



ERECTILE DYSFUNCTION AMONG DIABETES MELLITUS PATIENTS IN SOKOTO NIGERIA: PATIENTS PERCEPTIVE

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Background: Erectile dysfunction (ED) is a common complaint in medical practice. ED in men with diabetes mellitus is a complication that negatively affects them. This study describes the clinico-demographic features and perception of ED in DM patients

AIM: To investigate the prevalence, altitude and treatment seeking behavior of ED in diabetes mellitus patient

Materials and Methods: A cross-sectional descriptive survey was performed in the medical outpatient clinics of a tertiary care hospital. Three hundred and eleven consecutively consenting subjects with diabetes were interviewed for demographic and clinical data, use of sexual enhancing drug, type of remedies used for ED, whether or not subject has discussed the problem with a doctor and patients' perception of diabetes as a cause of the ED, all were interviewed using structured questionnaire and the international index of erectile function questionnaire for ED. Data was analyzed as appropriate.

Results: Two hundred and forty-nine (80.1%) had ED and ED score was associated with age ($P < 0.001$), educational level ($P = 0.007$), self-rating of ED ($P < 0.0001$), partner complaint ($P < 0.0001$), and frequency of complaint ($P < 0.0001$), it was however not significantly associated with marital status ($P = 0.133$), tobacco smoking ($P = 0.259$). 186 (59.8%) never discussed ED before, 251 (80.7%) claimed that no doctor asked them about ED, and only 120 (38.6%) had taken a sexual enhancing drug, 21(17.5%) before the diagnosis ED and 99(82.5%) after. 59(49.2%) took phosphodiesterase inhibitor, 51(42.5%) took traditional drugs and 10(8.3%) took both. 169(54.3%) knew diabetes causes ED. 201(64.6%) were hypertensive, 188(60.5%) have peripheral neuropathy, mean BMI and waist circumference was $24.71 \pm 4.52\text{kg/m}^2$ and $93.07 \pm 12.07\text{cm}$ respectively. 135(43.40%) were overweight/obesity while 76(24.4%) have waist circumference $>102\text{cm}$. Mean level of HbA1c was $8.12 \pm 2.28\%$ and fasting blood glucose was $157.50 \pm 84.29\text{ mg/dl}$ ED score correlated negatively with fasting blood sugar with a trend toward non-significance ($r = -0.134$, $P = 0.192$).

Conclusion: ED is highly prevalent among DM men. Most patient are not asking about it and only a few could voice out there complain to the caregiver. Screening of ED among DM men using structured questionnaire allowed the diagnosis of more than half of ED cases which could have gone undiagnosed