

Erectile Dysfunction



Erectile dysfunction (ED), also called impotence, is the inability to attain or sustain an erection satisfactory for sexual intercourse.

Every man occasionally has a problem achieving an erection, and such occurrences are considered normal. Erectile dysfunction (ED) occurs when a man is:

- Never able to achieve an erection.
- Repeatedly achieves erection briefly but not long enough for intercourse.
- Achieves effective erection inconsistently.

ED is called primary if the man has never been able to attain or sustain an erection. ED is called secondary if it is acquired later in life by a man who was previously able to attain erections. Secondary ED is much more common than primary ED. ED is not considered a normal part of aging and can be successfully treated at any age.

Causes of Erectile Dysfunction

- To achieve an erection, the penis needs an adequate amount of blood flowing in, a slowing of blood flowing out, proper function of nerves leading to and from the penis, adequate amounts of the male sex hormone testosterone, and sufficient sex drive (libido), so a disorder of any of these systems may lead to erectile dysfunction (ED).
- Most cases of ED are caused by abnormalities of the blood vessels or nerves of the penis. Other possible causes include hormonal disorders, structural disorders of the penis, use of certain drugs, and psychologic problems. The most common specific causes are:
 - Hardening of the arteries (atherosclerosis) that affects the arteries to the penis.
 - Diabetes mellitus
 - Complications of prostate surgery.
 - Certain drugs such as those used to treat high blood pressure or an enlarged prostate and those that act on the central nervous system, such as drugs used to treat depression.



Did you know

- Occasional inability to achieve an erection is normal and does not mean that a man has erectile dysfunction.
- Almost half of men older than 65 and some men older than 80 can have erections adequate for penetration.
- Low levels of testosterone tend to decrease sex drive rather than cause erectile dysfunction.
- Sexual counseling can help even when erectile dysfunction has a physical cause.

Often several factors contribute to ED. For example, a man with a slight decrease in erectile function caused by diabetes or peripheral vascular disease can develop severe ED after starting a new drug or if stress increases.



Evaluation of Erectile Dysfunction

An occasional episode of erectile dysfunction (ED) is not uncommon, but men who are consistently unable to achieve or maintain an erection should see their doctor because ED may be a sign of a serious health problem, such as atherosclerosis or a nerve disorder. Most causes of ED are treatable.



Warning signs

In men with ED, certain symptoms and characteristics are cause for concern. They include:

- Absence of erections during the night or upon awakening in the morning
- Numbness in the area between and around the buttocks and genital area (called the saddle area)
- Painful cramping in the muscles of the legs that occurs during physical activity but is relieved promptly by rest (claudication)

When to see a doctor

Although ED may diminish a man's quality of life, it is not itself a dangerous condition. However, ED may be a symptom of a serious medical disorder. Because numbness in the groin or leg can be a sign of spinal cord damage, men who suddenly develop such numbness should see a doctor right away. Men who have other warning signs should call their doctor and ask how soon they need to be seen and examined.



Treatment of Erectile Dysfunction

- Any underlying disorder is treated, and doctors often stop drugs that may be causing erectile dysfunction (ED) or switch the man to a different drug. However, men should talk with their doctor before they stop taking any drug.
- Excess weight is a risk factor for many disorders that may cause ED, so weight loss may improve erectile function.
- Smoking is a risk factor for atherosclerosis, so stopping smoking may also improve erectile function.
- Stopping or decreasing alcohol use, if excessive, can also help.
- ED caused by a physical disorder usually has a psychologic component, so doctors offer reassurance and education (including of the man's partner whenever possible). Counseling can help improve partner communication, reduce performance pressure, and resolve interpersonal conflicts that contribute to ED.
- Supplemental testosterone can help restore erections in men with low testosterone levels. These testosterone preparations can be applied daily as a patch or a gel.
- Noninvasive methods such as mechanical devices and medication can also be tried.

Testing

Testing is usually needed. Laboratory tests include the measurement of the level of testosterone in the blood. If the testosterone level is low, doctors measure additional hormones.

Depending on the results of the history and physical examination, blood tests may also be done to check for previously unrecognized diabetes, thyroid disorders, and lipid disorders. Usually, these tests provide doctors with enough information to plan treatment.

Occasionally, doctors may perform more invasive testing using ultrasonography to assess blood flow in the arteries and veins of the penis. Rarely, doctors may recommend the use of a home monitor that detects and records erections during sleep.

If you're suffering from ED, don't despair. Treatment options are available and these include education, counselling and various forms of therapy.



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