

## Patients I think I might have...

# Erectile Dysfunction (impotence)

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Pages in this section contain graphic images (including genitalia) that some may find upsetting.

## What should I do if I have problems with impotence?

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If you are unable to obtain or maintain an erection sufficient for penetration and for the satisfaction of both sexual partners, you should contact your GP for further advice

Your GP will normally wish to review both you & your partner together and several visits may be needed before a full picture of the problem can be obtained.

Following initial discussions, it is not unusual for some couples to decide not to pursue any further investigations or treatment for impotence (*erectile dysfunction*).

## What are the facts about impotence?

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- Impotence becomes commoner with increasing age and is seen in 50-55% of men between 40 and 70 years old;
- It is often associated with the so-called "deadly quartet" of obesity, high blood pressure, high cholesterol & diabetes which are all significant risks to health;
- Investigation is only indicated if both partners wish to pursue treatment;
- Most treatable causes can be identified by a clinical history, physical examination and routine blood tests;
- If there is no treatable cause, treatment with tablets is the first option for most men; and
- Other methods of treatment are only indicated if tablets prove ineffective, cause side-effects or cannot be used because of specific medical conditions.

## What should I expect when I visit my GP?

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Your GP should work through a recommended scheme of assessment for men with erectile dysfunction (impotence). This will normally include some or all of the following:

1. A full history [▼](#)

2. A physical examination [▼](#)



## What could have caused my impotence?

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90% of men with impotence (erectile dysfunction) have at least one underlying physical cause for their problem

Although a psychological component, often called "performance anxiety", is common in men with impotence, a purely psychological problem is seen in only 10%.

Of the 90% of men who have an underlying physical cause, the main abnormalities found are:

- **Vascular disease** in 40%;
- **Diabetes** in 33%;
- **Hormone problems** (e.g. high prolactin or low testosterone levels) & **drugs** (e.g. antihypertensives, antipsychotics, antidepressants, antihistamines, heroin, cocaine, methadone) in 11%;
- **Neurological disorders** in 10%;
- **Pelvic surgery or trauma** in 3-5%; and
- **Anatomical abnormalities** in 1-3% (e.g. tight foreskin, short penile frenulum, Peyronie's disease, inflammation, penile curvature).

## What treatments are available for this problem?

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Treatment is only indicated if both partners are troubled by the impotence and they have realistic expectations of what can be achieved by any treatment

Initial treatment will usually involve:

- **treatment of any anatomical abnormality** (e.g. circumcision, frenuloplasty, penile straightening);
- **treatment of any hormone abnormality** (testosterone treatment is only indicated if your testosterone levels are low and may be harmful if your the levels are normal);
- **lifestyle modification** (e.g. reduce stress, stop smoking & drinking, stop all drugs);
- **weight loss & increased exercise** (which may reduce the risk of impotence by up to 70%); and
- **specific support for any psychological problems.**



If these fail to help, your GP will issue a prescription for Viagra®, Cialis® or Levitra®. These drugs only work when used together with sexual stimulation; they will not produce an erection without it and will have no effect on your sex drive. There is no evidence that these drugs are dangerous if you have underlying heart disease. However, they should not be taken if you are taking nitrates (e.g. GTN, isosorbide) for angina.

 [Download an information leaflet about Viagra, Cialis or Levitra.](#)

You should only take Viagra, Cialis or Levitra by getting a prescription from your GP & you should have a detailed discussion about the risks & benefits before starting treatment

Your GP will arrange a re-assessment after an initial period of drug usage. If the drugs prove ineffective, there are significant side-effects (seen in 15%) or they cannot be used, other measures may need to be considered. This will entail referral to your local Erectile Dysfunction clinic where the available treatments include:

1. Penile injections to produce erections



2. Medicated urethral system for erection (MUSE)



3. Vacuum erection assistance devices (VEDs)



4. Vascular surgery/angioplasty



5. Penile prostheses



## More resources on Erectile Dysfunction (impotence)

Some/all of these resources are links to external sites, the content on which BAUS accepts no responsibility for.

### [Sexual Advice Association](#)

The Sexual Advice Association, (formerly the Sexual Dysfunction Association), is a charitable organisation, to help improve the sexual health and wellbeing of men and women

### [Medline Plus](#)

On-line advice from the National Library of Health in America

### [British Society for Sexual Medicine](#)

Guidelines for the assessment and management of male erectile dysfunction