

# Sexual Dysfunction Association

Suite 301 Emblem House, London Bridge Hospital, 27 Tooley Street, London SE1 2PR  
Helpline 0870 774 3571  
Website [www.sda.uk.net](http://www.sda.uk.net)  
Email [info@sda.uk.net](mailto:info@sda.uk.net)



## 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 **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 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 have a combination of psychological and physical causes.

### 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 and (rarely) a past head injury
- alcoholism and drug abuse, and other less common causes

### Psychological causes

Psychological causes of erectile dysfunction include:

- stress and anxiety from work or home (money or family)
- marital rows and dissatisfaction (as can also occur with premature ejaculation)
- depression
- 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 less 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 factsheet**).

## 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

## 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 5 to 10 minutes, with a success rate of 50% of attempts.

## 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 factsheet**

## Hormone treatment

Only a small proportion of cases of erectile dysfunction are caused by hormone abnormalities. The most frequent hormone abnormality is a reduced level of testosterone (male sex hormone) which can be restored by appropriate testosterone replacement. It is unwise to take testosterone preparations unless laboratory investigations confirm there is a deficiency. **See separate fact sheet**

## 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 activated. As implantation of a penile prosthesis causes destruction of erectile tissue, and they should never be considered until other forms of treatment have been tried.

## **Sex and/or couple's therapy**

When psychological factors or difficulties in a man's relationship with his partner can be an important cause for 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 Dysfunction 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 factsheets on impotence and related problems. Please send a large SAE when writing for information.

**The Sexual Dysfunction Association,**

**Telephone: 0870 7743571**

Registered charity no. 1104691

## **Become a member of the Sexual Dysfunction Association**

We need your help today. The Sexual Dysfunction Association is a registered charity and we rely on voluntary contributions to carry out our work. By supporting The S.D.A. you can help give sufferers and their partners the information and advice they need to cope with impotence.

Please help us to continue this vital work by becoming a member of The Sexual Dysfunction Association or making a donation. Please call our Helpline for more details on 0870 7743571. As a Member of the S.D.A. you will receive copies of our regular newsletter *One in Ten* including information on the latest medical developments and access to all our factsheets.

Complete our on-line registration form NOW:

[www.sda.uk.net/membership.php](http://www.sda.uk.net/membership.php)

**Other organisations**

**British Association for Counselling And Psychotherapy**

BACP House, 35-37 Albert Square, Rugby, CV21 2SG

Tel: 01788 578328

**British Association for Sexual and Relationship Therapy**

PO Box 13686, London SW20 9ZH

(please enclose SAE)

**Relate**

Herbert Gray College, Little Church Street, Rugby CV21 3AP

Helpline: 01788 573241

**Diabetes UK**

10 Parkway, London NW1 7AA

Careline 0845 120 2960

**Suite 301, London Bridge Hospital,**

**27 Tooley Street, London, SE1 2PR**

**Helpline 0870 7743571 [www.sda.uk.net](http://www.sda.uk.net)**

