

# What are the treatment options?

If you are on medication, check the leaflet included to see if ED is a possible side-effect. Do not stop any prescribed medication, but see your doctor if you suspect this as the cause.

## Medication (tablets taken by mouth)

There are several kind of tablets available to treat ED. Some increase the blood flow to the penis, others increase the level of certain chemicals in the brain which send messages down nerves to the penis.

None of these tablets will cause an erection unless you are sexually aroused. There is a good chance that a medicine will work (about an 8 in 10 chance of it working well). There are pros and cons for each of the above, and your urologist/doctor will advise.

## Pelvic floor muscle exercises

The pelvic floor muscles are a group of muscles that wrap around the underside of the bladder and rectum. One of these muscles also partly wraps around the base of the penis. This is involved with preventing blood escaping during an erection. Studies suggest that strengthening the pelvic floor muscles in men can cure ED in some cases.

## Injection treatment/Urethral medication

This was the most common treatment before tablets became available. You are taught how to inject a medicine into the base of the penis. This causes increased blood flow, and an erection usually develops within 15 minutes.

You can also place a small pellet into the end of the urethra (the tube which passes urine and opens at the end of the penis), which contains a similar medicine to that used for the injection treatment.

## Vacuum devices

There are several different devices. Basically, you put your penis into a plastic container. A pump then sucks out the air from the container to create a vacuum. This causes blood to be drawn into the penis and cause an erection. When erect, a rubber band is placed at the base of the penis to maintain the erection. The plastic container is then taken off the penis and the penis remains erect until the rubber band is removed (which must be removed within 30 minutes).

## Penile prosthesis

A surgeon can insert a 'rod' permanently into the penis. The most sophisticated (expensive) type can be inflated with an inbuilt pump to cause an erection. The more basic type keeps the penis rigid all the time.

## Conclusion

Erectile dysfunction – the inability to attain and maintain an erection sufficient for satisfactory sexual performance – is a common and bothersome problem. Although ED affects approx. 1 out of 10 men, it isn't a normal part of aging. It often is a medical condition with many possible causes. Nowadays, there are also many different treatments and there is a good chance that one of them works for you. So if your sex life suffers because of your ED, do not hesitate to see your urologist. In many situations, ED can be stopped.

For more information go to  
[www.urologyweek.org](http://www.urologyweek.org)



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# Bored in bed?



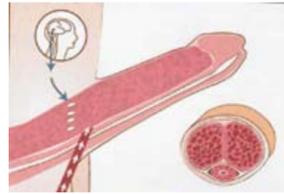
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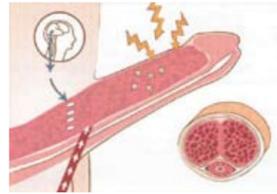
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# Erectile dysfunction (ED)

Erectile dysfunction affects around 1 in 10 men and is treatable. Yet according to several studies, only about ten per cent of men actually get any treatment for it. In approximately 80% of men with ED, there is an underlying physical cause - such as diabetes, high blood pressure or heart disease. Men affected by erection problems, even if they only have occasional issues, should take their problem seriously, particularly if the symptoms persist for more than a few weeks. It is important for them to get checked out by a doctor and have regular medical check ups.



normal situation



Erectile Dysfunction

## What is erectile dysfunction?

Erectile dysfunction (ED) is the inability to attain and maintain an erection sufficient for satisfactory sexual performance.

Erection is a neurovascular process involving penile erectile tissue. Specifically it involves cavernous smooth muscle, smooth muscles of the arteriolar and arterial walls. It is under hormonal control. Although a benign disorder it can have a significant impact on your quality of life and that of your partner. It is essential that patients are properly assessed and investigated before embarking on treatment.

Recent epidemiological data have shown a high prevalence and incidence of ED worldwide; approx. 1 in 10 men is affected.

## Who is at risk?

### Physical causes

About 8 in 10 cases of ED are due to a physical cause; in that case, you are likely to still have a normal sex drive (libido). Causes include:

- **Reduced blood flow to the penis.** Like in other parts of the body, the arteries which take blood to the penis can become narrowed. The blood flow may then not be enough to cause an erection. Risk factors can increase your chance of narrowing of the arteries. These include: getting older; high blood pressure; high cholesterol; smoking; diabetes.
- **Diseases which affect the nerves going to the penis.** For example, multiple sclerosis, a stroke, etc.
- **Diabetes mellitus.** This is one of the commonest causes of ED. Diabetes can affect blood vessels and nerves.
- **Injury to the nerves going to the penis.** For example, spinal injury, following surgery to nearby structures, fractured pelvis, radiotherapy to the genital area, etc.
- **Side-effect of certain medicines.** The most common are: some antidepressants; drugs that treat high blood pressure (betablockers); some diuretics ('water tablets').
- **Alcohol and drug abuse.**
- **Cycling.** ED after long distance cycling is thought to be common. It is probably due to pressure on the nerves going to the penis from sitting on the saddle for long periods.

In most cases due to physical causes (apart from injury or after surgery) the ED tends to develop slowly. So, you may have intermittent or partial ED for a while, which may gradually get worse.

### Mental health

Various mental health conditions may cause you to develop ED:

- **Stress.** For example, due to a difficult work or home situation
- **Anxiety**
- **Relationship difficulties**
- **Depression.**

Typically, the ED develops quite suddenly if it is a symptom of a mental health problem. The ED may resolve when your mental state improves. However, some people become even more anxious or depressed when they develop ED. This can make matters worse and lead to a 'vicious circle' of worsening anxiety and persisting ED.

As a rule, a psychological cause is more likely for the ED than a physical cause if there are times when you can get a good erection (for example, if you can get an erection by masturbating, or wake up in the morning with an erection).

### Erectile dysfunction, heart disease and other vascular diseases

Although ED can be caused by various conditions, about 7 in 10 cases are due to narrowing of the small arteries in the penis. This causes reduced blood flow to the penis. This is the same problem that can occur in other blood vessels.

Atheroma causes the arteries to narrow. Atheroma is like fatty patches or 'plaques' that develop within the inside lining of arteries. Plaques of atheroma may gradually form over a number of years in one or more places in the body, commonly in arteries going to the heart, brain, legs and penis. In time, these can become bigger and cause enough narrowing of one or more of the arteries to cause symptoms and problems.

Briefly, risk factors that can be modified and may help to prevent atheroma-related conditions from getting worse are:

- **Smoking.** Smoking is one of the biggest risk factors for developing heart disease. Smoking also roughly doubles your chance of developing ED. Young smokers may not be aware that they have a much greater risk of developing ED by middle age compared to non-smokers.
- **High blood pressure.** Make sure your blood pressure is checked at least once a year.
- **If you are overweight,** losing some weight is advised.
- **A high cholesterol.** This can be treated.
- **Inactivity.** We should all aim to do some moderate physical activity on most days of the week for at least 30 minutes.
- **Diet.** You should aim to eat a healthy diet.
- **Alcohol excess.**
- **Diabetes.** If you have diabetes, good control of the blood sugar level and blood pressure can help to minimise the impact of diabetes on the blood vessels.

Note: ED caused by narrowed arteries commonly develops several years before any symptoms or problems develop due to narrowing of the coronary arteries (or other arteries). Therefore, ED is thought of as an 'early warning signal' that heart disease (or other cardiovascular diseases) may develop.

# What will happen at the doctor's?

Depending on your symptoms, likely cause of the ED, age, etc, your doctor may suggest that you have some tests. These are mainly to check up on any 'risk factors' listed above which increase the risk of developing narrowing of the arteries. Tests may include:

- A blood test to check the level of cholesterol and other 'lipids'.
- Blood sugar level.
- A check of your blood pressure.
- A heart tracing (ECG).

When you have a low sex drive (libido), ED may be a hormone problem. Then a blood test to check the level of testosterone or prolactin may be advised.

