

Diabetic men at risk for low testosterone

By Dr. Stephen Ponder

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CORPUS CHRISTI — Low testosterone strikes men with Type 2 diabetes twice as often as non-diabetic men. Seven out of 10 men with low testosterone report erectile dysfunction and 63 percent report low sex drive. Estimates indicate that more than 13 million U.S. men suffer from low testosterone levels. The bad news? Only one in 10 gets treatment.

Low testosterone can be easily confused with other problems and often gets overlooked by patients and doctors. The typical symptoms of low testosterone are a reduced interest in sex, an inability to have or maintain an erection, lower lean body mass, lack of energy and a depressed mood. If any of these symptoms describe you, ask your doctor about your testosterone level and get it checked.

There is a simple screening test called ADAM, short for Androgen Deficiency in the Aging Male. It's not meant to replace a visit to the doctor, but rather to get you to see the doctor and talk about the possibility of a low testosterone level.

Read these 10 questions and answer them either yes or no.

- 1) Has your sex drive decreased?
- 2) Have you had a lack of energy?
- 3) Do you have a decrease in strength or endurance?
- 4) Have you lost height?

- 5) Have you noticed a decreased “enjoyment of life?”
- 6) Are you sad or grumpy?
- 7) Are your erections less strong?
- 8) Have you noticed a recent deterioration in your ability to play sports?
- 9) Are you falling asleep after dinner?
- 10) Has there been a recent deterioration in your work performance?

If you answer yes to questions 1 or 7, or any combination of three other questions then you might have low testosterone. A simple blood test will provide the answer. The best time to measure testosterone is around 8 a.m. because the levels naturally wax and wane during the day. They tend to be highest at 8 a.m. and lowest around 4 to 5 p.m.

In some cases, your doctor might refer you to a specialist such as an endocrinologist or urologist to make a diagnosis. If you have low testosterone, there are several good ways to treat it. Gels, skin patches or twice monthly injections will work. Daily pills are not good choices for long term use because they can cause liver problems. Other side effects of replacement testosterone therapy include changes to cholesterol levels and acne. Improvement in symptoms happens fairly quickly.

Finally, make sure not to confuse low testosterone levels and erectile dysfunction caused by diabetes.

While many of the symptoms overlap, they are two different problems. Erectile dysfunction in diabetes is caused by damage to the nerves and blood vessels in the pelvic region. Men with erectile dysfunction no longer can have or keep an erection. Low testosterone levels can be corrected by supplementing testosterone.

Testosterone alone will not treat erectile dysfunction caused by diabetes. That requires a different approach.

The reason why only one in 10 men with low testosterone (with or without diabetes) get proper treatment is because they tend to avoid the subject at doctor visits. Men are also notorious for not seeing a doctor except for emergencies, where subjects like this often get ignored. Some doctors may feel too busy to raise the subject of men's sexual health. Neither gender should suffer sexual health problems when excellent treatments are available today.

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