

Erectile Dysfunction (ED), Part II: Its Evaluation And Treatments

By Michael Castleman

There is no sure cure for ED. However, most cases can be resolved by combining lifestyle adjustments, stress management, relationship counseling, and medication. There have never been as many treatment options as there are today.

But First, Do You Really Want Erections?

Oddly enough, most men over 40 decide they don't. Somewhere between 25 and 50 percent of men over 40 report erection difficulties, but in the decade since Viagra's 1998 introduction, fewer than 10 percent of men over 40 have tried it, and only a fraction of them has refilled a prescription.

The fact is that after the reproductive years, reproductive-oriented sex, that is, intercourse, becomes problematic. Men develop erection issues, and even with today's erection drugs, may not have enough firmness for intercourse. And postmenopausal women develop vaginal dryness and atrophy, which, despite lubricants, may make intercourse uncomfortable or impossible.

Most older couples who remain sexual slowly bid vaginal intercourse farewell, and opt for other ways to enjoy mutual sensual pleasure: massage, genital fondling, oral sex, and sex toys. Sex without intercourse does not require an erection. Couples who let go of intercourse no longer need the man to get hard.

Meanwhile, men don't need erections to have orgasms. Men with semi-erect or flaccid penises can be brought to orgasm with vigorous fondling or oral sex.

So treat ED if you want to. Many couples do. But more don't. Something to think about.

Consult A Doctor

If you decide to pursue ED treatment, the first step is a physical exam. Medical conditions—notably cardiovascular disease and its many risk factors—contribute to a substantial proportion of ED. Start with a check-up. Beforehand, make a list of all the medications you take: over-the-counter, prescription, and recreational. Take the list with you. Be honest about your use of alcohol and recreational drugs.

Your doctor should:

- Ask about the problem: When did it start? How? What else was happening in your life? Can you raise an erection by masturbation? Do you wake with morning erections?
- Review your medical history. Relevant items include: your age, weight, cholesterol level, blood pressure, smoking, drinking, medication use, recent illnesses, and any history of depression and use of antidepressants, anxiety, heart disease, stroke, diabetes, prostate surgery, pelvic injury, and hormonal or neurological problems.
- Review your psychological history. Relevant items include any symptoms of anxiety or depression, your satisfaction with your relationship, and how the problem has affected your relationship.

The doctor should also take your blood pressure, and order tests including cholesterol, testosterone, blood sugar, thyroid function, and possibly others.

The Ladder Of Treatment

Don't simply ask for Viagra. You might not need it. Think of ED treatment as a ladder, with Viagra sitting on a high rung. Climb the ladder one rung at a time. Other approaches may also help—and they're good for your health and relationship.

- **Healthy Lifestyle.** Good health contributes to firm erections. If you smoke, quit. Get regular exercise. Eat a low-fat, low-cholesterol diet, with little fast and junk foods, and lots of fruits and vegetables (five to nine servings of fruit and vegetables a day). Control your weight. Limit alcohol and recreational stimulants and depressants. Sleep at least seven hours a night.

- **Manage Stress.** Do you have relationship problems? Family trouble? Money woes? Job dissatisfactions? Chronic stress can hit below the belt. Exercise helps manage stress. So does professional counseling.
- **Reach Out.** Men are raised to avoid asking for help. When faced with ED, many men withdraw into a cocoon of silence. Big mistake. Tell your lover how you feel about your situation. Ask her how she feels about the problem. If you have relationship or sexual issues, work on them, perhaps with professional help. ED treatment is a team effort. To find a sex therapist near you, visit aasect.org, the American Association of Sex Educators, Counselors, and Therapists, or sstarnet.org, the Society for Sex Therapy and Research.
- **Have sex.** You don't need an erection to thrill a woman. Only 25 percent of women are consistently orgasmic during vaginal intercourse. Most need direct clitoral stimulation. You don't need an erection to provide that. Use your fingers, tongue, or a sex toy. It's likely to feel odd at first making love without an erection. Give it a chance. Sensual lovemaking can help (see below)—not to mention that your lover probably needs reassurance that you don't blame her for your ED, and still want to make love with her.
- **Focus on sensuality.** Enjoy mutual whole-body massage. Sex does not happen only in the genitals and only during intercourse. Appreciate the pleasure of every square inch of your body and hers. Try sensual enhancements: showering together, music, candlelight, bedroom snacks, sex toys, a romantic getaway. When your erections return, continue to emphasize sensuality in sex. Your penis *needs* sensuality for erection.
- **Try new fantasies.** Sex fantasies can get stale. Try some hot new ones.
- **Ask for the stimulation you need.** Erection is automatic for many young men, but with age, the type of direct stimulation becomes more important. If you like your penis caressed in particular ways, say so. Take turns giving and receiving pleasure. When it's your turn to receive, lie back and enjoy it.
- **Try sex therapy.** Sex therapy for ED typically involves:
 - Reducing sexual anxieties.
 - Correcting sexual misinformation.
 - Managing stress.

- Resolving relationship issues.
- Helping you both ask for the sexual moves you want.
- Encouraging more sensual lovemaking.

Sex therapy may quickly produce dramatic relief from ED. Australian sex therapists worked with 32 men suffering moderate-to-severe ED. After just 10 sessions, half regained their erections. Visit aasect.org.

Sex Toys Might Help

Sex toys help in general by making sex more playful and sensual. Try using a vibrator all over each other. Explore massage toys, fantasy toys—any toys that appeal to you.

Beyond sensuality, some toys help treat or compensate for ED. All the toys discussed here are available from mypleasure.com.

- **Penis pumps.** These devices create a temporary partial vacuum around the penis that draws blood into the organ, raising temporary erections. Pumps include a plastic tube that fits over the penis, and a bulb hand pump. Squeezing the bulb evacuates air from the tube, drawing blood into your penis. Once you're erect, you slip a cock ring, similar to a rubber band, over it to compress the veins that drain blood from the penis. This helps maintain the erection. The key to pump success is a good vacuum from a tube that seals tightly around the base of the penis. If sex-toy pumps don't provide a tight seal, a urologist can prescribe a custom pump (vacuum constriction device, VCD). Most studies of custom VCDs report 70 percent effectiveness. The American Urological Association endorses them. Penis pumps are safe.
- **Cock rings.** Cock rings are elastic bands that fit around the penis. They may provide some temporary erection assistance. The arteries that carry blood into the penis run through the center of the organ, so rings don't keep blood out. But veins that carry blood out are close to the penis' outer skin. As the penis expands in erection, these veins get somewhat compressed, restricting outflow. Rings reduce outflow some more, resulting in somewhat firmer erection. Rings also have a psychological effect. Belief in their benefit reassures men, allowing greater relaxation, which is key to erection. The main risk with a ring is bruising if it's too tight. Some rings are adjustable.

- Extenders. Extenders are penis-shaped dildos with hollow bases. You insert an erect or semi-erect penis inside, and you're much bigger. Extenders are usually used by those who enjoy playing with penis size. But men with erection balkiness may also find them helpful.
- Prosthetic Penis Attachments (PPAs). Similar to extenders, PPAs fit over a flaccid penis and attach to the user with straps.
- Strap-ons. In porn, only women use strap-ons. But men can also enjoy them, particularly men with ED. A strap-on includes a harness worn around the waist or hips that includes a front piece that sits over the base of the penis. The front piece contains a circular opening or straps that hold an O-ring. A special dildo with a flared base slips through the opening or O-ring. The dildo's base rests against the wearer's public bone or against the front piece, allowing the wearer to enjoy the realism of pushing the dildo into erotic openings using hip movements.

Everything You Need To Know About Viagra, Cialis, and Levitra

Viagra, Cialis, and Levitra work by relaxing the smooth muscle tissue that surrounds the arteries that carry blood into the penis. As this muscle tissue relaxes, the arteries open up, and more blood flows into the penis, producing erection.

Advantages:

- Generally good effectiveness. Most studies show the drugs effective in 75 percent of cases, with greater effectiveness among men with mild or occasional problems.
- They're pills. They're easy to take.
- Viagra and Levitra work best taken an hour or two before sex, so the woman need not know you're using it. Cialis works for 36 hours, allowing even more spontaneity.
- The drugs help men with ED caused by both physical illness and anxiety.
- They raise erection only with sexual stimulation. No walking around with an embarrassing bulge in your pants.
- They're safe for most men. Side effects include: headache (16 percent of users), flushing (10 percent), upset stomach (7 percent), nasal congestion (4 percent).
- They're affordable. Few health insurers cover erection drugs, but these drugs cost about \$5 to \$10 per pill, affordable for most men.

Disadvantages:

- They don't work in about 25 percent of cases.
- As severity of ED increases, effectiveness decreases.
- Even in men with mild erection balkingness, they may not work if you feel particularly fatigued, stressed, or unexcited about the woman.
- Side effect may become a problem.

IMPORTANT WARNING: Some men should *never* use erection drugs—those taking nitrate medication for heart disease, notably nitroglycerine for angina, or the party drug, amyl nitrate (“poppers”). The combination of Viagra and nitrate drugs can cause death. Before this problem was identified, 500 men taking nitrate drugs died while using Viagra. If you take nitrate medication, *don't* take Viagra.

Other Treatments

- **Yohimbine.** For centuries, West African yohimbe tree bark was reputed to boost erection. In the 1980s, studies showed that a chemical in the bark, yohimbine, increases blood flow into the penis. Ten years before Viagra, the FDA approved yohimbine for ED. It's available in two prescription drugs: Ahprodyne and Yocon. Possible side effects include: increased heart rate and blood pressure, fluid retention, nervousness, irritability, headache, dizziness, tremor, and flushing. Yohimbe is also available in supplements, but studies have shown that over-the-counter products often don't contain enough yohimbine to have any effect. If you're interested in yohimbine, ask your doctor for a prescription.
- **L-Arginine.** L-arginine is an amino acid and the chemical precursor of nitric oxide, a compound crucial to erection. Some studies show that supplementation helps treat ED. L-arginine is available as a nutritional supplement. Follow package directions.
- **Ginkgo.** This medicinal herb increases blood flow into the penis. In one study, 60 men with ED were given ginkgo (60 mg/day). After one year, half regained their erections. Ginkgo is available over-the-counter. Follow package directions. It's safe for most men.
- **Ginseng.** For centuries, Asians have considered ginseng a sex enhancer. Korean researchers gave 45 ED sufferers a placebo or ginseng (900 mg three

times a day). The ginseng group experienced significantly greater erection improvement. Ginseng is available over the counter. Follow package directions. It's safe for most men. However, ginseng is an anticoagulant. If you take anticoagulant medication or use other anticoagulants (blood thinners)—aspirin, garlic, vitamin E—you may experience bruising or bleeding problems. Consult your physician.

- **ArginMax for Men.** This over-the-counter supplement contains ginkgo, ginseng, and L-arginine. University of Hawaii researchers gave a placebo or ArginMax to 52 men with ED. A month later, 24 percent of the placebo group reported improvement, compared with 84 percent of those taking ArginMax. ArginMax caused no significant side effects, except increased bruising because ginkgo and ginseng are anticoagulants. ArginMax is available where supplements are sold. Follow package directions.
- **Implants.** If other treatments don't help, implants are your last resort. Implants don't interfere with urination, ejaculation, or orgasm. But they involve surgery, and risk of surgical complications. Still, some men opt for implants.

Two types are available, flexible rods and hydraulic cylinders. Rods are the simpler option. The surgeon inserts a rod into the penile shaft in place of erectile tissue. Afterward, you have a permanent erection. You bend the rod down so it's usually inconspicuous, and bend it up for sex. However, the surgery may cause scarring, and a rod can be embarrassing if you wear tight clothing or undress in a locker room.

Hydraulic implants consist of nested cylinders inserted into the penile shaft, a reservoir of salt water implanted in the lower abdomen, and a squeeze bulb inserted into the scrotum. The penis usually looks normally flaccid. For sex, you squeeze the bulb, and fluid flows from the reservoir into the cylinders, which inflate and extend producing erection. After ejaculation, you hit a release valve, and erection subsides as fluid refills the reservoir. Hydraulic implants may malfunction, necessitating corrective surgery.

If you're interested in an implant, consult a urologist. Also consult your health insurer. Most insurers do not cover implant surgery.

“Viagra-Vation:” The Return of Erections May Cause Relationship Problems

With ED successfully treated, many couples get an unpleasant surprise. They find it difficult to return to lovemaking. If they have not been physically affectionate in quite a while, they often feel uncomfortable with sex. If one did not previously enjoy sex, ED no longer works as an excuse not to. One might be eager for sex, and the other not. One might harbor unexpressed resentments. A woman might view ED as a guarantee of her man's fidelity, and feel threatened when his erections return. A man might feel he is now free to seek another relationship. And if the woman has become menopausal during the period of the man's ED, she may have less libido, and produce less vaginal lubrication.

Couples returning to sex after ED should proceed slowly. Don't rush intercourse. Work up to it by having nonsexual fun together for a while. Go out on dates. Flirt with each other. Cuddle. Treat your relationship as new because in some ways, it is. Even with a restored erection, you can't have good sex without feeling emotionally close and trusting.

If closeness eludes you, consider professional therapy. To find a sex therapist near you, visit the American Association of Sex Educators, Counselors, and Therapists (AASECT), aasect.org, or the Society for Sex Therapy and Research (SSTAR), sstarnet.org. —Michael Castleman

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