



Diabetes: advice for erectile dysfunction

NICE indicator

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www.nice.org.uk/indicators/ind106

Indicator

The percentage of male patients with diabetes who have a record of erectile dysfunction with a record of advice and assessment of contributory factors and treatment options in the preceding 15 months.

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

Rationale

Erectile dysfunction is a manifestation of autonomic neuropathy as a complication of long-term hyperglycaemia and as such is a common complication of diabetes. Erectile dysfunction is a traumatic complication for some men with diabetes. Although not perceived as life-threatening, it can have a significant impact on the quality of life for men with diabetes, their partners and families.

Risk factors for erectile dysfunction include sedentary lifestyle, obesity, smoking, hypercholesterolemia and metabolic syndrome.

The issue of erectile dysfunction can be a difficult topic for both, patients and healthcare professionals. It is important that it is discussed in a sensitive manner which allows patients to voice their concerns in a safe and supportive environment. Practices may wish to consider who in the practice team is best placed to address this issue with patients, how to discuss the issue and whether or not to integrate it into the diabetes annual review.

Source guidance

- [Type 1 diabetes in adults: diagnosis and management. NICE guideline NG17](#) (2015, updated 2022), recommendations 1.14.36 and 1.14.37
- [Type 2 diabetes in adults: management. NICE guideline NG28](#) (2015, updated 2026), recommendations 1.42.1 to 1.42.3

Specification

Numerator: The number of patients in the denominator with a record of advice and assessment of contributory factors and treatment options in the preceding 15 months.

Denominator: The number of male patients on the diabetes register with a record of erectile dysfunction.

Calculation: Numerator divided by the denominator, multiplied by 100.

Exclusions: Male patients with no record of erectile dysfunction.

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines, does not attend or if advice and assessment is not appropriate.

Expected population size: Quality and Outcomes Framework data for indicator DM016 for 2013 to 2014 shows that 0.7% of male patients on the diabetes register in England have a record of erectile dysfunction: 71 patients for an average practice with 10,000 patients. To be suitable for use in QOF, there should be more than 20 patients eligible for inclusion in the denominator, per average practice with 10,000 patients, prior to application of personalised care adjustments.

Update information

Minor changes since publication

February 2026: We updated the source guidance information to align with the update to NICE's guideline on type 2 diabetes in adults and added expected population size.

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