artery stenosis was found to be a greater degree in impotent subjects than non-impotent men with peripheral vascular diseases. Anti-hypertensive drugs have been considered as an important cause of ED but direct evidence linking antihypertensive therapy with ED is lacking. Nevertheless, diuretics and sympathetic inhibitor or beta blocker are noted to cause ED by patient's spouse or significant other. In conclusion, uncontrolled diabetes is the most common cause of ED in men and women. However, no information is available if glycemic control with insulin therapy will prevent sexual dysfunction in men and women with diabetes.

*Correspondence to: Anil K Mandal, University of Florida, USA, E-mail: amandal@med-spec.com

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