Erectile Dysfunction Hard to Discuss, Survey Finds

BY MARY ELLEN SCHNEIDER
New York Bureau

More than 80% of men with erectile dysfunction know that the condition can be an indicator of other serious diseases, but 38% of men with the condition still haven't spoken to their physician about it, according to a survey sponsored by Eli Lilly & Co.

Many men cited their own discomfort as the main barrier to discussing their sexual health, but they also said that they didn't know what to ask, or thought that other health topics were more important to discuss during the visit.

The online survey of 300 men aged 45 and older who reported experiencing erectile dysfunction at least occasionally was presented during a Webcast sponsored by the Men's Health Network and Eli Lilly, which markets tadalafil (Cialis) for the treatment of erectile dysfunction.

But for those men who are willing to broach the subject with their physicians, the visit offers an opportunity to assess other aspects of their health, experts said.

"The new interest in erectile dysfunction is bringing men to see their physicians who might not otherwise have gone, giving us an opportunity to assess a man's overall health far beyond the presenting complaint," said Dr. Jean Bonhomme, a member of the board of directors of the Men's Health Network.

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Disturbances in the circulatory or nervous systems or hormonal systems can all result in or contribute to erectile dysfunction, Dr. Bonhomme said.

In fact, new research indicates that erectile dysfunction may offer physicians an early warning about coronary artery disease, diabetes, and metabolic syndrome, said Dr. Ridwan Shabsigh, director of the division of urology at Maimonides Medical Center in Brooklyn, N.Y. Dr. Shabsigh received honorarium from Eli Lilly for participating in the Webcast and has served as a consultant to Eli Lilly and other companies that market erectile dysfunction medications, including Pfizer Inc., Bayer Healthcare Pharmaceuticals, and Schering-Plough Corp.

In a study recently published in the Journal of the American College of Cardiology, researchers found that among men with type 2 diabetes, those who also had erectile dysfunction were more likely than men without the condition to have symptoms of coronary heart disease and that erectile dysfunction was an independent predictor for coronary heart disease events (J. Am. Coll. Cardiol. 2008;51:2045-50).

The process of atherosclerosis and coronary heart disease is frequently silent until the first heart attack, Dr. Shabsigh said. As a result, it is important that middle-aged men with erectile dysfunction who are otherwise asymptomatic see their physician. And physicians who see these otherwise asymptomatic patients should try to intervene early with disease and behavioral modification, Dr. Shabsigh said. Conversely, physicians should ask about erectile dysfunction in patients with hypertension, he said.

"This presents an opportunity for erectile dysfunction to be an early warning marker of otherwise dangerous silent diseases," he said.

Conversations about erectile dysfunction vary in his practice, Dr. Shabsigh said, depending on the comfort level of the patient. Some men will initially avoid a long conversation about erectile dysfunction even when they have questions. However, they usually open up once they feel more comfortable. Other patients are more comfortable from the start and will ask a lot of questions about what causes the condition.

The first step in helping a patient become more comfortable communicating about sexual issues is for the physician to be comfortable themselves, Dr. Shabsigh said, and there are continuing medical education courses and other resources available to help.

Once the physician is comfortable, he or she should raise the topic in the context of overall health, Dr. Shabsigh advised. For example, physicians can include erectile dysfunction in the review of systems. Signaling to the patient that sexual function is just part of overall health removes some of the stigma associated with the conversation, he said.

Physicians can also consider dedicating an entire visit to discussing sexual health issues. If a patient brings up the issue and there's limited time for a discussion, the physician can schedule another visit to work out those issues, he said. ■

Pay Attention to Sexual Issues of Diabetes Patients

BY ROBERT FINN
San Francisco Bureau

SAN FRANCISCO — People with diabetes frequently experience sexual problems, but few physicians have received training in dealing with these issues, and many are reluctant to broach the subject.

However, "you don't need to be Dr. Ruth to open up these conversations," Mitchell S. Tepper, Ph.D., said at the annual scientific sessions of the American Diabetes Association. "You don't need to be a sex therapist. It's not your job to finish or address every issue." He offered the following tips on discussing sexual issues with patients:

► Your emphasis should be in talking *with* patients, not *to* them, about sexual issues. "I have an 11-year-old," said Dr. Tepper of the Morehouse School of Medicine, Atlanta. "When I talk *to* him, [he doesn't respond well]. People want to be in conversation and dialogue."

► Demonstrate respect. Provide privacy for the discussion. Ask permission to talk about sensitive issues. Be patient. People who feel respected will be more likely to open up.

► Establish rapport and build trust. Avoid judgmental or shaming remarks. Normalize and legitimize the patient's questions and concerns. For example, you could open the discussion by saying, "Many patients with diabetes report changes in their sexual function or response. What have you experienced?"

► Validate the patient's concerns. It's disrespectful to say things like, "Don't worry," or "It'll take time," or "You'll figure it out," or "That really isn't a big problem." Instead, say something like, "I understand this is upsetting to you. I understand that you may be worrying about how this may affect your relationships."

► Capitalize on teachable moments. For example, if you notice circulation problems in a patient's foot, use that opening to explain how circulation problems can also affect sexual function.

► Don't overwhelm patients by trying to cover everything in one session. One way to do this is to ask, "What is your most pressing sexual question or problem?"

► Use open-ended questions and let the patient tell his or her story without interruption. Dr. Tepper suggested many questions that can open the door to discussion, these among them: How long have you been experiencing this problem? How much of a problem is this for you and your relationships? Do you experience the problem when you masturbate? What do you think is the cause of your problem? What have you tried on your own to solve it? What are the most important results you hope to receive from treatment?

Finally, Dr. Tepper said that it's important to be cognizant of cultural issues surrounding sexuality. "Sexuality is not only about connecting with the genitals. It's also about connecting with the mind and the soul." ■

Partners of Diabetes Patients Affected by Intimacy Issues

BY ROBERT FINN
San Francisco Bureau

SAN FRANCISCO — Consider the partners of diabetes patients when talking about sexual problems in diabetes, Lawrence Fisher, Ph.D., suggested.

Although only one member of a couple may have diabetes, "Partners are very often hidden patients," Dr. Fisher said at the annual scientific sessions of the American Diabetes Association. "Diabetes [exists] in interpersonal settings. It doesn't happen in social isolation. The most powerful and emotionally charged interpersonal setting is the adult couple." He listed six issues related to sexual intimacy that affect patients with diabetes:

Clinical depression is very common among people with diabetes, and even in patients without a formal diagnosis of depression, it's typical to find high levels of depressive affect and diabetes distress. Many of these patients are taking antidepressants, which have well-known sexual side effects. On top of that, "Being in a lousy mood is not the greatest time to have sex," said Dr. Fisher of the University of California, San Francisco.

Self-blame and shame are often issues in patients with diabetes, especially those with type 2. Consciously or unconsciously, many people think, "If only I had taken care of myself better, I wouldn't be having these sexual problems." Partners also may blame the diabetes patient for sexual problems, further damaging the patient's self-esteem.

People with diabetes, especially with type 2, often feel socially and physically unattractive. An obese patient can have a poor body image that might inhibit him or her from initiating sexual activity. The other side of the coin is that partners may take it as a judgment about their own attractiveness when a man with diabetes is unable to achieve an erection.

Patients and partners often have specific worries about the effect of diabetes on sexual activity. Sexual intercourse can be physically demanding, and they worry about cardiovascular events and hypoglycemia. Having to plan for this, with blood testing before bed and snacks on the nightstand, for example, takes some of the spontaneity and fun out of sex. Furthermore, simply knowing that diabetes can lead to sexual failure can be a self-fulfilling prophecy.

Patients and their partners often suffer from a lack of knowledge about diabetes and its effects on sexual intimacy. And they also tend to be ignorant about the normal effects of aging on sexuality. "This creates what I like to call 'diabetes scapegoating,'" Dr. Fisher said. "Any time anything happens, it's [the fault of] diabetes. And it may not be. It may be normal functioning for people of that age."

Cultural and personal beliefs, values, and sentiments about sexuality can often amplify the effects of diabetes. Some couples lack the language to talk about sexual difficulties. "In some cultures, even in long-standing relationships between partners, it is considered inappropriate for the partners to talk about their sexual activity," Dr. Fisher said. ■