

ERECTILE DYSFUNCTION: *-The silent assassin*

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As a General Practitioner (GP), I once had an encounter with a patient of mine many years ago. He was an Ex-Army Officer and an 80-year-old married man. He told me that his marital relationship with his wife had become strained, as he was having difficulty in having an erection! He seemed very distressed.

At that period of time there was no specific treatment for erectile dysfunction (ED), apart from general advice. I really had nothing to offer him as treatment.

So, I explained to him in Army language!

I told him that the 'Colonel' had fought enough wars so it was time to give him a big salute and let him rest in peace! He got my message, shook my hands, thanked me and left.

At this point, I felt disappointed as I could not help him. Since then, I have developed an interest in Erectile Dysfunction (ED), as my desire and curiosity became very intense to help patients suffering from ED. Men with ED suffer in silence because it is a sensitive and private matter, and they often feel embarrassed or inadequate. This explains their reluctance or delay in seeking help and support.

Erectile Dysfunction is defined as the inability to achieve and maintain an erection for sufficient sexual activity. Here are some facts about ED: ED affects over 2.3 million men in the UK...that is a lot of men! ED affects 1 in every 10 men. It is estimated that the prevalence of ED will double in 20 years. These figures offer us some idea as to the scale and magnitude of the problem.

Having a 'normal' erection involves a complex process requiring the co-ordination of neurological, vascular, physiological and psychological factors. In simple terms, this is the chain of events; sexual stimulus - endothelium releases nitric oxide - nitric oxide diffuses into corpus cavernosa smooth muscles — activates guanylate cyclase - synthesis of GMP relaxes corpus cavernosa - smooth muscles PDE5 breaks GMP - all of this results in an erection.

ED in younger men is mainly due to psychological issues such as anxiety, fear of failure, depression, marital conflict, strained relationships, personality disorders. Other causes can be stress at work, finance and lack of attraction.

ED can affect men from the age of 16 years old and above. It is not



Medical causes may include diabetes, hypertension, hypogonadism, hyperthyroidism, hypothyroidism and pituitary adenoma. Also, undescended testes and radiotherapy.

Neurogenic causes include multiple sclerosis, Parkinson's disease, spinal cord injury, spina bifida, disc herniation, pelvic surgery or fracture, radiotherapy to pelvis, peripheral neuropathy secondary to diabetes mellitus.



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Iatrogenic causes include anterior resection of rectum tumour, prostatectomy, TURP. renal transplantation. Medications causing ED include beta blockers, diuretics, ACE inhibitors, antidepressants, antipsychotics and statins.

Vasculogenic causes may include smoking, hypertension, diabetes and hyperlipidaemia.

All of the above affect penile perfusion, which in turn impairs the erection.

The link between ED and cardiovascular disease (CVD) is commonly known. ED can be one of the first Indicators of CVD, and therefore, men with ED must be investigated for risk factors of CVD.

It is also important to ask patients whether the ED has been gradual or of sudden onset, as this can be helpful when distinguishing between psychological causes and medical causes. In psychological causes, men often still experience early morning erections. In organic / medical causes, there is gradual onset of ED and the morning and nocturnal erections are affected as well.

Several treatment modalities and options are now available for ED. Medications include:

Sildenafil: onset of action is within 30 to 60 minutes. To take one tablet one hour before sexual activity. Alcohol to be avoided and best taken with an empty stomach

Tadalafil: onset of action is 60 to 120 minutes. Duration is 36 hours. Can be taken with food and alcohol in moderation. Lower doses can be used on a daily basis if regular sexual activity is anticipated.

Vardenafil: onset of action is 20 to 60 minutes. Duration is 4 to 6

hours. To be taken one hour before sexual activity. Only once in 24 hours.

The above tablets are called PDE5-Inhibitors. Patients who are also on nitrates (eg, for angina), must not use this class of medication. Patients with recent heart attack must not use these medications either; they can be used after some months though.

Side effects of oral PDE5 inhibitors must be mentioned to patients. These include headaches, dizziness, nasal congestion. Priapism (prolonged painful erection) can happen so patients must be advised to go to hospital if the erection has lasted for 4 hours and is painful, as this is an emergency.

If the above oral treatment options have not been effective then penile or intraurethral injection of Alprostadil can be given. Vacuum pumps have also shown satisfactory results for men who are able to use the device correctly.

Helping men overcome ED is extremely rewarding as a Doctor. One of my patients returned to update me on how things went with his oral medication, as his marriage had been in turmoil and he was very distressed when he had originally come to see me. He said 'Doctor, I can't thank you enough!! You saved my marriage!! We are happy again!!'

Then he said...'Doctor, I was thinking about you during that time!' This gave me a great sense of satisfaction!

So, please proactively ask patients about ED during routine annual reviews for chronic conditions such as diabetes and coronary heart disease, as well as if they present to you with symptoms of depression and anxiety. □