

Erectile Dysfunction: **NOT** JUST A CHOICE ABOUT YOUR **LIFESTYLE**



Most people believe that sexual satisfaction add to the quality-of-life at any age. But did you know that erectile dysfunction (ED) could be a sign of a much more serious problem?

If you have ever had a problem getting or keeping an erection, you are not alone. At least one in every two men aged 40 to 70 years is affected, to some degree, by ED—or what was once called “impotence.” Almost every man experiences ED at least once in his lifetime—maybe you were very

tired, or had one drink too many, or were very stressed with work. This is normal and not necessarily a problem that you need to discuss with your doctor. However, a growing number of men have erectile problems on a more frequent basis, especially as they age. If you are having erectile problems during

most of your sexual activities—especially problems that cannot be traced to a specific cause, such as a fight with your partner or a night of over-indulging—you probably have ED. Doctors classify men as having moderate or severe ED when they have a persistent inability to attain or maintain an erection long enough to have satisfactory sexual performance. Not only is ED a problem that can affect your sexual relationship(s), but it may also be a predictor, or early sign, of cardiovascular (heart) disease (CVD). A recent Men’s Health study focusing on prostate cancer made a surprising discovery about ED and heart disease. The study published in the Journal of American Medicine Association in 2005 revealed that ED was just as good at predicting an acute coronary event (chest pain or heart attack) as family history of heart disease or smoking. As a matter of fact, 2% of men developing ED had a significant heart event by one year; 11% of men had significant heart events by five years. ED stands for erectile dysfunction. It also means ‘early detection’, so don’t hesitate to talk to your doctor about ED; erectile dysfunction, early detection, and prevention of heart disease.

Some over-the-counter or prescription drugs, including nonsteroidal anti-inflammatory drugs (NSAIDs), antihypertensives or diuretics, antihistamines, muscle relaxants, antidepressants or anti-anxiety drugs, anti-arrhythmics, and some lipid-lowering agents, can cause ED. Excessive use (abuse) of alcohol, some “recreational” drugs, and a few pre-

scription drugs—particularly some antidepressants—may delay your ejaculation—which is not the same concern as ED. Other drugs, including psychoactive drugs and MAOIs, can lower your desire for sex—even though you are still able to get and maintain an erection. If you begin experiencing erectile problems, you need to talk openly and honestly with your doctor about all of the drugs you are taking. Your doctor will not judge your behavior, but needs all of this information to help determine the cause of your problem. Also, you should never stop taking any prescription drugs without first discussing that with your doctor.

Erectile dysfunction is caused by many other factors, including aging, diabetes, high blood pressure, elevated cholesterol, elevated lipids, cigarette smoking, injury, surgery, alcohol and drug use. Erectile dysfunction may be caused by depression or emotional or relationship problems. An important cause of ED is vascular disease. In fact, the relationship between ED and vascular disease is so strong that doctors now search for risk factors and signs of coronary heart disease whenever a man reports moderate to severe ED.

THE ROLE OF BLOOD FLOW IN ERECTIONS

Erections are a complex process that requires your hormones, your brain, and your neurologic (nerves) and vascular (blood vessel) systems to all work correctly and together. Problems in any of these areas can interfere with your body's ability to have a normal, healthy erection. Low hormonal (testosterone) levels or nerve damage (from prostate and colon surgery) can interfere with having an erection.

A normal erection occurs when your brain tells the muscle chambers in your penis to relax, which allows blood to flow in and fill up the spaces in the chambers. The increased blood in the penis causes it to expand—hence, the erection. (see page 5) The vascular chambers

POSSIBLE CAUSES OF ED

- Age over 40 years
- Cigarette smoking
- Alcohol use or abuse
- Obesity
- Low hormone levels
- Drug use
- Some over-the-counter drugs
- Some prescription drugs
- Some recreational drugs
- Underlying illness
- Atherosclerosis
- High blood pressure
- High cholesterol

in the penis have walls composed of muscle; the linings of these walls is almost identical to the linings of all your blood vessels. Endothelial cells make up the linings of blood vessels and penile vascular chambers. These endothelial cells and the muscular walls respond favorably to drugs like Cialis, Levitra, and Viagra. As a matter of fact these drugs simply amplify a normal sexual response. The chambers of the penis relax and expand with blood, these expanded chambers in turn compress small veins exiting the penis, called venules. The compression of the venules temporarily traps blood inside the penis, creating a rigid erection. So a healthy vascular system is necessary for healthy erections. The erection is lost when the muscles in your penis contract. These contractions stop the blood from flowing into the penis and the venules open and allow blood to flow out, and the penis becomes flaccid (non-erect) again. If the blood flow into or out of the penis is disrupted, you may have a problem getting or maintaining your erections.

The blood vessels (arteries) in your penis are much smaller than the arteries in your heart. Any condition or disease that narrows or hardens your blood vessels will affect the

vessels in your penis before it affects your heart. Blood vessel disorders are therefore a major risk factor for both ED and CVD. An important consequence of coronary artery disease, or atherosclerosis, is that plaque builds up in and blocks your arteries. Common causes of atherosclerosis include high serum cholesterol, diabetes, cigarette smoking, and hypertension (high blood pressure).

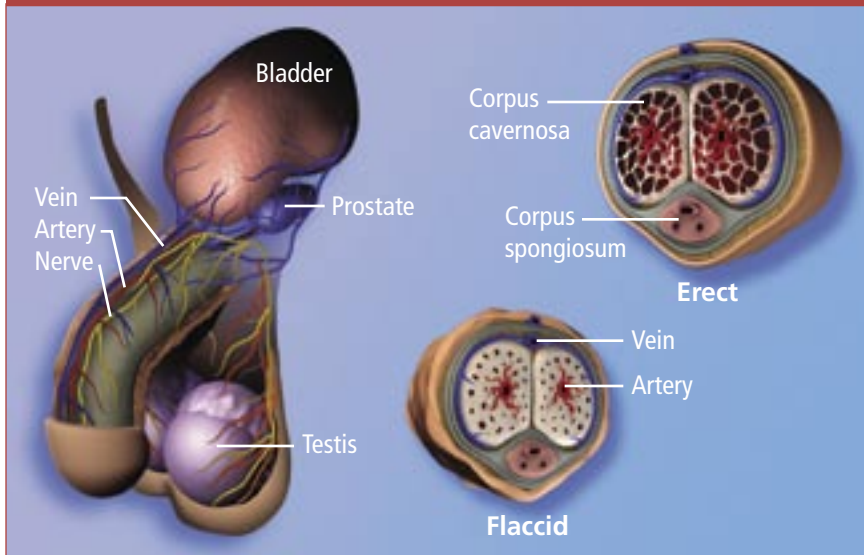
ED AS A PREDICTOR OF FUTURE CVD

New research shows that men with ED have a significantly greater chance of having a cardiovascular event, such as angina, heart attack, stroke, or congestive heart failure, than men without ED. These studies show that blood vessel damage caused from cigarette smoking, high cholesterol or diabetes (to name a few) appears to affect the penis before it affects the heart. So what is good for your heart is generally good for your sex life. Changing your lifestyle by getting more exercise, improving your diet, taking medications to combat high cholesterol, high blood pressure, and high sugars can improve cardiovascular health and hopefully your erectile function.

TALKING TO YOUR DOCTOR

Dr. Graham Jackson, a noted cardiologist, cautions that: “*ED stands for endothelial dysfunction, erectile dysfunction, early detection of heart disease, and early death if missed.*” This is why it is critical that you talk with your doctor if you have been experiencing ED. In order to find out why you are having difficulties with your erections, your doctor will ask you a variety of questions about the problem and will also run some medical tests. Your answers to these questions may help your doctor decide exactly which kinds of medical tests to run. Your doctor will ask you when you first started experiencing ED, how often you experience ED (once in a while, most of the time, all of the time), and whether the problem started suddenly or was it

HOW AN ERECTION OCCURS



Arteries and veins penetrate the long, filled cavities running the length of the penis—the corpora cavernosa and the corpus spongiosum. Erection occurs when relaxed muscles allow the corpora cavernosa to fill with excess blood fed by the arteries, while drainage of blood through the veins is blocked.

a gradual change. Your doctor will want to know if you have morning erections—and if you don't, you may be asked when you last remember having them. Your doctor might also ask you questions about your relationship, your work, and whether you have been feeling depressed or anxious recently.

Your doctor will also ask you a lot of questions about your health, your lifestyle, and possibly about your family's medical history. You will be asked if you smoke cigarettes (how many and for how long), drink alcohol (how much and for how long), and take any drugs (and this includes all prescription, over-the-counter, and recreational drugs). You will have some routine lab tests to determine your blood pressure, weight, and whether you have signs of diabetes, high cholesterol, or other vascular problems. Your doctor might also look at your hormonal levels to see if your testosterone level is within the normal range. Finally, your doctor will perform a routine physical examination.

TREATING YOUR ED

All of this information is important to help your doctor determine

the underlying cause of your ED. In some cases, the doctor may determine that your ED is a psychological issue and refer you to a sex therapist or psychologist. For other men, the tests may show that the ED is a consequence of medicine that you are taking—and your doctor may be able to help you find alternate medicines that are less likely to affect your erections. Still other men may be able to regain their erections by making lifestyle changes. Quitting smoking, losing weight, and/or increasing your physical activity levels will help reduce both your risk of ED and of CVD.

In some men, ED is a signal that there are more serious health problems that need to be addressed. If your doctor determines that your ED is a sign of underlying CVD, you may need to have additional tests. Your doctor may recommend additional blood work, a chest X-ray, an electrocardiogram, an exercise stress test, or angiography to help determine your diagnosis. Treating the underlying health issue is extremely important. Often, once you have gotten your blood pressure, diabetes, high chole-

sterol, or heart disease under control, your ED may get better.

ED TREATMENTS

For some men, getting the underlying disease under control is not enough to help regain strong erections. You might need treatment that is specifically aimed at helping you attain and maintain erections. Frequently doctors begin by prescribing one of the three oral medications that are available to treat ED: Cialis, Levitra, or Viagra. All of these ED drugs are safe and effective—but not every man can take them. Men who are taking nitroglycerin or nitrates for heart conditions cannot take these ED drugs. There are other drugs—such as alpha-blockers used to treat enlarged prostates or high blood pressure that should be used cautiously along with ED drugs. Please tell your doctor about all of the drugs you are taking.

Cialis, Levitra, and Viagra all work the same way—by blocking, or inhibiting, the action of the enzyme phosphodiesterase type-5 (PDE-5). Phosphodiesterase type-5 inhibitors promote better blood flow into the penis—but they are only effective if you are sexually excited. These inhibitors will not help you attain or maintain your erections if you are not already stimulated or aroused. Your doctor will determine which of these drugs might work best for you. You should talk with your doctor if you are not getting erections despite adequate stimulation, or if you have any unusual side effects.

All three drugs are equally safe. They have slightly different side effects and some major differences in duration of effectiveness. If you get short of breath with exercise, have had chest pain with sex or a history of heart failure, heart attack or loss of vision—you must discuss with your doctor how safe it is for you to have sex and use these medications.

There are also other treatments for ED. If your doctor has said that sexual activity is safe for you, but the oral drugs are not helping, your doc-

tor might recommend intraurethral medicine, penile injections, vacuum erection device, or penile prosthetic surgery. Although it might be embarrassing, you should always talk openly and honestly with your doctor about your sexual concerns and any other health issues that you might have.

SUMMARY

It is important that you contact your doctor if you have experienced problems getting or keeping your erection. Erectile dysfunction may be an early sign of a serious health condition—such as diabetes or CVD. □

