

# The Accidental Advocate

A former broadcast journalist uses his experience with erectile dysfunction to help other men dealing with this common complication of diabetes | By Benno C. Schmidt III



**T**hose of us with diabetes have a number of potential health complications to watch for and, hopefully, prevent. I was diagnosed with type 1 in 1990, when much less was known about the disease and fewer treatments were available. I worried about losing my eyesight or my legs. But it was the one thing I didn't worry about—the loss of my sex life—that nearly destroyed my health.

## RISK ASSESSMENT

Remarkably, no one on my health care team ever discussed erectile dysfunction when I went for my diabetes checkups, so I didn't know that men with diabetes develop the condition at a rate three times higher than men without diabetes. In fact, according to a research review published in 2017 in *Diabetic Medicine*, more than half of men with type 1 and type 2 diabetes have some level of erectile dysfunction. There are a number of issues that contribute to it. Over time, high blood glucose levels can damage small blood vessels and nerves, including those in the penis, which can make it difficult to achieve an erection. Smoking and being overweight or obese, which are also risk factors for type 2 diabetes, can lead to erectile dysfunction. Some blood pressure medications also raise your risk.

Yet when the condition started to affect me almost two decades ago—I was in my early 30s—I was in

no hurry to address it. I was so focused on my career as a broadcast journalist, I figured erectile dysfunction was a minor setback compared with other potential diabetes complications.

While I wanted to date, discussing my particular complication with a woman seemed unthinkable. I was resentful and ashamed, feeling this was an old man's problem. Ignoring it, however, took a toll. I felt less confident in my very public job and began to suffer from depression, which made it even harder for me to seek help.

Turns out I was the norm. Studies show that more than half of men with erectile dysfunction may also suffer from depression because of the condition. Many men have misconceptions about it, believing that erectile dysfunction doesn't affect overall health. But that's far from true. It affects your quality of life as surely as a bad knee or heart disease.

## MOVING FORWARD

While I was grappling with erectile issues, I was the anchor of *dLife*, a TV show for people with diabetes, which occasionally explored the interplay among diabetes, depression, and sex. While taping one such episode, Janis Roszler, RD, CDE, LD/N, a certified diabetes educator and coauthor of *Sex and Diabetes: For Him and For Her*, talked with me on set during a break; I confessed my problem. She told me that not only were there treatments available but that I owed it to my future to try them.

Losing weight, eating well, exercising, and quitting smoking can help the condition, as can blood glucose management. Treatment

options include oral medications that help enable blood flow to your penis—Viagra and Cialis, among others—and a vacuum pump that you place over your penis to increase blood flow to it. There are also tiny suppositories that you can insert into the penis before sex, and injections into the base or side of the penis to improve blood flow.

I tried pills and suppositories, with limited success. Injections worked for me initially, but after a few months, I

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developed scar tissue in my penis, which built up into a thick plaque—a condition called Peyronie's disease. As the plaque builds up and hardens, the penis starts to permanently bend. Erections and intercourse were painful, so I found a prosthetic urologist in New York City.

We decided on a procedure that would surgically treat the Peyronie's disease as well as my erectile dysfunction: an inflatable penile implant. With this device, a pair of tiny cylinders are inserted into your

penis, and you inflate them by squeezing a pump that's implanted in your scrotum. Arguably the best aspect of a penile implant is that it's very discreet; your partner may not even know that you're using it.

I couldn't believe I had lived with erectile dysfunction for a decade before learning about the treatments. Here I was, exposed to the best experts as the anchor of a national program about diabetes, yet I knew nothing about them. If I didn't know about treating erectile dysfunction, who would?

I was in my early 40s and in a new relationship with a woman who was very supportive of the treatment process. Now my fiancée, she went with me to the urologist after my surgery to learn how to inflate the implant. It took some time to adjust, but I started to enjoy sex again. Now I don't even think about the implant unless I'm using it.

What still feels like something of a miracle happened four years ago: At age 46, I became a father to Charlie. The days of taking my health for granted are behind me. I take better care of myself now because I know that managing my diabetes will help me be more energetic for my son. After I was diagnosed with type 1, my doctors told me to manage my blood glucose so I wouldn't get complications in the future. Now, I do it for the present.

*Benno C. Schmidt III is a spokesperson for Boston Scientific (edcure.org), a medical device manufacturer. He travels across the country giving talks about living with diabetes and erectile dysfunction and counseling men interested in learning about penile implants. He lives in Brooklyn, New York, with his fiancée and their son.*

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