

Erectile Dysfunction

Erectile dysfunction (ED), or impotence, occurs when a man has difficulty with either getting an erection or with keeping an erection for long enough to allow satisfactory sexual activity.

Cause of erection problems

There are a number of causes of ED. In around two thirds of cases, there are physical problems affecting the blood supply. However, there is a complex relationship between physical and psychological aspects of sexual function. For instance, physical health problems can cause psychological distress that can have an additional effect on erection problems.

Physical health

Several conditions prevent sufficient blood getting into the penis and so cause ED. These include diabetes and vascular disease (furred-up blood vessels). There can also be problems with keeping the blood within the penis (veno-occlusive disease), resulting in erections that are quickly lost. Problems with the nervous system can affect the transmission of signals from the brain to the blood vessels in the penis. This occurs in conditions including multiple sclerosis, spinal cord injury and Parkinson's disease. The nerves involved in sexual arousal can also be damaged in surgery to the pelvic area, such as removal of the prostate. In a small number of cases, problems with hormone levels, can also affect erection.

Psychological aspects

Psychological problems can also influence the ability to get and maintain erections. Anxiety and guilt are common causes of ED. Unsatisfactory sexual and relationship experiences may lie behind these issues. Stress at work, depression, boredom with current sexual practices, partner conflicts, and unresolved issues about sexual orientation may all cause problems.

Medicines

The side-effects of medicines such as some treatments for high blood pressure can cause ED.

Medicines can also affect sexual drive and desire (libido), or cause problems with ejaculation and orgasm.

Lifestyle

Drinking too much alcohol commonly affects the ability to get and maintain an erection. In the longer term, it interferes with the production of the male hormone testosterone, which can reduce libido. Nicotine damages the circulation, so smoking increases the risk of erection problems. Similarly, being physically inactive, which contributes to poor cardiovascular fitness, may increase the risk of ED.

What's normal?

In younger men who consult the doctor, the initial problem is often anxiety over the reliability of an erection. However, occasional episodes of ED are common and do not mean there will be persistent problems in the future.

As men get older, it's common for them to need greater tactile stimulation, by themselves or their partner. A change in sexual foreplay and technique may be necessary to ensure a good, sustained erection.

The diagnosis of ED

Many men feel embarrassed when they first discuss the issue with their doctor or practice nurse. But, particularly since the launch of the drug sildenafil (Viagra), awareness and understanding from health professionals is high and the consultation will almost certainly be less embarrassing than feared.

The doctor will ask about your general health and about your erections. This will include whether or not you wake up with an erection in the morning and the strength of the erection compared with the past. The doctor will ask about any medicines you are on, and about any changes in your life that may be having an influence on your sexual health.

Erectile Dysfunction /page 2

The diagnosis of ED, continued.

Your doctor may also want to talk with you and your partner together about any physical or psychological factors that may be contributing to the problem. For example, around the menopause, women may experience pain or discomfort during intercourse. When the man has a faltering erection this may lead to further discomfort for both partners.

A physical examination includes taking the blood pressure and checking the pulses in the legs - an indicator of how healthy the circulation is. The penis and scrotum will be examined. The doctor may request blood tests to look for medical problems, such as anaemia, diabetes, high cholesterol or hormone abnormalities, that might be a contributory factor. More specialised tests to assess blood flow and the way the nerves are working can be done in specialist hospital clinics.

Treatment

In around 95% of the cases, a suitable treatment can be found.

If the cause is mainly worry, other psychological problems or relationship difficulties - such as arguments and disagreements about sex - then talking to a counsellor or psychosexual therapist will be most helpful.

Lifestyle changes & prevention

A healthier lifestyle can often be beneficial and can help prevent any further deterioration caused by underlying medical conditions.

- If you smoke, make a plan to stop.
- Take moderate-intensity exercise (so you feel warm and slightly out of breath - brisk walking for instance - for half an hour on most days of the week.
- Eat a balanced diet rich in fruit and vegetables and low in fat.
- Drink alcohol in moderation. Other recreational drugs can cause ED.
- Aim to reduce stresses in your life by looking at the balance between your work and your home/leisure time. Relaxation techniques may be helpful.

Medicines

If prescription medicines are thought to be causing or contributing to ED, it may be possible to switch to an alternative treatment. If hormone levels are found to be low, then replacement therapy with testosterone is possible.

In most other circumstances, a trial with a medicine that helps men obtain and keep an erection is the next step. There are now three different brands of tablets known as phosphodiesterase type-5 (PDTE5) inhibitors. The two newer drugs tadalafil (Cialis) and vardenafil (Levitra) work in a similar way to sildenafil (Viagra), the first drug of this type, but take effect more quickly.

Side-effects with these treatments tend to be minor and include headaches, nausea, indigestion and a stuffy nose. However they are prescription-only drugs, that are not suitable for everyone. There have been rare but serious complications.

Alternatives

External vacuum pump devices may be available from hospital ED clinics or purchased privately. Constriction rings (which trap blood in the penis) are useful where there is no problem with the flow of blood back from the penis. In a small number of cases, surgery to correct blood supply to the penis or to insert a penile implant may be options.

This material is intended for informational purposes only and is not a substitute for the medical advice of your doctor or any other health care professional. Always consult with your physician if you are in any way concerned about your health.