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Sexual Dysfunction in Men

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Sexual Dysfunction in Men

- Sex drive (libido)
- Erectile dysfunction or impotence
- The ability to ejaculate
- The ability to achieve an orgasm

- Men sometimes pressure themselves or feel pressured by a partner to perform well sexually and become distressed when they cannot (**performance anxiety**).
- Performance anxiety can be troublesome and further worsen a man's ability to **enjoy** sexual relations.

- Disorders of **ejaculation** are the **most common** sexual dysfunctions experienced by men.
 1. premature ejaculation
 2. retrograde ejaculation
 3. delay or anejaculation

Normal Male Sexual Function

- Normal sexual function is a complex interaction involving both the **mind** and the **body**
- The **nervous**, **circulatory**, and **endocrine** (hormonal) systems all interact with the mind to produce a sexual response.

Psychologic Causes of Sexual Dysfunction

- Anger toward a partner
- Anxiety
- Depression
- Discord or boredom with a partner
- Fear of pregnancy, dependence on another person, or losing control
- Feelings of detachment from sexual activities or one's partner
- Guilt
- Inhibitions or ignorance about sexual behavior
- Performance anxiety (worrying about performance during intercourse)
- Previous traumatic sexual experiences (for example, rape, incest, sexual abuse, or previous sexual dysfunction)

Desire (sex drive or libido)

- is the wish to engage in sexual activity. It may be triggered by thoughts, words, sights, smell, or touch.
- Desire leads to the first stage of the sexual response cycle, excitement.

Excitement, or sexual arousal

1. brain sends nerve signals down the spinal cord to the penis
2. The arteries supplying blood to the erectile tissues
3. become engorged with blood and expand
4. This expansion exerts pressure that compresses the veins, slowing the outflow of blood and thus elevating blood pressure within the penis
5. This elevated pressure in the penis results in rigidity and erection

Orgasm

- is the peak or climax of sexual excitement
- At orgasm, muscle tension throughout the body further increases and the pelvic muscles contract, followed by ejaculation

Ejaculation

1. results when nerves stimulate muscle contractions in the male reproductive organs: the seminal vesicles, prostate gland, and the ducts of the epididymis and vas deferens.
2. These contractions force semen into the urethra.
3. Contraction of the muscles around the urethra further propels the semen out of the penis.
4. The neck of the bladder also constricts, preventing semen from flowing backward into the bladder.

- Although **ejaculation and orgasm** often occur nearly **simultaneously**, they are separate events.
- Rarely, ejaculation can occur **without** orgasm.
- Orgasm can occur in the **absence** of ejaculation, especially before puberty, or as a side effect of certain drugs (such as antidepressants) or after surgery (such as removal of the colon or prostate gland).
- Orgasm is normally highly **pleasurable**.

resolution stage

- the body returns to an **unaroused state**.
- Once ejaculation takes place or orgasm occurs, penile arteries constrict and the smooth muscle of the corpora cavernosa and corpus spongiosum contracts, reducing blood inflow, increasing blood outflow, and causing the penis to become limp (**detumescence**).

refractory period

- After orgasm, erection cannot be obtained for a period of time
- often as short as 20 minutes or less in young men but longer in older men.
- The time between erections generally increases as men age.

Erectile dysfunction

Erectile dysfunction

- Erectile dysfunction (impotence) is the inability to **get or keep** an erection firm enough for sex.
- Having erection trouble from ~~time to time~~ isn't necessarily a cause for concern.
- If erectile dysfunction is an **ongoing issue**, however, it can cause **stress**, affect your **self-confidence** and contribute to **relationship** problems.
- ED can also be a sign of an **underlying health condition** that needs treatment and a risk factor for **heart disease**.

Physical causes of erectile dysfunction

- Heart disease
- Clogged blood vessels (atherosclerosis)
- High cholesterol
- High blood pressure
- Diabetes
- Obesity
- Metabolic syndrome — a condition involving increased blood pressure, high insulin levels, body fat around the waist and high cholesterol
- Parkinson's disease
- Multiple sclerosis
- Certain prescription medications
- Tobacco use
- Peyronie's disease — development of scar tissue inside the penis
- Alcoholism and other forms of substance abuse
- Sleep disorders
- Treatments for prostate cancer or enlarged prostate
- Surgeries or injuries that affect the pelvic area or spinal cord
- Low testosterone

Psychological causes of erectile dysfunction

- Depression, anxiety or other mental health conditions
- Stress
- Relationship problems

Risk factors

- As you **get older**, erections might take longer to develop and might not be as firm. You might need more direct touch to your penis to get and keep an erection.
- **Medical conditions**, particularly diabetes or heart conditions
- **Tobacco** use, which restricts blood flow to veins and arteries, can — over time — cause chronic health conditions that lead to erectile dysfunction
- Being **overweight**, especially if you're obese

Risk factors

- Certain medical **treatments**, such as prostate surgery or radiation treatment for cancer
- **Injuries**, particularly if they damage the nerves or arteries that control erections
- **Medications**, including antidepressants, antihistamines and medications to treat **high blood pressure**, **pain** or **prostate** conditions
- **Psychological** conditions, such as stress, anxiety or depression
- **Drug and alcohol use**, especially if you're a long-term drug user or heavy drinker

Complications

- An unsatisfactory sex life
- Stress or anxiety
- Embarrassment or low self-esteem
- Relationship problems
- The inability to get your partner pregnant

Prevention

- The best way to prevent erectile dysfunction is to make **healthy lifestyle** choices and to manage any existing **health conditions**.
- Work with your doctor to manage diabetes, heart disease or other **chronic health conditions**.
- See your doctor for regular **checkups** and medical **screening** tests.
- Stop **smoking**, limit or avoid **alcohol**, and don't use illegal **drugs**.
- **Exercise** regularly.
- Take steps **to reduce stress**.
- Get help for anxiety, depression or other **mental health** concerns.

Diagnosis

- a physical exam and answering questions (medical history) are all that's needed
- If you have chronic health conditions or your doctor suspects that an underlying condition might be involved, you might need further tests or a consultation with a specialist.


- Physical exam: penis and testicles and checking nerves for sensation.
- Blood tests: heart disease, diabetes, low testosterone levels and other health conditions.
- Urine tests (urinalysis)
- Ultrasound. the blood vessels that supply the penis
- Psychological exam

Treatment

- treatment for any health conditions that could be causing or worsening your erectile dysfunction.
- Depending on the cause and severity of your erectile dysfunction and any underlying health conditions, you might have various treatment options.
- Your doctor can explain the risks and benefits of each treatment and will consider your preferences.
- Your partner's preferences also might play a role in your treatment choices.

Oral medications

- Sildenafil (Viagra)
- Tadalafil (Adcirca, Cialis)
- Vardenafil (Levitra, Staxyn)
- Avanafil (Stendra)

- All four medications enhance the effects of **nitric oxide** 
- increases blood flow and allows you to get an erection **in response to** sexual stimulation.
- Taking one of these tablets will not ~~automatically~~ produce an erection.
- **Sexual stimulation** is needed first to cause the release of nitric oxide from your penile nerves.

- These medications **amplify** that signal, allowing normal penile function in some people.
- Oral erectile dysfunction medications are not ~~aphrodisiacs~~, will not cause ~~excitement~~ and are **not needed in people** who get normal erections.

- Your doctor will consider your **particular situation** to determine which medication might work best.
- These medications might not treat your erectile dysfunction **immediately**.
- You might need to work with your doctor to **find** the right medication and dosage for you.

- Before taking any medication for erectile dysfunction, including over-the-counter supplements and herbal remedies, **get your doctor's OK**.
- Medications for erectile dysfunction do not work in everyone and **might be less effective** in certain conditions, such as after prostate surgery or if you have diabetes.
- Some medications might also be **dangerous** if you:
 - Take nitrate drugs
 - Have heart disease or heart failure
 - Have very low blood pressure (hypotension)

Other medications

- Alprostadil self-injection.
- Alprostadil urethral suppository.
- Testosterone replacement.

Other Treatments

- Penis pumps.
- Penile implants.
- Exercise
- Psychological counseling

Premature ejaculation

- Premature ejaculation occurs when a man ejaculates **sooner** during sexual intercourse than he or his partner would like.
- as many as **1 out of 3** men say they experience this problem at some time.

Definition

- Always or nearly always ejaculate within **one minute** of penetration
- Are **unable to delay** ejaculation during intercourse all or nearly all of the time
- Feel **distressed and frustrated**, and tend to avoid sexual intimacy as a result

- **Lifelong** premature ejaculation occurs all or nearly all of the time beginning with your first sexual encounters.
- **Acquired** premature ejaculation develops after you've had previous sexual experiences without ejaculatory problems.

Causes

- The ~~exact cause~~ of premature ejaculation isn't known.
- Premature ejaculation involves a complex interaction of **psychological and biological** factors.

Causes

Psychological causes

- Early sexual experiences
- Sexual abuse
- Poor body image
- Depression
- Worrying about premature ejaculation
- Guilty feelings that increase your tendency to rush through sexual encounters
- Erectile dysfunction
- Anxiety
- Relationship problems

Biological causes

- Abnormal hormone levels
- Abnormal levels of brain chemicals called neurotransmitters
- Inflammation and infection of the prostate or urethra
- Inherited traits

Risk factors

- Risk factors
- Stress

Complications

- Stress
- relationship problems
- Fertility problems

Diagnosis

- asking about your sex life
- your health history
- physical exam

Treatment

- Keep in mind that **it might take time** to find the treatment or combination of treatments that will work for you.
- **Behavioral treatment plus drug** therapy might be the most effective course.

- Behavioral techniques
- Pelvic floor exercises
- The pause-squeeze technique
- Condoms
- Medications
- Counseling

Medications

- Topical anesthetics
- Oral medications
 - Antidepressants
 - Analgesics
 - Phosphodiesterase-5 inhibitors

