

# ERECTILE DYSFUNCTION & LIFESTYLE MODIFICATIONS

While you can't change your age, you can lower your risk of ED by making important — but not necessarily difficult — changes to your lifestyle.



**M**any men experience one or more episodes of erectile dysfunction (ED) in their lifetimes. There are many factors that can contribute to ED, such as age, whether you have other health problems, some medications you may be taking, your psychological or emotional state, and your lifestyle. While you can't change your age, you can lower your risk of ED by making some important—but not necessarily difficult—changes to your lifestyle.

## WHAT CAUSES ED?

Erectile dysfunction is the inability to get and keep an erection sufficient for satisfactory sexual activity. The Massachusetts Male Aging Study (MMAS) found that 52% of men aged 40 to 70 years had some degree of ED. Age was an important factor in ED: approximately 40% of men aged 40 years versus 70% of men aged 70 years reported mild, moderate or severe ED. This study also found that the prevalence of severe ED tripled from 5% among 40 year old men to 15% in 70 year old men.

However, age alone does not explain the increased risk for ED. As you age, you are also at greater risk for medical conditions that can be associated with ED, such as high blood pressure (hypertension), cardiovascular (heart) disease (CVD), high cholesterol, and diabetes. In fact, any condition that narrows or hardens the blood vessels (atherosclerosis) can cause ED. This is because erections require good blood flow into the erection chambers in the penis. If the penile arteries are blocked or diseased, blood flow will be reduced causing some degree of ED. Use of

some drugs can also lead to ED. If you have recently started taking a new medication and suddenly notice difficulty attaining erections, you should speak with your doctor about possibly switching to another formulation or drug class.

Depression, anxiety, stress, and/or relationship difficulties can also be an important cause of ED. Similarly, cigarette smoking, physical inactivity, and/or being overweight or obese can all contribute to ED. Luckily, these are all conditions or choices over which you have some degree of control.

### YOUR FIRST EVALUATION

The diagnosis and management of ED begins with the sexual history. Discussing ED can be embarrassing for both the patient and physician. Believe it or not, embarrassment is a major treatment barrier. You should feel just as comfortable giving your sexual history as you do telling your medical history. Your doctor should know that ED may be an indicator for future CVD like angina, heart attack, or stroke. Physical examination may go well beyond examining your genitals and include a checking your height, weight, calculation of body mass index (BMI), check-

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ing your pulses in several locations, listening to your carotid arteries/heart, and even looking at your retina. These are all ways of evaluating the health of your vessels. As a child you probably remember being weighed and having your

height checked. Most of us looked forward to the pediatrician letting us know how much we had grown. In adult patients, physicians now use height and weight to calculate BMI. A healthy BMI is 18.5 to 25, overweight is 25 to 30, and obese is 30 to 40. Your doctor may want to do some early morning fasting blood work to check your cholesterol, lipids, and glucose levels. If you are older than age 50 years or have family history of prostate cancer you should also have your prostate-specific antigen checked.

### TREATING ED WITH MEDICATIONS

Before developing a treatment plan, your doctor will first need to find out why you are experiencing ED. Your doctor may send you for additional tests to help find out the cause of your ED. If you are found to have an underlying medical condition (i.e., hyperlipidemia, hypercholesterolemia, hyperglycemia, high blood pressure) your doctor will want to treat these conditions first or simultaneously with ED. You may be given 1 of 3 oral medications that are approved to treat ED. These medicines, called PDE-5 inhibitors (or phosphodiesterase type-5 inhibitors), include Cialis, Levitra, and Viagra. These drugs work by letting more blood flow into the penis—but they only work if you are sexually aroused. All are safe and effective—if you are healthy enough to be having sex. If you experience shortness of breath or chest pains during exercise or sex, you must first talk with your doctor before taking these medicines. And above all, remember that any man who uses nitroglycerin or any other organic nitrate medication cannot take any PDE-5.

Although they are all in the same drug class, there are some important differences among the 3 agents, particularly with regard to how soon they begin to work after taking them, how long they last, and whether or not a heavy and fat-filled

## LIFESTYLE MODIFICATIONS

- Stop smoking
- Lose weight
- Improve your diet
- Become physically active
- Limit your alcohol consumption

meal affects how quickly they work. There are also some differences in the possible side effects that you might experience. All of the drugs can cause headache, flushing, indigestion, and nasal congestion.

Not all men respond to the oral medications. Studies suggest that 3 to 6 sexual attempts using a PDE-5 inhibitor on different days may be needed to maximize benefit, and adequately determine whether you are a responder or nonresponder. In general, the success rates with these drugs are all about 65% to 70%. If you do not respond to these drugs, you will need to speak with your doctor to see if (1) other approaches might be better for you or (2) you might need referral to a specialist, for an in depth sexual health evaluation.

There are other medical approaches to treating ED, including intracavernous injection therapy and intraurethral suppository. Intra-



Even small amounts of alcohol can result in erection problems.

cavernous injections may utilize alprostadil, papaverine, or phentolamine (either alone or in combination with other agents) which you inject (using a very small and thin needle) into the base of your penis. This is a very effective approach, but is limited to men who are comfortable injecting themselves in this manner. Another successful treatment involves inserting a small suppository composed of alprostadil into the urethra, where it is released and absorbed. Both of these approaches increase penile blood



Smoking interferes with the ability of blood vessels to relax in the penis.

flow. Vacuum constriction devices are also used successfully by many men with ED, and do not necessarily require a prescription.

### TREATING ED WITH "TALK THERAPY"

Not all ED is caused by a medical condition. You might notice that when you are particularly stressed at work, or very tired, or are having a rough spell with your partner, you have more difficulty having an erection. If you notice that you have strong morning erections, but cannot keep an erection during intimacy, develop ED suddenly or have ED intermittently, your problem may be psychological. Your doctor might recommend that you make an appointment to talk with a psychiatrist, psychologist, or sex therapist.

### TREATING ED THROUGH LIFESTYLE MODIFICATIONS

The MMAS study also found that

about 1 in 3 men with (mild) ED experience remission 10 years after the ED is first noted—without having had any medical intervention (e.g., without using drugs or injections). Another one-third of men will progress from mild or moderate ED to complete ED in that same time period. Some men with complete ED experience remission—especially if they are younger, not overweight, or if they have a new sexual partner. Among the other factors that influence whether the ED resolved or progressed are obesity and fair or poor general health. The simple conclusion to be drawn from this and other medical studies are that exercise and activity are good for your heart and sex life.

Lifestyle modifications can help to prevent ED from developing later in life. The three most common modifications that doctors recommend are:

- smoking cessation
- losing weight
- increasing physical activity.

### SMOKING CESSATION

If fear of lung cancer is not a sufficient incentive to help you to quit smoking, here is a great motivator: smoking cigarettes has been associated with ED. Cigarette smoking can cause plaque to build-up in your arteries—including your penile arteries. Nicotine can impair arterial blood flow into the penis. According to information from the American Heart Association, smoking 20 cigarettes per day increases your risk of ED by 60% compared to men who never smoked. Therefore, stopping cigarette smoking can help to prevent ED particularly among younger men.

### WEIGHT LOSS AND PHYSICAL ACTIVITY

There may be a relationship between being overweight or obese and having ED. One study found the prevalence of overweight or obesity in men with ED may be as high as 79%. This study also found that reducing your total body weight by

at least 10% over a 2 year period, through diet and physical activity, can substantially improve your erectile function. Men who remain physically active have a lower risk of ED than men who are sedentary. Thus, increasing your level of physical activity will reduce your risk of ED. Results from the MMAS found that men who had been sedentary but who initiated physical activity during middle-age significantly reduced their risk of ED.

### REDUCING ALCOHOL INTAKE

Alcohol initially acts as a stimulant, but quickly becomes a central nervous system depressant that can temporarily interfere with your erectile capacity. Long-term alcohol abuse can also interfere with your desire for sex (your libido), and can interfere with your body's ability to send messages through the nervous system from your brain to your penis. Reducing your alcohol consumption is important for many reasons, including the potential benefits to your sexual life.

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### CONCLUSIONS

Erectile dysfunction need not be a necessary part of aging. There are many simple changes you can make today to help maintain your sexual functioning throughout the rest of your life. The same messages your doctor has been emphasizing to keep your heart healthy—exercise each day, eat well, stop smoking, and don't overindulge—will also help keep your sex life healthy. □