

Vacuum devices

For men not keen on using drug treatment to restore erections, vacuum devices may be an acceptable alternative. This involves placing a cylinder over the penis and, with a pump device, removing air from the cylinder. This results in the penis enlarging.

The cylinder is removed once a band is placed around the base of the penis to keep it erect by preventing blood from escaping. The band can be left in place for up to 30 minutes.

Some couples find these devices a little intrusive although others report the opposite, with effective erections being obtained within a few minutes. Cheap versions can be bought from sex shops but are not as robust and effective as others from recognized companies manufacturing vacuum pumps. Most companies give you a limited time/money-back guarantee if you are not satisfied with the device. Alternatively, many health care professionals have vacuum devices that can be loaned out for you to try at home.

Counseling

If it is clear that there is a strong psychological contribution to the problem, then seeing a psychosexual counselor can be very rewarding. Some men do not like the (imagined) stigma attached to seeing a counselor and would rather try one of the physical approaches discussed above. This is perfectly acceptable, and for a number of men, once they've achieved an erection they are able to stop taking the drug as spontaneous erections return.

Remember

- One third of all diabetic men suffer from impotence.
- In the past decade doctors have made considerable advances in understanding impotence and how to treat it.
- Health care professionals are far more aware of the problem and if they cannot treat you themselves, they will know to whom to refer you for further advice.
- There are now many treatments available and finding one which suits you is much more likely than it was a decade ago.

RESOURCES:

American Foundation for Urologic Disease, Inc.
1-800-242-2383
Internet: www.impotence.org

American Urological Association
will find a urologist in your area
1120 N. Charles Street
Baltimore, MD 21201-5559
Phone: (410) 727-1100
Internet: www.auanet.org

American Association of Sex Educators, Counselors, and Therapists (AASECT)
will find a certified sexuality educator, counselor, or therapist in your area.
P.O. Box 5488
Richmond, VA 23220-0488
Internet: www.aasect.org

National Institute of Diabetes and Digestive and Kidney Diseases
www.niddk.nih.gov/health/kidney/nkudic.htm

One of the primary aims of the Diabetes Research & Wellness Foundation™ (DRWF) is to help educate people with diabetes so they can stay healthy until a cure is found. This includes helping you make informed choices about your treatments and lifestyle.

Along with producing monthly newsletters with up-to-date news and information about diabetes, DRWF:

- Distributes FREE identification necklaces and kits to people with diabetes. Send a self-addressed, stamped envelope to the address below.
- Produces calendars and pocket diaries with reminders about various aspects of good diabetes control on every page.
- Offers a diabetes self-management helpline, where members can call to speak to a Certified Diabetes Educator – 1-800-941-4635.
- Raises money and funds grants to help top medical researchers find the cure for diabetes.

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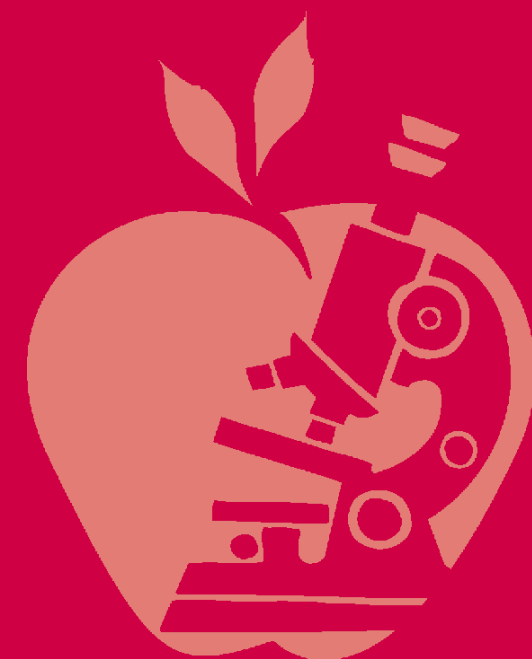


5151 Wisconsin Ave. NW, Suite 420
Washington, D.C. 20016
www.diabeteswellness.net
Helpline Questions 1-800-941-4635
For additional brochures 202-298-9211

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Impotence and What You Should Know

By Dr M H Cummings, consultant physician in diabetes and endocrinology



**DIABETES
RESEARCH & WELLNESS
FOUNDATION™**

Many men with diabetes feel isolated if they develop impotence (or erectile dysfunction, as it is termed by the medical profession). Impotence is certainly not an isolated problem, however, as we now know that approximately one third of diabetic men suffer from this problem.

Ten years ago impotence was a taboo subject. Patients and health care professionals were embarrassed to talk about the subject. Health care professionals were uncertain how to treat the problem, and the easiest way out was to reassure the patient that the problem would get better with time. However, if a man with diabetes develops impotence, there is a less than a one in ten chance that the problem will improve spontaneously.

Q What causes impotence?

Many factors can contribute to the problem. In order to achieve an erection, the blood vessels in the penis, under the control of their nerve supply, have to enlarge to allow sufficient blood flow to the penis. At the same time, the muscles in the penis relax so they can allow perhaps ten times the amount of blood to be stored, resulting in penile enlargement. Changes must occur in the caliber or the function of the blood vessels or else damage to the nerves or muscles themselves can therefore result in impotence. The nerves and blood vessels also depend on stimulatory signals from the brain (often referred to as the libido), which in turn depends on psychological factors and adequate circulating levels of certain hormones, particularly testosterone. Any of these factors singly or in combination, can cause impotence. In addition, the problem may be compounded by

some treatments used for men with diabetes - such as treatments for blood pressure or cholesterol-lowering medication.

Q Who can you turn to for help?

There have fortunately been considerable advances in our understanding of why impotence develops and how to treat it. Health care professionals are far more aware of the problem and if they cannot treat you themselves, they will know to whom to refer you for further advice.

Many hospital diabetes centers work closely with urology teams who can help. There should always be a health care professional with experience in the treatment of impotence who can advise you.

When seeking medical advice you are usually encouraged to attend with your partner (for the purpose of making a choice acceptable to both partners). The health care professional will normally take a medical history and examine you, as this can give a clue to the cause of your impotence and can also influence the choice of treatments. Simple approaches such as a change in medication (where possible) or treatment of hormone imbalances may help. There is no benefit, however, from using testosterone if your blood testosterone levels are normal. And indeed, this approach can be dangerous. More commonly, the problem is likely to be due to abnormalities of the blood vessels, nerves or muscles of the penis. Extensive investigations to determine which of these factors is the most important are not necessary since they are very unlikely to influence the treatment offered to you.

Q What treatments are available?

There are now many treatments available for impotence. Most health care professionals will discuss the options and allow you to make a choice of treatment, unless there is a clear reason why one form of treatment may not work or be unsuitable in your case.

Viagra

Many diabetic men are opting for Viagra as their first choice. It is very effective in perhaps two-thirds of cases, and works by enhancing the blood flow to the penis when sexually aroused. There are no proven benefits in men with normal sexual function. Concerns about Viagra causing heart disease have not been substantiated, although caution is expressed by the manufacturers regarding men with heart disease; and it should not be used if the patient is taking certain forms of heart medication.

Penile injections

If Viagra does not work or cannot be taken, many other effective treatments exist. The most effective of these is injecting a drug into the penis (Caverject is an example of this type of treatment). The drug causes the blood vessels to enlarge and the dose can be altered to allow the penis to stay erect for up to one hour. A majority of patients notice just a little tingling on injection, rather than actual discomfort. The technique would be taught to you by the health care professional, who would then get you to do a practice injection during your office visit. Concerns over prolonged erections (termed priapism) have been largely dispelled with the use of newer drugs for injections and the finding that this problem is very rare with careful and gradual alterations of the injected dose.

Penile suppository

A newer approach to the problem is the use of a pellet of the drug, which is inserted into the urethra, the tube that expels urine. (Muse is an example of this form of treatment.) It uses the same drug as the injection treatment, and works once the pellet has been absorbed into the penis across the lining of the urethra. Although it is less effective than injection treatment, some men prefer this approach. Overall, Muse appears to work in about two-thirds of patients, while injections are effective in over four-fifths of cases. Prolonged erections are virtually unheard of and side effects can include some discomfort for a little while after insertion of the pellet.

Surgical treatment

Surgical treatment for impotence is available but is rarely needed. Penile implants are usually reserved for diabetic men who do not respond to the measures outlined above. The simpler forms of implants result in a semi-permanent erection and the more complex implants are prone to malfunctioning. Rarely, specialized procedures to the blood vessels may be performed, but their success rates are disappointingly low.

