

# Straight Talk on ED

Few men would willingly speak about it but those with diabetes have an increased chance of Erectile Dysfunction, especially those with Type 1 diabetes. Diabetes Singapore raises the issue with Dr Lim Kok Bin, Associate Consultant, Department of Urology, Singapore General Hospital, to straighten out the facts about ED.



### Q: What is Erectile Dysfunction or ED?

A: Erectile dysfunction (ED) is defined as an inability to achieve and/or maintain an erection adequate for satisfactory sexual performance. It is also referred to as erectile difficulties or impotence.

It is important to differentiate ED from premature ejaculation or decreased libido as

the causes are different and hence treatment would entail a different approach.

It is estimated that 20 percent of women aged 20 - 65 years suffer at least one attack per year. Approximately 50 percent of women will experience UTI at least once in their lifetime.

ED is highly prevalent in men especially after the age of 40 years. Not only does the prevalence increase with age but also the degree of severity.

ED is directly linked to age, high blood pressure, diabetes, high cholesterol levels, heart diseases and smoking. It could also be due to medications used to treat high blood pressure and depression.

### Q: What are the most common causes of ED?

A: The most common cause of ED is vascular or a problem with blood flow in the blood vessels. Many studies have shown that ED can be a precursor of underlying heart problem. Damaged nerves could also lead to ED especially after patients have undergone major pelvic surgeries.

In aged patients and patients with hypertension, diabetes and hypercholesterolaemia or high cholesterol in the blood, the basic problem is atherosclerosis. This means that cholesterol plaque that has formed within the blood vessels, causing reduce blood flow to the penile tissue. The resulting low oxygen levels leads to atrophy of the penile muscle.

Very rarely, a lack of male hormone may contribute to ED. Psychogenic reasons such as a stressful job, previous bad sexual experience and anxiety could be the sole cause to ED but it is usually associated with other etiologies as well.



**Q: Why is ED a problem in those suffering from diabetes?**

A: One way diabetes interferes with the ability to achieve an erection is through neuropathy or damaged nerves. Damaged nerves are not able to send messages properly, including the messages the brain sends to the penis to get an erection.

Diabetes may also be associated with vascular disease meaning less blood may flow into the penis. Furthermore, patients with diabetes may have low testosterone levels as diabetes lowers testosterone levels.

**Q: What are the risk factors for ED, especially in those with diabetes?**

A: The key to prevention is the same as reducing any risk factors for heart attack. That includes diet control, regular exercise, a positive attitude and not getting diabetes mellitus, hypertension, high cholesterol levels in the first place.

**Q: How is ED assessed? What would you consider the most effective treatment of ED? Who can take the drugs and how should they take them?**

A: Assessment should comprise a thorough medical and sexual history, a systemic and focused physical examination and selected blood tests.

Treatment for ED is oral medication mainly which is called the PDE 5 inhibitors. Occasionally for the more severe ED which is not responsive to oral medication, injection and surgery might be an option. Oral ED drugs are usually safe even in patients with cardiac disease. The main contraindication is some one on

nitrates for angina or chest pain. They are not allowed to take any of the oral medication.

Penile implants could still be offered especially when patients are not responsive to less invasive treatment.

The role of hormone replacement is not clear at the moment. Future treatment options include targeting other receptor sites in the metabolic pathway of erectile function and gene therapy.

**Q: What are the possible side-effects of ED drugs?**

A: The most common side effects is headache and facial flushes which are mild and self limiting. The more worrisome side effect would be visual disturbances. Although, we have not established firmly the link between NAION and the PDE 5 inhibitors, nevertheless because of all the media hype, I usually tell my patients to stop taking if they have any visual disturbances.

**Q: What is the efficacy of herbal treatments such as Tongkat Ali?**

A: Herbal medication for ED is a multi million dollar business. Its also easy for patients to get them over the counter. The main problem is some of the preparation had traces of PDE 5 inhibitors and its difficult to differentiate whether the efficacy is due to the herbs or the PDE 5 inhibitors.



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