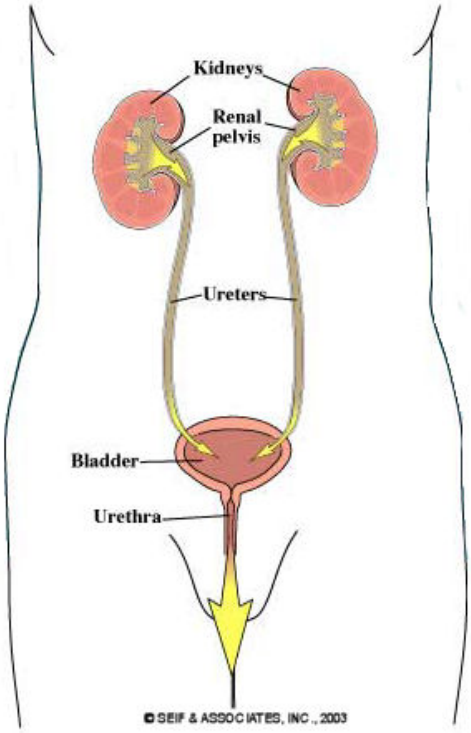
Sexual and Urologic Problems of Diabetes

Bladder problems and changes in sexual function are common as we age. Diabetes can cause these problems to start at an earlier age and can make these problems worse. By keeping your diabetes under control, you can lower your risk of sexual and urologic problems.



CAUSES

Sexual and urologic problems of diabetes are caused by many factors. These factor can be related to nerve damage.

SYMPTOMS

Difficulty with erections or ejaculation in men. Symptoms include:

- Inability to have an erection firm enough for sexual intercourse.
- Retrograde ejaculation. This is when part or all of a man's semen goes into the bladder instead of out the penis during ejaculation. He may notice that little semen is discharged during ejaculation or may become aware of the condition if fertility problems arise. Urine may appear cloudy.

Problems with sexual response and vaginal lubrication in women. Symptoms can include:

- Decreased or total lack of interest in sex.
- Decreased or no sensation in the genital area.
- Constant or occasional inability to reach orgasm.
- Dryness in the vaginal area. This can lead to pain or discomfort during sex.

Urologic problems.

- Symptoms of an overactive bladder include:
  - Urinary urgency and frequency.
  - Getting up at night to urinate often.
  - Urine leakage.
- The symptoms of a neurogenic bladder are less common, and may be more severe. These include:
  - Difficulty urinating.
  - Urinary tract infections.
  - Loss of the urge to urinate when the bladder is full.
  - Urine leakage.
  - Complete failure to empty your bladder (*retention*).

Urinary tract infection symptoms:

- Frequent urge to urinate.
- Pain or burning in the bladder or urethra during urination.
- Cloudy or reddish urine.
- Fatigue or shakiness.
- In women, pressure above the pubic bone.
- In men, a feeling of fullness in the rectum.
- If the infection is in your kidneys, you may feel sick to your stomach, feel pain in your back or side, and have a fever. You may notice shaking chills.

DIAGNOSIS

Erectile Dysfunction.

- Your caregiver may ask you about your medical history, the type and frequency of your sexual problems, your medications, your smoking and drinking habits, and other health conditions.
- A physical exam and lab tests may be done.
- Your blood glucose control and hormone levels will be checked.
- Your caregiver may also ask you whether you are depressed or have recently experienced upsetting changes in your life.
- You may be asked to do a home test that checks for erections that occur during sleep. It is very common for men to have nocturnal erections and not be aware.

Retrograde Ejaculation.

- Your caregiver may take your medical history, do a physical exam, and examine your urine. Retrograde ejaculation is very common in men who have had prostate surgery. Tell your caregiver if you have had prostate surgery.

Decreased Vaginal Lubrication or Absent Sexual Response.

- Your caregiver will ask you about your medical history, any gynecologic conditions or infections, the type and frequency of your sexual problems, your medications, your smoking and drinking habits and other health conditions.
- A physical exam and lab tests may be done.
- Your blood glucose control will be discussed.
- Your caregiver may ask whether you might be pregnant or have reached menopause.
- They may also ask whether you are depressed or have recently experienced upsetting changes in your life.

Bladder Dysfunction.

- Your caregiver will check both your nervous system (your brain and the nerves of the bladder) and the bladder itself.
- Tests may include x-rays and an evaluation of bladder function (*urodynamics*).

Urinary Tract Infections.

- Your caregiver will ask for a urine sample. This sample will be analyzed for bacteria and pus. If you have frequent urinary tract infections, your caregiver may order further tests.
- An ultrasound exam may be done.
- An intravenous pyelogram (IVP) may be done in order to examine images of your urinary tract.
- A cystoscopy, which allows your caregiver to view the inside of the bladder, may be done.

TREATMENT

Erectile Dysfunction.

- Talk to your caregiver if you experience erectile dysfunction.
- Treatments for erectile dysfunction caused by nerve damage (*neuropathy*) vary widely and can include:
  - Oral pills.
  - A vacuum pump.
  - Pellets placed in the urethra.
  - Shots directly into the penis.
  - Surgery to implant a device to aid in erection or to repair arteries.
  - Psychotherapy to reduce anxiety or address other issues may be necessary.

Retrograde Ejaculation.

- Medicine may be given that improves the muscle tone of the bladder neck.
- A urologist experienced in infertility treatments may help to promote fertility. This may include collecting sperm from the urine and then using the sperm for artificial insemination.

Decreased Vaginal Lubrication or Absent Sexual Response.

- If you experience sexual problems or notice a change in your sexual response, talk to your caregiver.
- Prescription or over-the-counter vaginal lubricant creams may be prescribed or recommended for dryness.
- Techniques to treat decreased sexual response include changes in position and stimulation during sexual relations.
- Psychological counseling may be helpful.

Bladder Dysfunction.

- Treatment for neurogenic bladder depends on the specific problem and its cause.
- If the main problem is retention of urine in the bladder, treatment may involve medicine to promote better bladder emptying and behavior changes to promote more efficient urination (*timed urination*).
- Sometimes, people may need to periodically insert a thin tube (*catheter*) through the urethra into the bladder to drain the urine.
- Learning how to tell when the bladder is full and how to massage the lower abdomen to fully empty the bladder can help.
- If urinary leakage is the main problem, medicine or surgery can help.
- Kegel exercises can strengthen the muscles that hold urine in the bladder.

Urinary Tract Infection.

- Early diagnosis and treatment are important to prevent more serious infections (like a kidney infection).
- Your caregiver may prescribe medicine that kills germs (*antibiotic*) based on the bacteria in your urine. Current recommendations are for a full 7-day course of antibiotic treatment in people with diabetes, instead of the shorter course used for other people.
- Kidney infections are more serious and may require several weeks of antibiotic treatment.
- Drinking plenty of fluids will help prevent another infection.
- If infections are associated with sexual intercourse, it may require prophylactic medicince prior to intercourse.

RISK FACTORS

Risk factors are conditions that increase your chances of getting a particular disease. The more risk factors you have, the greater your chances of developing that disease or condition. Diabetic neuropathy, including related sexual and urologic problems, appears to be more common in people who:

- Have poor blood glucose control.
- Have high levels of blood cholesterol.
- Have high blood pressure.
- Are overweight.
- Are over the age of 40.
- Smoke.

PREVENTION

- Keep your blood glucose, blood pressure and cholesterol close to the target numbers your caregiver recommends.
- Be physically active and maintain a healthy weight. This can also help prevent the long-term complications of diabetes.
- Quit smoking. This will improve your health in many ways. If you quit smoking, you can lower your risk not only for nerve damage but also for heart attack, stroke, and kidney disease.

FOR MORE INFORMATION

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