Erectile Dysfunction Fact Sheet

What is it?
- Inability to consistently attain or sustain an erection sufficient for satisfactory sexual performance.
- May occur with some partners and not others.
- May be able to get an erection, but penis becomes soft prior to or after insertion.
- Erectile Dysfunction is often referred to as ED.

See a healthcare provider if:
- It lasts longer than two months or is recurring.
- It is a concern for you or your partner(s).
- You have diabetes, heart disease or other health factors that can affect erectile function.
- You are experiencing any other symptoms affecting your health.

Is it normal?
- Most males, at some point in their lives, will have difficulty getting or keeping an erection. This is very normal.
- This occurs in males of all age groups, not just older men!
- It is estimated that 20-30 million men in U.S. suffer from recurring erectile problems.

Why does it happen?
Due to the increase of available prescription medications to treat erectile dysfunction, many people believe that ED is almost always caused by a physical or medical problem. But for most college students who are healthy, erectile problems are usually the result of issues that are interpersonal (having to do with the relationship), situational or emotional in nature. If a man is able to get and maintain an erection during masturbation, it is unlikely that the cause of erectile problems is physical or medical.

Many factors can influence a man’s ability to get or maintain an erection. Erectile functioning is complex, and combines cognitive, behavioral, emotional, social, and physical features.

The most common psychogenic causes:
1. Anxiety (work, school)
2. Stress
3. Guilt about sex (from religion, family, culture)
4. Fatigue
5. Sexual problems are often rooted in relationship problems (power, trust, intimacy)
6. Feelings about partner (can influence sexual response)
7. Depression affects sexual desire.
8. Sexual situation: place, time, person…are they right?
9. Anxiety about performance, size, etc.

The most common physical causes:
1. Vascular conditions
2. Alcohol
3. Medications
4. Diabetes
5. Abnormal nerve function
6. Hormone deficiency
7. Removal of prostate gland for cancer
8. Other surgical procedure
9. Peyronie’s disease
10. Illicit drugs
11. Smoking and diet, as contributing factors.

How do erections work?
The penis contains two cylindrical, sponge-like structures that run parallel to the urethra. These structures, which run along the length of the penis, become engorged with blood in response to nerve impulses. The blood flow to the cylinders increases by about seven times the normal amount. This is what causes the penis to become erect and stiff.

Three steps need to take place in order for the erection to occur, and then be maintained. First is sexual arousal.
The second step is the brain’s communication of the sexual arousal to the body’s nervous system (which activates the blood flow). Thirdly, a relaxation of the blood vessels that supply blood to the penis must occur, allowing the erection to take place. If something affects any of these three steps, arousal, nervous system response or the vascular system response or the interplay between them, erectile dysfunction can result.

**Myths**

**Myth: Men are always capable of having sex**
Feeling tired or having concerns about schoolwork or family can affect the degree of a man’s desire and sexual functioning. Men should not attempt intercourse if they are not in the mood.

**Myth: Alcohol use causes erectile problems**
While it is true that consuming too much alcohol can affect a man’s ability to get an erection, this doesn’t always happen and is usually the case with high doses of alcohol (BAC above .08). For some men, particularly young men, alcohol use can reduce anxiety and actually facilitate erections. However, the use of alcohol prior to or during sex is not recommended. For older men, the use of alcohol, even in small amounts may inhibit erectile capacity. In addition, long term over consumption of alcohol negatively affects all systems in the body, including sexual functioning.

**Myth: Real sex requires that a man have a good, hard erection**
Many men feel that the sexual encounter must end if he starts to lose an erection. This can lead to further anxiety about erections and sexual situations. Pleasure for both partners comes in many forms and can be achieved in a variety of ways! Don’t limit your intimate or sexual contact to the erect penis only!

**Myth: If the man is normal, erections should be automatic**
Many men, like many women, need direct manual or oral stimulation for the penis to become sufficiently erect for intercourse. Media images lead us to believe that men - at any moment, at any time - are ready for sex both physically and psychologically. This is not true in real-life situations.

**Myth: If a man has an erection, he is ready for sex**
Men develop erections in non-sexual situations. Erections occur during normal, nightly sleeping patterns (REM sleep). These erections are not related to erotic dreams. In addition, if a man experiences fear, (while sleeping or awake), he may get an erection, which is not due to sexual arousal or pleasure. Men can also be with a partner and have an erection without thinking sexual thoughts.

**Medications for erectile dysfunction**
There are medications available to help treat ED. It is important to understand that these are not “magic pills” that will allow erections to take place automatically. There are many factors that affect erectile functioning, and erectile dysfunction is a complex issue that medications alone cannot always cure.

Medications such as Viagra, Levitra and Cialis help a person get and maintain an erection by relaxing the corpus cavernosum muscle in the penis. Essentially, these medications enhance blood flow to the penis by blocking the PDE-5 enzyme, and can be used whether the cause of ED is physical, emotional, and situational or medication-related.

There are differences between these medications, and each person can have different experiences with them. It is important to discuss with your doctor the different ways these medications work, the possible side effects and any contraindications for use.

In addition to medications that are designed specifically for erectile dysfunction, some anti-anxiety medications may also be helpful in addressing erectile problems, particularly if the erection problems result from performance or generalized anxiety. Depression is also known to have a negative affect on sexual desire, which can lead to decreases levels of arousal or excitement, making it more difficult to get or maintain an erection. Taking medication or receiving treatment for depression may increase desire, and may help with erections.

**Tips**
- Loss of erection is reversible; you can usually return to a previous level of arousal once conditions that helped you get an erection return. Don’t panic, slow down and go back to foreplay.
- Be realistic about expectations for yourself and your partner.
- Look for ways that you might be distracting yourself during sexual activity.
- Avoid alcohol before or during sex.
Erectile Dysfunction has everything to do with your partner(s). Sexual health flourishes in healthy relationships. If you are experiencing repeated episodes of erectile dysfunction, talk to your partner. If you do not think you can communicate with your partner about sexual issues, you may have just identified one part of the problem!

ED is treatable! If the problem persists contact McKinley Health Center at 333-2700 to schedule an appointment with your primary care physician, the Health Education Unit Sexual Health Educator at 333-2714 or schedule an appointment with a male counselor at the Counseling Center at 333-3704.

References:
- The New Male Sexuality (1992). Bernie Zeibergeld, Ph.D.
- Mayo Clinic Website: www.mayoclinic.com