

A photograph of an older couple walking away from the camera on a grassy path in a park. The man is on the left, wearing a light-colored shirt and trousers, with his arm around the woman's shoulder. The woman is on the right, wearing an orange jacket and dark trousers. They are walking towards a dense line of trees with autumn foliage. The ground is covered in fallen leaves.

*Sexual  
impotence*

*the  
forgotten  
complication*

# **CHECK YOURSELF YOUR SEXUAL PERFORMANCE**

1. Have you had recently difficulties achieving a full erection?
2. Does it happens at least two out of four times trying to have intercourse?
3. Have you had these problems for at least one month?
4. Have your early morning erections become less frequent?
5. Does it takes longer than usual to reach a full erection?
6. Is it more difficult to intercourse in different positions?

GENERALLY IF THE ANSWER IS YES, TO ANY OF THESE SIX QUESTIONS, PLEASE KEEP ON READING, BECAUSE THE INFORMATION IN THIS BOOKLET WILL BE USEFUL TO YOU.

## **NOW THERE ARE SOLUTIONS...**

## WHAT IS IMPOTENCE?

Impotence is when you have no possibility to reach one fully erection good enough to begin intercourse or you can not keep it long enough to complete the sexual act.

Important to remark that the impotence is no a normal happening in any group of age but it is very common in the male population.

## HOW YOU GET AN ERECTION?

Erections happens as soon as reflex answer after one sexual stimuli, This stimuli triggs the start of the mechanism that requires the correct interaction between the messages that comes from the brain, the nerves pulse transmission, the muscles response besides the need of right blood flow and the correct hormones levels.

## WHAT CAUSE IMPOTENCE IN THE DIABETIC MAN?

Impotence incidence is very high and is higher with the longer the diabetics duration.

Erection dysfunction may happens as a consequence of nerves or blood flow impairment. Generally speaking in Type 1 diabetic, the neurogenic factor use to be predominant. In Type 2 diabetics the vascular factor use to be more important, besides that when the erection dysfunction start it triggers psychological factors, like anxiety that make it worse.

## HOW THE IMPOTENCE IS DIAGNOSED?

Your Doctor needs to know if the patient is facing a psychological or organic course of the erectile disfunction.

Diagnostic procedures are as follows:

- DIAGNOSTIC
- MEDICAL HISTORY
- PSYCHOLOGICAL TEST
- NOCTURNAL ERECTION TEST
- VASCULAR EXAM
- ANGIOGRAPHY
- DOPPLER
- NEUROLOGICAL EXAM
- BIOTESIOMETRY
- VASOACTIVE SUBSTANCES RESPONSE
- HORMONE LEVELS DETERMINATION

## WHAT TREATMENT OPTIONS WE HAVE?

There are several causes for impotence so there are available several treatment options to solve the erection dysfunction in the diabetic male the impotence is normally a consequence of several factors so that is why the surgery and the highly specialized solutions directly to one factor usually are not needed.

We prefer the non-invasive treatment for the diabetic man. At present the best treatment is the intracavernous injection of vasoactive substances but some new therapies are emerging.

These substances produce a relaxation in the penal small muscles, increasing the blood flow supply to the cavernous vessels so the erection is made possible.

The most preferred vasoactive agent today is the Prostaglandin E1, mainly because the drawbacks are less frequent than with the first agents as the papaverina with more frequent secondary effects.

With our accumulative experience in the last ten years of treatment with prostaglandin E1, that has been very positive and the side effects are less serious and there is a high success rate. Recently we have commercial kits available which include syringes and 20 mcg. prostaglandin E1, the right dose must be individualized for each patient. Generally we start with small dose like 2.5 mcg to 5 and the increase slowly to 10-20 if there is no response. The patient and her sexual partner must be informed and trained about the injection technique.

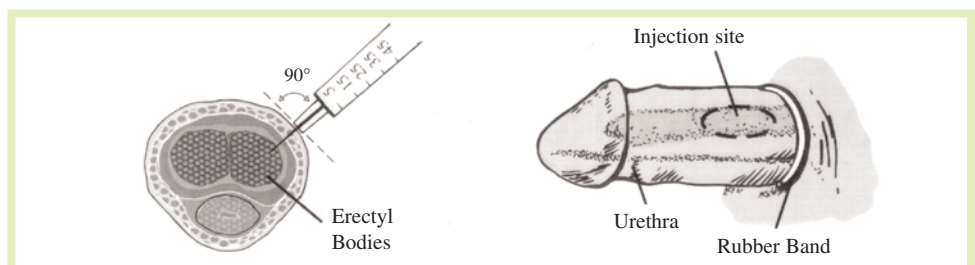
There are another solutions for patients who refuse to inject themselves with those agents, other possible solutions includes vacuum erection devices and penile prosthesis etc.

Since 1997 there is another solution available and the success rate is about go 60% of the patients.

This system is called MUSE (medical urethral system for erection) you apply with the help of a small device one pellet of prostaglandin E1, who goes through the urethral mucous to the blood and produces the same effects as prostaglandin intracavernous.

Usually it take longer to produce the erection and the doses are different, there are 250 mcg, 500 mcg, and 1000 mcg, prostaglandin E1 pellets.

Finally there are some oral medications that are useful in the treatment of erectile dysfunction Sildenafil was the first available oral medication and it is proven its efficacy and recently there are pills of 25mg, 50mg and 100 mg. Another drug is available Apomorphine is taken sublingually and acts within 20 minutes there are pills of 2 and 3 mg. you should ask your doctor before using these drugs. It is also very important that the treatment of choice is a consensus between both sexual partners to get the best results, sometimes physiological intervention is needed and useful to have multi-disciplinary approach to this patient so the diabetologist, may need some help from the psychologist and the andrologist as well.



We think that now that there are solutions for your problem,  
you may speak openly with your diabetologist, about this complication  
that has been many times forgotten in our clinics before.

Please don't think that impotence  
is a consequence unavoidable  
of having diabetes.

**With accumulated experience  
and close to the end  
of the 2nd millennium:**

**ALL OUR PATIENTS HAVE THE RIGHT  
TO HAVE THE POSSIBILITY TO ACHIEVE  
A NORMAL SEXUAL LIFE.**



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