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HYPOGONADAL SYMPTOMS AND SEXUAL DYSFUNCTION AMONG MALES WITH T2DM

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INTRODUCTION

Previous literature has reported hypogonadism and erectile dysfunction to be prevalent among males with type 2 diabetes mellitus (T2DM). The hypogonadism can be attributed to obesity and insulin resistance, while erectile dysfunction can be due to low testosterone levels as well as endothelial dysfunction in the microvasculature. There is paucity of data on the common hypogonadal symptoms as well as sexual function among Malaysian males with T2DM.

METHODOLOGY

We analysed the hypogonadal symptoms and sexual function of 63 males with T2DM and hypogonadism (defined as total testosterone <12 nmol/L and repeated free testosterone <0.255 nmol/L with Aging Male Symptoms (AMS) score ≥27) and 58 weight- and HbA1c-matched males with T2DM with normal testosterone levels. Two validated questionnaires were utilised: the AMS questionnaire for hypogonadal symptoms, and the International Index of Erectile Function-5 (IIEF-5) questionnaires for sexual function. The AMS questionnaire assesses 3 components, namely somato-vegetative, psychological symptoms and sexual symptoms.

RESULTS

Sexual symptoms were more common than somato-vegetative or psychological symptoms, with 76.2% of hypogonadal males having severe sexual symptoms. 82.5% of hypogonadal males had reduced sexual ability, 68.3% had reduced morning erections and 25.4% had reduced libido. Among the 47.6% sexually active hypogonadal males, 37.9% had moderate to severe ED symptoms. 57.1% had severe to extremely severe decreased beard growth, 50.8% had felt burnt out while 17.5% complained of severe to extremely severe anxiety and 23.8% had irritability symptoms.

CONCLUSION

Sexual complaints, predominantly reduced sexual ability are more prevalent among males with T2DM and hypogonadism. Despite the low testosterone levels, most still have intact libido. Hence, males with T2DM should be actively screened for sexual symptoms and treated accordingly for better sexual quality of life. Somato-vegetative and psychological symptoms are not useful indicators for hypogonadism among males with T2DM.

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AWAKENING OF A SLEEPING CRANIAL DIABETES INSIPIDUS IN COVID-19 INFECTION

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INTRODUCTION

Steroids, primarily dexamethasone is currently the mainstay of treatment for COVID-19 patients with respiratory distress and organising pneumonia. Its role here is mainly as an anti-inflammatory. However, it is also responsible to unmask hormonal deficiencies such as Cranial Diabetes Insipidus.

RESULTS

A 43-year-old female was admitted for category 2 COVID-19 infection. She has been unwell prior to this with intermittent headaches, abdominal pain and vomiting. During one of her admissions, brain MRI revealed she has a partial empty sella, however no hormonal work up was done. She has no history of postpartum haemorrhage. In this current admission, she required IV hydration for poor oral intake. She had no documented episodes of hypotension or hypoglycaemia. Due to progression to category 4 COVID-19, she was started on IV hydrocortisone 100 mg TDS which was subsequently switched to IV dexamethasone 6 mg OD. During her hospital stay, she developed severe hypernatremia with a highest sodium concentration of 165 mmol/L. Intake and output charting exhibited polyuria with urine output up to 3 L/day, serum osmolarity of 346 mOsm/kg and urine osmolarity of 86 mOsm/kg. She responded well to subcutaneous desmopressin with a reduction of sodium to 157mmol/L over 24 hours and an ability to concentrate her urine. In patients with pituitary dysfunction, with reduced glucocorticoid production, there is reduction in AVP dependent water diuresis; with steroid replacement, there may be an exaggerated response to AVP and hence, severe polyuria. Due to the lung involvement, patients with COVID-19 infection are usually maintained at an equal or slightly negative fluid balance which could have caused the acute worsening of hypernatremia.

CONCLUSION

We need to be attuned to fluid and electrolyte imbalance in patients with COVID-19 infection especially in those with pituitary dysfunction.