Compensated hypogonadism and erectile dysfunction in type 2 diabetes (n=120)

H. Marmouch, H. Jenzri, I. Khochtali.

Endocrinology-Internal Medicine department- University Hospital-Monastir-TUNISIA

Abstract

Introduction: Compensated hypogonadism is characterized by an increase in LH levels associated with normal testosterone levels. The objective of this work was to determine its prevalence in patients followed for type 2 diabetes and erectile dysfunction (ED) and to describe the clinical profile of this population.

Patients and Methods: It’s a cross-sectional study carried out within the Department of Endocrinology of Monastir. It concerns 120 patients followed for type 2 diabetes and erectile dysfunction. Compensated hypogonadism was defined as total testosterone > 12nmol/L and LH > 9.4 mIU/mL.

Results: The mean age of our patients was 56.1 ± 5.5 years and the mean duration of diabetes was 12.7 ± 6.8 years. The age of erectile dysfunction in our series was 3.8 years with extremes ranging from six months to 15 years. There was a statistically significant negative correlation between LH level and IIEF-5 score ($r = -0.292; p = 0.002$). The prevalence of compensated hypogonadism was 14.2%. Its presence was positively correlated with an age greater than 55 years ($p = 0.01$), the severity of ED ($p = 0.03$), decreased libido ($p = 0.01$) and macro complications. angiopathic ($p = 0.045$).

Discussion and Conclusion:

Compensated hypogonadism in type 2 diabetes may be associated with worsening sexual dysfunction and increased cardiovascular risk. Further studies with larger samples are needed to better analyze this association.

Keywords: Hypogonadism, Type 2 Diabetes, Erectile Dysfunction

Funding and Conflicts of Interest

There is no conflicts of interest.