

Erectile Dysfunction

What is erectile dysfunction?

Erectile dysfunction (ED) can play itself out in many different ways. It can be the complete inability to get an erection or a tendency for the penis to soften too quickly to 'complete' sexual intercourse. Note that if a man has trouble with erections once in a while, it is usually not considered erectile dysfunction.

Almost 100% of men have, at one time or another, had trouble getting or keeping an erection during a sexual relationship. As well, some men have no trouble getting an erection during self-stimulation (masturbation), but may have difficulty during sexual activity with a partner.

Is erectile dysfunction the same as impotence?

Often the words "impotence" and "erectile dysfunction" are used interchangeably. Other people use the term "impotence" to refer to problems that interfere with sexual intercourse and reproduction, such as lack of sexual desire and problems with ejaculation or orgasm.

Throughout history men have feared impotence and think of it as a weakness in their masculinity. The word, itself, reinforces this fear. For the sake of this information package, we prefer to use the term "erectile dysfunction".

Why is it a concern?

Sexual intercourse is usually an important part of a romantic relationship or partnership. As well, our culture gives men the message that sexual interest and ability are important parts of being male.

If a man is unable to have an erection long enough for intercourse and the couple is not able to talk about it

openly, it may cause other problems in their relationship. The man may feel ashamed, unmanly or unworthy. This may cause him to distance himself from his partner - to stop trying to have intercourse. He may assume that it is his and only his problem, but may also feel too embarrassed to get help.

Meanwhile, his partner may feel rejected and assume that he has lost interest in their relationship. Communication is important and couples often find that they need to work together and support each other in order to resolve this problem.

How does a man get an erection?

If a man is thinking or fantasizing about sex, or is being touched in a sensual way, the brain will signal the body to send more blood to the penis. There are two arteries in the penis that expand as they become filled with blood, causing an erection, as well as is a physical process that stops the blood from leaving the penis. When stimulation ends, or after ejaculation, pressure in the penis decreases, blood is allowed to flow back into the body, and the penis resumes its normal, non-erect shape.

An erection requires a precise set of events to happen and ED is said to occur when one or more of the functions gets interrupted or doesn't work properly. For example, the blood may be able to flow into a man's penis, but if the blood is not trapped in the penis, his erection won't last long enough for intercourse.

What causes erectile dysfunction?

There are many reasons why erectile dysfunction happens. These stem from either psychological (mental) or physiological (physical) concerns, or a combination of both. As a general rule, physical causes are more common in older men while psychological problems are more common in younger men.

Psychological factors –

ED is often caused by some psychological factor including stress, (anxiety, a new sexual partner or situation,) fatigue or unresolved relationship problems. Erectile dysfunction can also be related to a temporary factor, such as the loss of a job, financial concerns or even studying for exams. ED can also be one outward sign of depression. “Stress and anxiety are leading causes of temporary ED” – www.webmd.ca/erectile-dysfuntion/guide/erectoin-probem-checklist.

“For a person to become sexually aroused and to function normally, he or she needs to have a feeling of self-confidence, freedom from anxiety, the presence of arousing mental and physical stimulation, and the ability to focus attention on sexually arousing thoughts or behaviour. Anything that interferes with these conditions can disrupt a sexual encounter. If one or more of these conditions is routinely absent, an inability to perform can become a lasting problem.”
[Taken from Sexual health: An interview with a Mayo Clinic specialist
(www.mayoclinic.com).]

Some people don't realize that difficulty getting and/or keeping an erection is a common problem in all men's lives at one time or another. Performance anxiety (worrying about being able to get and keep an erection) can result in ongoing erectile dysfunction – almost like convincing oneself that it IS going to happen.

In some cases there may be a long-standing or deep-rooted psychological factor. For example, negative attitudes about sex that were taught in childhood or strict religious beliefs can create sexual guilt or anxiety surrounding intercourse. Other factors may

include a fear of intimacy, a history of sexual abuse or ambivalence about sexual orientation.

Physiological factors

About 10 per cent of erection problems are caused by a medical condition or physical problem (The Canadian Medical Association—Home Encyclopaedia, 1992). The most common physical factors are:

- **Diseases.** Some diseases - such as diabetes, kidney disease, liver disease, high blood pressure, chronic alcoholism, multiple sclerosis, atherosclerosis, vascular disease, and neurological disease—can cause damage to the nerves leading to and from the penis. Excessive cycling can cause temporary – and sometimes permanent – ED. The compression of the pudendal nerves against the bicycle saddle is believed to be the most likely explanation of ED in these athletes.
- **Hardening of the arteries (Atherosclerosis).** When deposits (typically made of cholesterol) build up inside the walls of the arteries, the amount of blood that is able to flow into the penis (causing an erection) is reduced. Cigarette smoking can make this problem worse.
- **Drugs.** Drugs used to treat high blood pressure (hypertension), depression, psychosis or anxiety can have an effect on a man's erections. This is a common cause of erection difficulties in older men who tend to take more of these drugs. Cigarette smoking, marijuana, alcohol or other recreational drugs, if used regularly, can also cause ED.

Injuries. Spinal chord injuries and trauma to the nervous system can affect a man's ability to achieve an erection. These include pinched nerves as a result of slipped vertebral discs or surgical procedures such as prostate cancer removal.

➤ Occasionally, ED results from a hormonal imbalance, but this is rare. Hormonal imbalances may include a low level of testosterone (male sex hormone) or diseases of the thyroid, pituitary or adrenal gland.

Is erectile dysfunction just a part of aging?

Erections change with age. The decreasing testosterone levels and thinning of the blood vessels that occur with age will inevitably affect a man's erections. Men may also notice that their sex drive (libido) decreases as they get older. Most older men find it takes more direct stimulation (touching) for an erection to happen and an erection may go "up and down" a few times during sex. Ejaculation often feels differently and the sensations of ejaculation (coming) may be felt more

as a whole body sensation than as one specifically from the genitals. The time between ejaculation and the next erection usually takes longer as a man ages as well.

These changes don't have to be a problem if a man and his partner understand that they are normal. It is helpful if an older couple can enjoy the slower pace and extra stimulation that it may take to reach full sexual arousal. It can also be an opportunity for them to try something new.

However, erectile dysfunction is something more than just changing erections and need not be seen as an inevitable part of the aging process. While many men with erectile dysfunction are older, not all older men will get ED and older men should not view it as just part of aging. There are often specific physiological and treatable causes (e.g. heart disease) and all men, young or old, have the right to get treatment.

Testing:

Laboratory Tests: Several laboratory tests can help diagnose ED. Tests for systemic diseases include blood counts, urinalysis, lipid profile, and measurements of creatinine and liver enzymes. Measuring the amount of free testosterone in the blood can yield information about problems with the endocrine system and is indicated especially in patients with decreased sexual desire.

Other Tests: Monitoring erections that occur during sleep (nocturnal penile tumescence) can help rule out certain psychological causes of ED. Healthy men have involuntary erections during sleep. If nocturnal erections do not occur, then ED is likely to have a physical rather than psychological cause. Tests of nocturnal erections are not completely reliable, however. Scientists have not standardized such test and have not determined when they should be applied for best results.

How is ED treated?

The good news is that there are now many different kinds of treatment for ED – everything from counselling to medication. Because there can be so many different factors leading to erectile dysfunction, a man should look at all the choices.

- **See your doctor**— A visit to your family doctor is an important first step in getting treatment. Often erectile dysfunction is treatable, but many men are too embarrassed to talk to their doctor openly about the problem. As well, some doctors are uncomfortable introducing the topic, so it's important to ask specific questions about erections if that is why you are seeing the doctor. By reviewing your medical history, prescription medications, your lifestyle and use of recreational drugs, a doctor can determine what kind of therapy is necessary. As well, he or she may be able to change your prescription if the medications you are taking could be causing ED.
- **Speak to your partner**—Men are often ashamed or embarrassed to talk to their partners about sexual problems. Instead of talking, they may distance themselves from their partner or stop initiating or responding to sex. This can increase tension and hurt feelings in a relationship. Open communication helps reduce the tension and pressure that may surround your sex life. Undoubtedly, your partner will want to help you and the relationship you share.
- **Expanding the range of sexual play**— When we think of “sex” in our culture, we usually think of intercourse. However, there are many other ways to be sexually intimate with a partner. You and your partner may wish to explore other ways to have sex—like oral sex, massage, using sex toys—to reduce the pressure you may feel to become erect. While you may hope that the ED will be treated and intercourse will resume, it can be helpful to include other types of sexual behaviour. You might find that it adds a whole new dimension to your sex life that is just as enjoyable!
- **Counselling**— Even if there is a physical cause, men who are dealing with erectile dysfunction, especially if it has gone on for a long time, may have personal issues which can be addressed in counselling. As well, sexual difficulties can be the cause of or the result of other relationship problems. Couples often find it helpful to seek sexual counselling together. In fact, some doctors are suggesting that relationship counselling should automatically be included as part of a prescription for Viagra or any other medication to treat erectile dysfunction.
- **Oral medications**—there are several oral medications to treat ED, sildenafil (Viagra), Cialis, Levitra and yohimbine (Yohimbine, Yoco). They can be quite helpful, depending on the cause of ED; however, there are some side effects. Please see the section on *Erectile Dysfunction Medication*.
- **Self-injection**—Using a short needle, a man can inject medication into the side of his penis, producing an erection that lasts from 30 minutes to a few hours. Prostaglandin (alprostadil, Caverject®, Edex®), and phentolamine (Regitine®) produce results similar to Viagra but are localized in the penis after injection. The injections are claimed to be relatively painless, and many men claim that the erections they produce feel natural. However, there are side effects (infection, bleeding, and bruising at the injection site, dizziness, heart palpitations, and flushing), and it is recommended that an injection be used no more than once every 4 to 7 days.
- **Urethral suppositories**—contain prostaglandin (the same medication in an injection), but instead of injecting yourself, you can put the medication into the opening of the penis.
- **Vacuum devices**—These work best for men who are able to achieve partial erections on their own. “The penis is inserted into a plastic tube, which is pressed against the body to form a seal. A hand pump attached to the tube is used to create a vacuum that draws blood into the penis, causing the penis to become engorged. After 1 to 3 minutes in the vacuum, an adequate erection is created. The penis is removed from the tube and a soft rubber O-ring is placed around the base of the penis to trap blood and maintain the

erection until removed. The ring can be left in place for 25 to 30 minutes.”

<http://www.urologychannel.com/erectiledysfunction/treatment.shtml>

- **Surgery** – usually has one of three goals:
 - To insert a penile prosthesis into the penis. This prosthesis can either be a semi-firm rod or an inflatable tube.
 - To reconstruct arteries to increase the blood flow to the penis.
 - To block off veins that may allow too much blood to flow away from the penis. This helps the penis to stay erect.

Surgery is an invasive procedure and there are risks associated with any surgery, such as infection. Often men will try other treatments before resorting to surgery. Of course, any surgical procedure should be discussed with a doctor.

A consultation with a specialist—if you do not wish to discuss your situation with your family doctor or your family doctor is not able to help you, you may wish to find an urologist (a penis specialist). You can be referred to a urologist by your family doctor or any doctor at a community health centre or walk-in clinic.

Prevention – Although psychologically rooted ED is most common in younger men, healthy lifestyle choices can go a long way in preventing the onset of physically related dysfunction. Regular exercise and a balanced diet will help prevent high cholesterol, blood pressure problems and other risk factors that could contribute to ED later in life. Not smoking, moderating ones alcohol and recreational drug intake and making otherwise responsible lifestyle choices are a good idea for a number of reasons beyond maintaining the ability to achieve erections.

Sources:

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