

SFHDiabED03

Provide treatment for erectile dysfunction in a man with diabetes



Overview

This standard covers the treatment of erectile dysfunction in a man with diabetes. It should occur only following a full assessment but may be part of the same consultation. It has been estimated that the prevalence of erectile dysfunction in men with diabetes may be as high as 75%. It is associated with significant psychological morbidity and is, therefore, as important as many other complications of diabetes. However, a general reluctance amongst patients and some health professionals to discuss sexual functioning means that it often goes unrecognised, unreported and untreated.

Users of this standard will need to ensure that practice reflects up to date information and policies.

SFHDiabED03

Provide treatment for erectile dysfunction in a man with diabetes

Performance criteria

You must be able to:

- P1 communicate with the man, and his partner if present, in a manner appropriate to them which encourages an open exchange of information
- P2 confirm that the man, and his partner if present, understand the nature and purpose of the consultation and give their consent
- P3 if he has not done so, establish whether the man is willing to involve his partner in the assessment process and, as necessary, arrange for a further joint appointment
- P4 explain the outcome of the assessment to the man, and his partner if present, in an appropriate manner and at a suitable level and pace, providing or arranging for psychological support and counselling as necessary
- P5 taking account of your assessment and any contra-indications, provide information in suitable forms about the specific treatment options available to the man, and his partner if present, highlighting the success rate, contraindications, side effects and risks associated with each, and the sequence in which treatment options might be pursued if the first is not effective
- P6 discuss and agree an approach to treatment, explain how it should be used and in what circumstances the man should cease to use the treatment and or seek further advice
- P7 arrange for the treatment, usually by making a recommendation to the man's General Practitioner, or in some cases by arranging a referral to a specialist
- P8 provide more general psychosexual advice to help the man, and where present his partner, to overcome coexistent or consequential psychological barriers to full sexual functioning, and provide information about specific sources of support
- P9 advise the man, and where appropriate his partner, on other measures to improve his erection including, as necessary, smoking cessation, physical activity, improved diet, reduced alcohol intake and better glycaemic control
- P10 agree with the man, and where present his partner, how the man will be followed-up to check progress and, as necessary, to consider other treatment options
- P11 with the man's consent, record the treatment plan agreed

SFHDiabED03

Provide treatment for erectile dysfunction in a man with diabetes

Knowledge and understanding

You need to know and understand:

- K1 national guidelines for diabetes management, education and service delivery
- K2 theories of causes of diabetes
- K3 signs and symptoms of diabetes, including WHO criteria for diagnosis
- K4 normal and abnormal blood glucose and HbA1c values
- K5 how to monitor glucose levels, HbA1c, blood pressure
- K6 the investigations required to exclude causes of erectile dysfunction other than diabetes
- K7 the treatments for erectile dysfunction
- K8 psychosexual functioning and the theories and techniques of psychosexual counselling
- K9 the importance and effects of patient education and self management
- K10 the psychological impact of diabetes
- K11 how to work in partnership with patients and their partners
- K12 the social, cultural and economic background of the patient/carer group
- K13 the impact of nutrition, particularly carbohydrates, on diabetes
- K14 the impact of physical activity on diabetes
- K15 the effects of smoking, alcohol and illicit drugs
- K16 the medications used to manage diabetes
- K17 the long term complications of diabetes and when they are likely to occur
- K18 the physiological and psychological impact of diabetes on sexual functioning
- K19 relevant professional guidelines, standards and codes of professional conduct
- K20 the law and good practice guidelines on consent
- K21 your role in the healthcare team and the role of others
- K22 local guidelines on diabetes healthcare
- K23 local referral pathways
- K24 local systems for recording patient information
- K25 audit and quality assurance systems
- K26 sources of practitioner and patient information on diabetes
- K27 contact details of local and national support groups
- K28 sources of information and support about psychosexual functioning
- K29 how individuals can access local facilities for exercise and physical activity, education and community activities

SFHDiabED03

Provide treatment for erectile dysfunction in a man with diabetes

Additional Information

External Links

This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB7 Interventions and treatments

SFHDiabED03

Provide treatment for erectile dysfunction in a man with diabetes

Developed by	Skills for Health
Version number	1
Date approved	June 2010
Indicative review date	June 2012
Validity	Current
Status	Original
Originating organisation	Skills for Health
Original URN	Diab ED03
Relevant occupations	Health, Public Services and Care; Health Professionals; Healthcare and Related Personal Services
Suite	Diabetes
Key words	diabetes