



NBNA Men's Health Committee
2019-2020 Men's Health Tool Kit

Erectile Dysfunction (ED)

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Abstract/Background

The sexual response cycle is conceptualized as a sequential series of psychophysiological states that usually occur in an orderly progression. These phases were characterized by Masters and Johnson as desire, arousal, orgasm and resolution. Erectile dysfunction can be conceptualized as an impairment in the arousal phase. Erectile dysfunction affects about 200 million men worldwide and may affect about 30 million American men. The term erectile dysfunction has largely replaced the term impotence as not to confused it with the non-medical meanings.

Erectile dysfunction (ED) is defined as the inability to obtain and/or sustain an erection firm enough for sexual intercourse. Erectile dysfunction may be characterized by:

- a tendency to sustain only brief erections
- an inconsistent ability to achieve an erection
- a total inability to achieve an erection

Erectile dysfunction is the most common sex problem that men report to their doctor. Erectile dysfunction may affect 1 in 4 men under 40. Some studies have shown that approximately 52% of men experience erectile dysfunction. Erectile dysfunction is not a natural consequence of aging. It is becoming increasingly prevalent with age, with it affecting 40% of men age 40 and 70% of men age 70. African-American men are more likely than men of other races to experience ED.

About 80% of erectile dysfunction cases are believed to have an organic cause, while 20% of the cases being psychogenic in origin. Most cases of erectile dysfunction are believed to be multifactorial. American Urological Association (AUA) has guidelines for erectile dysfunction treatment. The AUA Panel believes that shared decision-making is the cornerstone of treatment and management of ED. Primary Care Provider (PCP) may begin initial ED treatment then refer patient to a urologist for more definitive therapies.

Outline

Definition of Erectile Dysfunction (ED)

Simplified Mechanism for Erection

Symptoms

- a tendency to sustain only brief erections
- an inconsistent ability to achieve an erection
- a total inability to achieve an erection

Causes

- Physical: Organic
 - Certain Diseases and Conditions
 - Certain Medicines
- Psychological/Emotional Issues
- Certain Health-related Factors and Behaviors

Prevention (Risk Factors)

Diagnosis

- Medical and Sexual History
- Physical Exam
- Mental Health exam
- Lab Tests
- Imaging Test

Treatment

- Oral Medications
- VED and Constriction Rings
- Injectable medicine and suppository
- Surgery
- Hormonal Therapy
- New Technology

Resources

1. Erectile Dysfunction: AUA Guideline (2018)
2. NIH: Erectile Dysfunction
3. Begot I, Peixoto TC, Gonzaga LR et al: A home based walking program improves erectile dysfunction in men with an acute myocardial infarction Am J Cardiology 2015; 115:571
4. Fillo J, Levcikova M, Ondrusova M et al: Importance of different grades of abdominal obesity on testosterone level, erectile dysfunction and clinical coincidence. Am J Men's Health 2017; 11:240
5. Kovac JR, Labbate C, Ramsamay R et al: Effects of cigarette smoking on erectile dysfunction. Andrologia 2015; 47:1087
6. McCabe MP and Althof SE: A systematic review of the psychosocial outcomes associated with erectile dysfunction: does the impact of erectile dysfunction extend beyond a man's ability to have sex? J Sex Med 2014; 11:347
7. Schoofs E, Fode M, Capogrosso P, Albersen: Current guideline recommendations and analysis of evidence quality on low intensity shockwave therapy for erectile dysfunction. Int J Impot Res 2019; 209-217
8. Souper R, Hartmann, J, Alvarez M et al: Correlation between peak systolic velocity and diameter of cavernosal arteries in flaccid versus dynamic state for the evaluation of erectile dysfunction. Int J Impot Res 2017; 29:13
9. Shockwave therapy for ED. Center for Female and Male Sexual Medicine.
<https://www.njsexualmedicine.com/>

Discussion

1. How comfortable are you discussing ED in the community setting?
2. Are there any natural remedies patient can try? Are there any I should avoid?
3. What treatment do you recommend? What are the pros and cons?
4. What literature is available to distribute in the community?