

Erectile dysfunction (impotence)

What is erectile dysfunction?

Erectile dysfunction refers to the persistent inability of a man to get or maintain an erection of the penis sufficiently to have sexual intercourse. Most adult men have probably experienced a short period of temporary impotence at some time. This is usually due to a psychological rather than a physical problem and is not a cause for concern.

How common is the problem?

It is common and affects at least 3 in 10 males at 45 years and 2 in 3 males at 70 years.

What are the causes?

Most cases of erectile dysfunction (up to 75%) have a physical (organic) cause while the rest have a psychological (functional) cause.

Physical causes

- Ageing
- Alcohol excess
- Chronic illness
- Diabetes
- Nervous system disorders (e.g. stroke)
- Decreased circulation to penis
- Drug reactions, for example:
 - marijuana, cocaine, narcotics
 - heavy smoking (4 times the risk by age 50)
 - sedatives, tranquillisers, antidepressants
 - blood pressure drugs
- Hormone irregularities
- Surgery (e.g. prostate surgery)

Psychological causes

- Stress and fatigue
- Anxiety or depression
- Marital disharmony
- Guilt feelings
- Ignorance about sexuality
- Situational stresses, such as the presence of other people in the home (e.g. in-laws)

Sometimes we simply do not know what causes impotence. You can get an idea of whether you are functional by being aware of erections during sleep or morning erections or erections through masturbation.

What about getting old?

Although the risk of impotence increases with age, it is not inevitable. Most men keep the ability to get an erection, although more stimulation is usually required.

What tests need to be performed?

Tests will include blood tests and possibly special investigations for function of your penis. Special sleep studies on erections during sleep can be performed.

How can it be prevented?

- Careful treatment of any medical problem such as diabetes is important.
- Avoid drugs of addiction, including common 'social' drugs.
- Discuss the effects of any medicines with your doctor.
- Do not have more than 2 standard alcoholic drinks a day.
- Cut down smoking.
- Promote sexual feelings:
 - Have good communication with your partner
 - Talk over any concerns
 - Choose a good atmosphere for lovemaking.

What is the treatment?

Lifestyle

All patients should be advised to reduce any high alcohol consumption and refrain from smoking (cigarette, cigar and pipe). Significant stress and overwork should be attended to.

Counselling for psychological causes

This will involve brief sexual counselling for which you may be referred to a specialist clinic. It is important to attend with your partner.

New anti-impotence drugs

There are modern drugs that taken by mouth will restore the ability to get an erection upon sexual stimulation. They work by neutralising the enzyme in the penis that makes it go limp. This results in increased blood flow to the penis. Viagra was the first of these drugs—a 50 mg tablet is taken about 1 hour prior to intercourse. This dose can be doubled or halved according to the response. Newer drugs in this class include Cialis and Levitra. There will be other drugs in the future. These drugs do not invariably work as their effectiveness is related to the extent and severity of the problem.

Injections

A way to treat physical impotence is to give an injection of a special substance into the penis to achieve an erection. If a test dose works, you will be able to give yourself injections (up to a maximum of 3 a week) before you intend to have intercourse. The injection in common use is alprostadil (Caverject).

Other methods

There are other ingenious ways to achieve intercourse should your impotence be permanent. These include:

- a vacuum device to make the penis erect
- surgery to implant a firm but flexible device
- surgery to implant an inflatable device.