

Erectile Dysfunction

Assoc. Prof. Dr. Supakorn Rojananin

Faculty of Medicine Siriraj Hospital

Impotence is a general term to describe male sexual problems that interfere with intercourse and reproduction including lack of sexual desire, premature ejaculation, problems with orgasm and erectile dysfunction which is more common.

Erectile dysfunction (ED) is the repeated inability to get or keep an erection enough for sexual intercourse or maintain an erection sufficient for his sexual needs or the needs of his partner. This problem should be persisted for at least six months.

The penis contains two chambers containing spongy tissue (corpora cavernosa) along the whole shaft which allowing blood to fill in and trap within the membrane when it was stimulated by sexual arousal. Eventually the penis becomes erected and sustained by trapping the blood with elastic membrane (tunica albuginea) which means ready for reproduction. The urethra, which is the channel for urine and ejaculate, runs along the underside of these channels. When the mission is complete or end of stimuli, the muscles in the penis contract to stop the inflow of blood and open outflow channels, erection is reversed.

Any damage to these complex events may produce erectile dysfunction such as, andropause in elderly, nerve damage from cerebro-vascular disease, surgery to the uro-genital organs (penile, prostate gland and urinary bladder), penile vessel damage from thickening wall or obstruction with plaque in those who are having diabetes, hypertension, hypercholesterolemia or heavy smoking, etc. In addition, many drugs such as high blood pressure drugs, antihistamines, antidepressants, tranquilizers, cimetidine, etc. as well as psychological factors (stress, guilt, depression low self-esteem and fear of sexual failure) can produce ED as a side effect.

Associate Professor, Dr. Anupan Tantiwong, Division of Urology, Department of Surgery, Faculty of Medicine Siriraj Hospital, discloses that the incidence of ED increases with age. There was ED prevalence of 37.5% among Thai men aged from 40-70 years old as surveyed in 1998. ED affects 20.4% of men in their 40-49s, 46.3% in 50-59s and 73.4% in 60-70s, or about 3 millions in total. However ED does not always affect all aging men especially who still keep fit. Men with ED had associated with medical diseases such as diabetes in 74%, coronary heart disease in 64% hypertension in 62% and depression in 43-53%. Interestingly, only one-third of

men with ED seek medical consultation. More than 40% keep their ailment silent and feel embarrassment to speak out even with their partners. As a consequence, it may cause emotional and family relationship problems, and often leads to diminished self esteem. The problems may become severe and turn to chronic or complete erectile dysfunction.

Dr. Anupan said that ED was commonly believed for years to be due to psychological problems, but now we know that 80-90% of cases are caused by physical problems, usually related to decreasing blood flow to the penis. If the physical problem is fixed, the psychological problem usually goes away. With the advent of an effective oral and safe medication Viagra (Sildenafil), the entire evolution and treatments for ED have become revolutionized and the success rate is higher.

To evaluate ED, Thorough history taking, physical examination and relevant special tests is needed to find out the medical risk factors as well as the study of male sex hormone in elderly who loss of sexual desire. Organic cases usually affect men over 50 who have normal sexual development and normal sexual desire (libido), with gradual onset of impotence and no erection in all situations as well as absence of nocturnal (night time) and early morning erections. Monitoring erections that occur during sleep (nocturnal penile tumescence), even if it is not completely reliable, can help rule out certain psychological causes of ED. Healthy men have involuntary erections during sleep. If nocturnal erection does not occur, then ED is likely to have a physical rather than mental cause. Other highly sophisticated penile blood flow studies are indicated in selected cases that are suspicious of having abnormal flow to the penis. Oral medication with Viagra (Sildenafil), as reported, is effective in approximately 75-80% of all men with ED, 40% of all men with radical prostatectomies and most with psychogenic impotence. Hormone (testosterone) replacement will improve sexual desire in men who are hormone depletion. However, the appropriate medication must be prescribed and evaluated by your physicians only due to its side effect, drug interaction and your physical health that may cause adverse effects.

Other therapeutic options for ED including intraurethral drugs, intracavernosal drug injection and external vacuum compression device are also effective as a second line therapy if the medication fails. Surgical implantation with penile prosthetic devices is also available, but it is an invasive procedure, only needed in which all other therapies are ineffective.

Lastly, Dr. Anupan advices that men with ED, his partner is almost always affected too. Therefore, couples who work together have the best chance of successful treatment.