

## Patterns and Their Correlates of Seeking Treatment for Erectile Dysfunction in Type 2 Diabetic Patients

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### ABSTRACT

**Introduction.** Diabetic patients are at high risk of having erectile dysfunction (ED), but their doctors rarely pay attention to this association.

**Aim.** To evaluate the treatment-seeking patterns and their correlates for ED in type 2 diabetic patients.

**Methods.** A questionnaire containing Sexual Health Inventory for Men and questions inquiring treatment-seeking patterns was mailed or given to 4,040 subjects who had visited our endocrinology outpatient department for diabetes during January 2004 to May 2006.

**Main Outcome Measures.** The prevalence of being bothered and having interest in treatment, and the percentage having sought treatment in regard to ED and their correlates with age and ED severity.

**Results.** Of the subjects with questionnaire completed, 83.9% (708/844) had ED. Among the subjects with different severity of ED, the moderate group had the highest percentages regarding prevalence of being bothered (89.4%), having interest in treatment (78.5%), and having sought treatment (46.2%). Of all the subjects, only 14.2% had ever visited Western physicians, whereas embarrassment and misinformation about ED treatment were the leading reasons for never doing so. Over half (56.6%) of those with ED wished to discuss ED problem with their doctors, and of them 90.4% wished the doctors to initiate to broach this issue.

**Conclusions.** The prevalence of ED and the concerns about it were high in these diabetic patients. ED severity was the major determinant of their treatment-seeking decision, whereas only few of them had ever sought professional help. Routine screening of ED in diabetic patients is recommended. **Jiann B-P, Lu C-C, Lam H-C, Chu C-H, Sun C-C, and Lee J-K. Patterns and their correlates of seeking treatment for erectile dysfunction in type 2 diabetic patients. J Sex Med 2009;6:2008–2016.**

**Key Words.** Erectile Dysfunction; Prevalence; Treatment Seeking; Sexual Health Inventory of Men; Diabetes Mellitus

### Introduction

Diabetes is a common comorbidity associated with the high risk of erectile dysfunction (ED). The probability of complete ED in diabetic patients is three times greater than those without [1]. ED has a negative impact on quality of life and interpersonal relationship that needs effective treatment [2]. The introduction of phosphodiesterase type 5 (PDE5) inhibitors provoked a fever of seeking treatment, but approximately

only 30% of ED patients have sought treatment [3,4].

Those who have chronic diseases, e.g., diabetes, are more likely to visit health-care providers and therefore have more access to seek professional help for ED problem [5]. The availability of effective oral medicine and advances in the understanding of ED problem has made this disease seemingly treatable by general health care providers. Jiann et al. [6] reported that endocrinologists were responsible for 2.4% of all sildenafil-

prescribing physicians, whereas 20.4% of the ED subjects had diabetes in our institution [6]. Investigating the prevalence of ED and realizing whether they are bothered by it or not are issues important to health-care providers. Unfortunately research on this issue is sparse.

### Aim

This study was conducted to evaluate the prevalence of ED in type 2 diabetic patients, their treatment-seeking patterns, and factors affecting them.

### Methods

#### Study Design and Participants

Our study called for a sample of consecutive male subjects who had visited the outpatient department (OPD) of endocrinology under the diagnosis of diabetes mellitus (DM) at our institution during January 2004 to May 2006. A self-administered questionnaire composed of demographic data, questions regarding treatment-seeking patterns (Appendix) and a Chinese version of the Sexual Health Inventory for Men (SHIM) [7] was mailed to each of these subjects. To increase the response rate, subjects who did not respond initially were invited again to complete the questionnaire if they were seen by one of the endocrinologists in OPD at our institution during the period of June 2006 to May 2007.

The demographic data in the questionnaire contained age, body weight, body height, marital status, smoking history, as well as a list of self-reported comorbidities including hypertension, dyslipidemia, coronary artery disease, uremia, depression, chronic liver disease, alcoholism, cancer, and cerebrovascular accident. This study was reviewed and approved by an independent Institutional Review Board at our institution.

#### Main Outcome Measures

Concerns regarding ED were evaluated by the prevalence of being bothered by ED and of having interests in ED treatment (positive response to Q2 and Q8 in Appendix) in the subjects with ED. If a man was “a little or modestly or highly” bothered by ED or having “some or much” interest in ED treatment, he was subsequently categorized in the group bothered by ED or having interests in ED treatment. The correlation of concerns about ED and percentage having sought treatment with dif-

ferent age groups (26 to 45, 46 to 55, 56 to 65, 66 to 75, and 76 to 85 years) and with ED severity were also evaluated.

The severity of ED was classified according to the sum score of SHIM as: 22–25 = no ED; 17–21 = mild ED; 12–16 = mild-moderate ED; 8–11 = moderate ED; and 1–7 = severe ED.

#### Exclusion Criteria

To avoid being misclassified as having ED due to having no sexual activity in the past 6 months, the subjects who fulfilled several criteria were excluded. The exclusion criteria were: (i) the score of question Q1 in SHIM being greater than 2 (rating his confidence about erection better than “low” in the past 6 months); (ii) every score from Q2 to Q5 in SHIM being zero (no sexual activity in the past 6 months); and (iii) the answer to question “Do you consider yourself having erectile dysfunction” being “no.”

#### Statistical Analysis

The data would be analyzed by descriptive statistics. Chi-square test was used for comparison of categorical parameters, and Kruskal–Wallis test for comparison of numeric parameters without normal distribution. The level of significance was considered as  $P < 0.05$ .

### Results

A total of 4,311 consecutive subjects had visited the OPD of our endocrinology department during January 2004 to May 2006 for DM. After excluding 268 subjects with the wrong address and three being deceased, a questionnaire was mailed to the remaining 4,040 subjects. A total of 958 questionnaires were returned, of which 603 were obtained by return mail and 355 obtained from the OPD. The overall respondent rate was 23.7% (958/4,040). Compared with the nonresponders, the respondents were older ( $66.4 \pm 13.5$  vs.  $61.7 \pm 14.1$  years,  $P < 0.05$ ) in age and had more total visits in the endocrinology OPD during the past 2.4 years from January 2004 to May 2006 ( $10.8 \pm 7.2$  vs.  $8.2 \pm 6.9$  visits,  $P < 0.05$ ). The National Health Insurance Bureau in Taiwan recommended diabetic patients with stable condition to be followed up once per 3 months.

For the respondents older than 55 years, the ED prevalence showed no significant difference among those whose questionnaires obtained by mail or from OPD. For the respondents younger than 56 years, the ED prevalence in those whose

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