Letters to Editor

Prevalence of Erectile Dysfunction among Greek Men with Type 2 Diabetes Mellitus

Sir,

Erectile dysfunction (ED) is a chronic complication of type 2 diabetes (T2D), often underdiagnosed, resulting in poor quality of life. According to studies, the prevalence of ED varies from 35% to 90% among diabetic men.[1] However, little is known on the prevalence of ED in T2D men in our country. Therefore, the aim of the present study was to estimate the prevalence of ED in a sample of Greek T2D men.

Our sample consisted of consecutive 106 men with T2D examined at the Diabetes Centre of General Hospital of Piraeus “Tzaneio” from September to December 2018. Exclusion criteria were severe renal disease, hepatic or cardiorespiratory disease, malignancy, connective tissue disease, and acute illness. A detailed medical history, including demographic data, physical examination, and fasting blood sample analysis were performed. Participants were asked to complete the short version of the International Index of Erectile Function-5 (IIEF-5).[2] ED was defined as IIEF-5 score <21 and was graded as follows: 17–21 mild ED, 12–16 mild-to-moderate ED, 8–11 moderate ED, and 1–7 severe/complete ED.[3] All data were assessed for normal distribution by the Kolmogorov–Smirnov test. Multivariate logistic regression analysis was used to identify independent risk factors of ED. Participants were on oral agents and 19.8% on insulin. 79.1% of the study participants had hypertension, 90.7% had dyslipidemia, 3.5% cerebrovascular disease, 10.5% peripheral arterial disease, 7% retinopathy, 14% diabetic neuropathy, 16.3% chronic kidney disease (CKD), 41.9% coronary artery disease, and 24.7% were current smokers. Most (95.3%) of the study participants were on oral hypoglycemic agents, and 19.8% were receiving insulin.

The prevalence of ED was 91.8%. Severity of ED was as follows: 36.5% mild ED, 18.8% mild-to-moderate ED, 10.6% moderate ED, and 25.9% severe-to-complete ED. 18.6% of the study participants were receiving pharmacological treatment for ED. Multivariate logistic regression analysis, after adjustment for age, T2D duration, body mass index, HbA1c, smoking status, hypertension, antidiabetic treatment, and micro- and macrovascular complications showed that ED was associated positively with dyslipidemia (odds ratio [OR]: 1.07, 95% confidence interval [CI]: 1.01–1.16) and negatively with glomerular filtration rate (GFR) (OR: 0.92, 95% CI: 0.86–0.99).

In the present study, we found a high prevalence of ED was 91.8% among T2D men. It must be mentioned that the prevalence of ED varies according to the characteristics of the studied population.[1] In an Italian study, approximately 60% of T2D men exhibited ED: mild 9%, mild to moderate 11.2%, moderate 16.9%, and severe 22.9%.[3] In our study, dyslipidemia and GFR levels were the only predictors of ED. Previous studies have shown that dyslipidemia is an independent risk factor for ED in T2D.[4] It is known that men with dyslipidemia are more likely to have ED, but the responsible pathogenetic mechanisms are not fully understood.[4] In addition, it has been well established that CKD is related to sexual disorders. ED prevalence in patients with CKD is high and the manifestation is classified as severe in more than half of them.[3] ED and CKD share common pathophysiological causes, such as vascular or hormonal abnormalities and are both affected by similar comorbid conditions, such as cardiovascular disease, hypertension, and T2D.[5]

In conclusion, the prevalence of ED among Greek diabetic men is high. Dyslipidemia and GFR were identified as the only determinants of ED. However, larger, well-designed studies are needed to give an answer to the prevalence of this important diabetic complication in our country.

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Conflicts of interest
There are no conflicts of interest.

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