

Sexual Advice Association

Suite 301 Emblem House, London Bridge Hospital, 27 Tooley Street, London SE1 2PR
Helpline 020 7486 7262
Website www.sexualadviceassociation.co.uk
Email info@sexualadviceassociation.co.uk



Impotence or erectile dysfunction (ED)

Erectile dysfunction, or impotence, is the persistent or recurrent inability to attain or maintain an erection sufficient to complete sexual intercourse or another chosen sexual activity. It is very common and thought to **affects at least one in every ten men**. This means that there are an estimated 2.3 million men in the UK suffering from erectile dysfunction. Regrettably, only about 10% of sufferers actually receive treatment. The number of men suffering from erectile dysfunction increases with age.

The causes

Most men have an occasional failure to get or keep an erection. It usually results from stress, tiredness, anxiety, or excessive alcohol consumption. This is nothing to worry about. However, worrying about it may set the scene for a more persistent problem due to "fear of failure". Until about 20 years ago, erectile dysfunction was considered to be caused almost entirely by psychological factors but we now know that physical conditions are present in about 75% of sufferers. However, most men with impotence inevitably and not surprisingly, have a combination of psychological and physical causes, with one affecting the other.

Physical causes

Men whose erectile dysfunction is of a *physical* origin often experience a gradual onset of erectile failure which tends to occur with all sexual activities. Physical causes of erectile dysfunction include:

- Diabetes
- High blood pressure
- High cholesterol
- Side effect of prescribed drugs
- Heavy smoking
- Neurological diseases, stroke
- A head or brain injury recently or in the past, subarachnoid haemorrhage or radiation to the head, causing hormonal changes, especially a low testosterone and loss of libido
- Alcoholism and drug abuse, and other less common causes
- When the erection is never OK with a partner, with masturbation and is never there when you wake up
- Hormone abnormalities. Although only a small proportion of cases of erectile dysfunction seem to be caused by hormone abnormalities, evidence is accumulating to suggest this is not as uncommon as originally thought. The most frequent abnormality is a reduced level of testosterone (male sex hormone) which can occur in all ages, including elderly men. The current recommendations on the uses of androgens in the male by the British Society for Sexual Medicine say that the initial assessment of all men with erectile dysfunction and/or diminished libido should include measurement of serum testosterone in the morning on at least two occasions.

Management

Many men are very embarrassed at the thought of talking about such a very personal problem as being unable to get an erection, and tend to back out of seeing their GP. Don't forget that it is not nearly so embarrassing for the doctor (although a very few still find it difficult and you may have to see a different doctor in the practice), and remember, everything you discuss is bound by the rigid rules of confidentiality. In the end, it's actually not as embarrassing as people fear.

To diagnose the cause(s) of ED, you ideally need to have

1. an assessment plus a medical which should include the following:
2. a short heart and lungs check
3. a blood pressure recording at the beginning and the end of the medical (to rule out the 'white coat syndrome')
4. a quick check of your genitals to rule out any obvious physical abnormality
5. a fasting blood test of your cholesterol (one of the major causes of furring up of the penile arteries which in turn leads to poor blood flow)
6. a check of your blood sugar (diabetes is also a major cause of ED)
7. a morning check of your testosterone (see information sheet 10)

Please realise that a major proportion of men who have erectile dysfunction (ED) are liable to have furring up of their coronary arteries in the heart which can lead to cardiovascular problems such as angina and a heart attack within the next 3-5 years, even though this may occur as young as in their early forties.

Psychological causes

Psychological causes of erectile dysfunction include:

- When the erection is fine except with a partner
- Stress and anxiety from work or home (money or family)
- Marital rows and dissatisfaction (as can also occur with premature ejaculation)
- Depression
- Failing once followed by fear of failure following that
- Sexual boredom
- Worries about your sexual orientation.

Treatment

There have been major advances in the treatment of erectile dysfunction and the majority of sufferers can now be treated effectively. Before medical advice is sought, consider some lifestyle changes:

- Stop smoking
- Reduce alcohol intake to fewer than 30 units a week
- Try to reduce stress and anxiety
- Lose weight.

Tablets

Tablets are nowadays the first line of treatment. There are currently three oral drugs commonly used for the treatment of erectile dysfunction (**see separate fact sheet**).

Injection

This is a highly effective form of treatment. The patient (or his partner) is taught to inject a drug directly into the shaft of the penis when he wants an erection. Erection usually follows within fifteen minutes of the injection. The procedure is easy to learn and it doesn't (surprisingly!) hurt to do. Two products are available – Caverject or Viridal – and they are 90% successful (**see separate fact sheet**).

MUSE

MUSE is a needle-free form of treatment. A small pellet of the drug called *alprostadil* is inserted into the urethra (the tube through which urine is passed) using a special disposable applicator. It is pain free. The drug is absorbed through the wall of the urethra and passes into the erectile tissue, giving an erection within five to ten minutes, with a success rate of 50% of attempts (**see separate fact sheet**).

Vacuum pump

The device consists of a plastic cylinder connected to a pump, which may be either hand or battery driven, and one or more tension rings. For medical suppliers **see separate fact sheet for more details and for medical suppliers**.

Hormone treatment

See separate fact sheet on Testosterone. Information sheet 10.

Penile prosthesis

Essentially this is a splint which is inserted surgically in to the penis. It is a hydraulic device which causes stiffening of the penis when a pump (implanted in the scrotum) is squeezed. As implantation of a penile prosthesis causes destruction of erectile tissue, they should never be considered until other forms of treatment have been tried.

Sex and/or couple's therapy

Psychological factors or difficulties in a man's relationship with his partner can be an important cause of erectile dysfunction. Frequently a course of sex or couple's therapy can be very useful in helping couples re-establish a sexual relationship when there has been a long period without because of erectile dysfunction. Sex therapy can also be used in combination with other forms of treatment.

Sharing with your partner

There is the old adage that a "problem shared is a problem halved". Sometimes partners, unintentionally, put a lot of pressure on men to "perform" which can aggravate the ability to get a satisfactory erection. Discussing the problem often helps to restore normal erectile function. It is very helpful for you and your doctor for your partner to go with you to your general practitioner or specialist.

Does your age affect your treatment?

The likelihood of erectile dysfunction increases as you get older but it is your attitude, not age, that is the biggest barrier in treating the condition. While some older men and their partners accept loss of erectile function as a part of ageing and do not want treatment, others are unhappy about losing such an important part of their lives. It is perfectly satisfactory for men and women to continue an active sex life way into old age and no one should be denied treatment for erectile

dysfunction solely because they are too old. Don't be put off! Men in their 90s are now seeking treatment for erectile dysfunction and generally respond to one of the types of treatment available.

Further information

The Sexual Advice Association is here to help. We cannot give individual medical advice, but we can answer your questions on all aspects of impotence and put you in touch with local specialist practitioners. Please feel free to write or telephone our Helpline. We have a number of fact sheets on impotence and related problems. Please send a large SAE when writing for information.

Other organisations

See the [Links page on our website](#) for details of websites and helplines of available help.

An invitation

..... to enrol as a friend of The Sexual Advice Association. For a small annual subscription you will know that you are contributing to a charity that helps overcome the problems of male and female sexual dysfunction. If you are interested please telephone or write for an application form or complete our on-line registration form.

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Registered Office: 59 Knowle Wood Road, Dorridge, West Midlands B93 8JP (not for correspondence)