

Extended Abstract

Erectile dysfunction among Nigerian men with diabetes: a systematic review

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Abstract

Background

Diabetes mellitus is a chronic metabolic disorder with multiple microvascular and macrovascular complications. Some of the complications of diabetes such as erectile dysfunction is a result of an interplay of both microvascular and macrovascular complications. Erectile dysfunction is the inability to achieve or sustain erection adequate for satisfactory sexual activity. Erectile dysfunction is relatively common in men with diabetes yet there is paucity of information on erectile dysfunction among Nigerian men with diabetes.

Methods

Twelve studies on erectile dysfunction in Nigerian men with diabetes with a total sample size of 1777 fulfilled the eligibility criteria and were recruited into the systematic review. The International Index of Erectile Function (IIEF) questionnaire was used to assess for erectile dysfunction in all the studies.

Results

The prevalence of erectile dysfunction among Nigerian men with diabetes is 48.4-98.0%. The factors significantly associated with the presence of erectile dysfunction among Nigerian men with diabetes are longer duration of diabetes, poor glycaemic control, older age, peripheral arterial disease, autonomic neuropathy and obesity.

Conclusion

There is scanty literature on erectile dysfunction among Nigerian men with diabetes mellitus hence the need to have a systematic review to provide composite information on the topic. The few studies on erectile dysfunction among Nigerian men with diabetes were done across different geopolitical zones but more studies were done in Southern Nigeria. Therefore, there is a need to conduct more studies across all zones and more especially in the Northern part of the country.

The prevalence of erectile dysfunction among Nigerian men with diabetes is 48.4-98.0%. The wide range reflects differences in demographics and research designs. The main predictors of erectile dysfunction among Nigerian men with diabetes are longer duration of diabetes, poor glycaemic control, older age, peripheral arterial disease, autonomic neuropathy and obesity.