

## Impotence in men

Impotence is the inability to have an erection suitable to successfully complete sexual intercourse. Impotence affects most men, (whether or not they have diabetes), at some stage in their life, however, it occurs more frequently in men with diabetes.

### Causes of impotence

There are many causes of impotence. The problem can range from a temporary nuisance caused by stress, to a permanent physical problem. Diabetes is not always the cause of impotence.

Diabetes can cause damage to the nerves (neuropathy). If this affects the nerves which carry signals from the brain to the blood vessels in the penis, the penis will not expand and there will be no erection.

Diabetes can also damage blood vessels that supply the penis and which are also important for an erection.



### What to do

If you experience impotence you will need a complete medical check-up to try and pin-point where the problem is. There are a variety of treatments available which will make an erection and intercourse possible.

### Can impotence be prevented?

This is not yet known since impotence may appear much sooner after diagnosis than other complications of diabetes.

However it is known that in men with diabetes, the incidence of impotence is lowest in men who:

- maintain tight blood control
- drink alcohol in moderation
- do not smoke

## Contraception

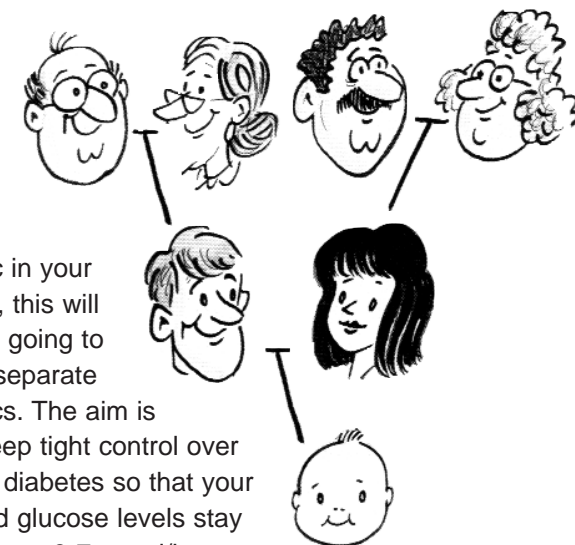
There are several methods of contraception which can be used whether or not you have diabetes. It is important to understand the risks and benefits of each method.

Talk to your doctor or nurse about which option is suitable for you. Oral contraceptives, for example, can alter sensitivity to glucose so it is very important to check glucose levels more often.

## Pregnancy

If you intend to start a family, tell your doctor or nurse as it is very important that your blood glucose levels are well controlled at the time of conception and for at least 3 months before.

Once you know you are pregnant tell your doctor, as there may be a combined diabetic/ante-natal



clinic in your area, this will save going to two separate clinics. The aim is to keep tight control over your diabetes so that your blood glucose levels stay between 3-7 mmol/l, even after meals.

These days the chances of a successful pregnancy are very good. However, unless your blood glucose level is normal from the moment of conception, there is a risk that the baby's development may be impaired. For this reason you will be advised to **only** stop your contraception once your blood glucose level is **well controlled**.

## Remember

During pregnancy sugar can leak into the urine more easily. It is therefore recommended that you test your blood glucose regularly.

If you use insulin, then your dose will increase, especially in the second half of your pregnancy. This will fall after the baby is born.

High blood glucose levels during pregnancy can increase the likelihood of having a large baby.



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Big is not always best. It will cause more strain on you and your baby throughout pregnancy and labour. It may even mean that a Caesarean or forceps delivery is necessary. Tight blood glucose control is therefore vital.

Occasionally diabetes develops or is discovered for the first time during pregnancy. This is called gestational diabetes.

Once your baby is born it may need to be transferred to a special baby care unit for a short time. This is a sensible precaution to make sure that your baby's blood glucose level settles down normally.

### Will your child develop diabetes?

The risk of your child developing diabetes depends on many factors – genetic and environmental – there is no simple “yes” or “no” answer. The chance of your child developing diabetes in childhood is greater than normal, (approximately 1 in 100 as opposed to the normal 1 in 500). It also appears to be higher for children whose fathers have diabetes than for children of mothers with diabetes. Roughly speaking, if you have insulin dependent diabetes (Type I), the risk of diabetes in your children is about 5%, (5 out of 100). This risk increases to 20-40% if both parents have insulin dependent diabetes.

## Menstruation

Diabetes does not appear to cause any more variation than normal in menstrual cycles of women with well controlled diabetes. However, if your diabetes is not well controlled this can upset menstruation.

Some women find it more difficult to control their blood glucose levels just before and during their periods. Frequent blood glucose testing will show if there is a pattern which will help them to adjust their treatment accordingly.

## Leaflets available from Hypoguard

- 1 What is Type 2 diabetes
- 2 What is Type 1 diabetes
- 3 Long-term complications of diabetes
- 4 Hypos, hypers and all that
- 5 Monitoring diabetes
- 6 Diabetes and exercise
- 7 Work and driving with diabetes
- 8 Smoking and alcohol with diabetes
- 9 On holiday with diabetes
- 10 Men and Women with diabetes

Please call the **Hypoguard Freephone Information Line: 0800 371 957** for further copies of this leaflet or other leaflets in the series.

## Diabetes management made simple

Hypoguard have a range of blood glucose monitoring systems specifically designed to help people with diabetes manage their glucose levels in their homes. If you would like any information about them, please call the Hypoguard Freephone Information Line: **0800 371 957** 8am and 6pm, Monday to Friday or visit our web site at [www.hypoguard.com](http://www.hypoguard.com)

### Hypoguard Limited

**Dock Lane Melton Woodbridge**

**IP12 1PE United Kingdom**

**Telephone: +44 (0)1394 387 333**

**UK Technical Service: 0800 0856 152**

**Fax: +44 (0)1394 380 152**

**<http://www.hypoguard.com>**

# Men and women with diabetes



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