ERECTILE DYSFUNCTION

& Current Therapies

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And the fascination never ends…

Erectile Dysfunction

The persistent inability to achieve & maintain an erection sufficient for satisfactory sexual intercourse.

Erectile Dysfunction cont

- Erectile difficulties may be the first presenting symptom of an underlying medical condition:
  - Hypertension
  - Hyperlipidaemia
  - Diabetes
  - Coronary artery disease
  - Metabolic syndrome

- May be associated with other sexual concerns:
  - Low libido
  - Ejaculatory disorders

Men @ Risk

The most effective way to detect ED is to screen those men who are most @ risk.

- Men over 40

Cardiovascular disease

- Coronary Artery Disease
- Myocardial Infarction
- Peripheral Vascular Disease
- Stroke
- Dyslipidaemia
- Hypertension

Hormonal

- Diabetes
- Thyroid Disease
- Raised Prolactin
- Hypogonadism
- Sleep Apnoea
- Obesity
- Metabolic Syndrome

Neurological conditions

- Spinal Cord Injury
- Pelvic & Prostate Surgery
- Multiple Sclerosis
- Motor Neurone Disease
- Epilepsy
- Neuropathy
- Alzheimer's Disease

Systemic disease

- Renal & Hepatic Failure
- Chronic Lung Disease
- Rheumatoid Arthritis
- Osteoarthritis
- Chronic Pain
- Scleroderma

Localised conditions

- Pelvic Trauma/ Surgery
- Peyronie's Disease
- Radiotherapy
- Excessive Bicycle Riding
- LUTS

Psychosocial Problems

- Stress
- Depression/Anxiety
- Marital Disharmony
- Guilt/Shame
- Performance Anxiety

Medications

- Cardiovascular drugs – beta blockers, thiazide diuretics, digoxin
- Antidepressants
- Anticonvulsants
- Antihistamines
- Antiemetic's
- Cytotoxics
- Opiates

Cigarettes, drugs, alcohol

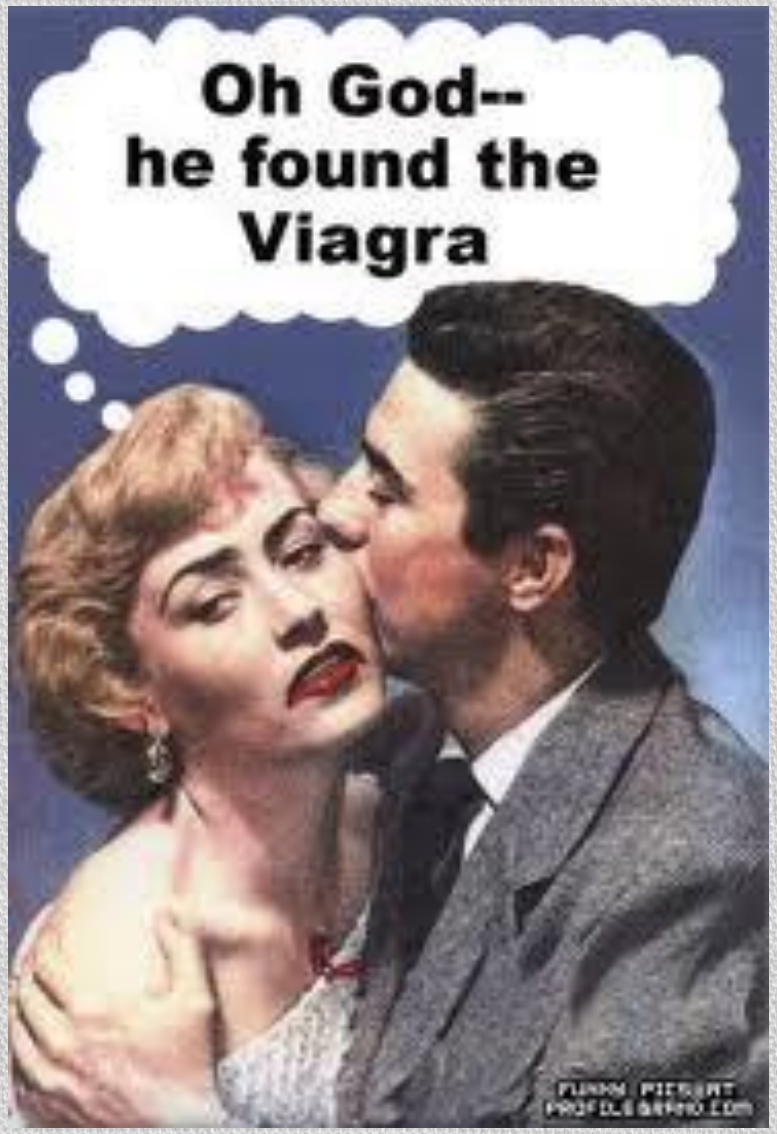
Assessment/Evaluation/Investigations

Define the problem, some men confuse ED with PE or low libido.

- History of presenting complaint
- Past/Present Medical/Surgical Hx
- Sexual Hx
- Bloods
- Examination if indicated

Treatment Options

- Oral Medications – PDE5 inhibitors
- Intracavernosal injections
- Vacuum Constriction Devices – penile pumps
- Penile Prosthesis


Oh God--
he found the
Viagra

ORAL MEDICATIONS:

*With sexual arousal nitrous oxide (NO) is released from cavernosal nerves & endothelial linings of sinusoidal spaces in the corpora cavernosa of the penis.

*NO triggers the formation of cGMP

*cGMP is necessary for the reactions within penile smooth muscle – sinusoidal relaxation, arterial vasodilation & vasocongestion of the penis

*PDE5 is an enzyme that breaks down cGMP

*The PDE5 inhibitors prevent this enzyme breaking down cGMP thus allowing cGMP to accumulate in erectile tissue.

PDE5 inhibitors:

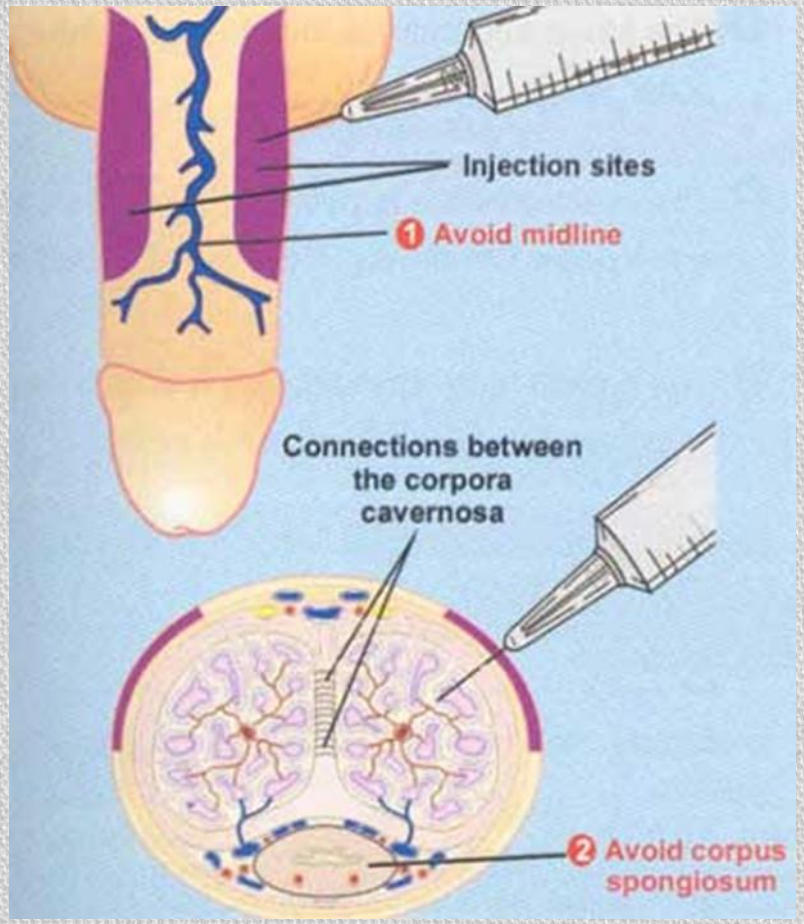
INJECTION THERAPY:

An injection of vasoactive drugs into the corpus cavernosa which relaxes the arterial & trabecular smooth muscle, thereby enhancing the inflow of blood into the lacunar spaces & promotes venous resistance.

Excellent 1st line treatment following surgery.

Useful 2nd line treatment if PDE5i's don't work.

Intracavernosal Injection Therapy:



PENILE PUMP

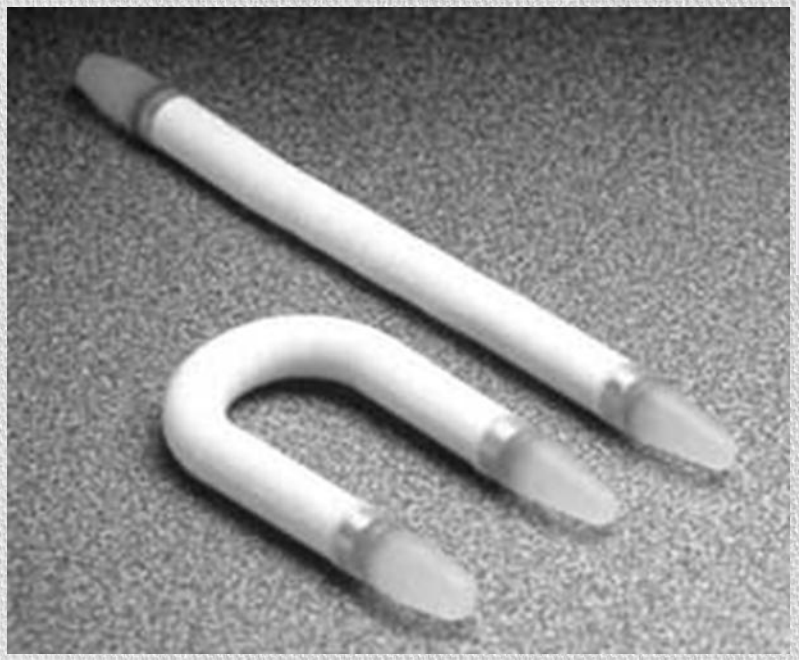
A hand held or battery operated pump which gradually pumps air out of the cylinder creating a vacuum which draws blood into the penis. When the penis is sufficiently erect a rubber ring is placed from the cylinder onto the base of the penis to prevent the blood from flowing out.

Vacuum Pump:

PENILE PROSTHESIS:

Semi-rigid, malleable or inflatable devices implanted into the corpora cavernosa. Reliable firm erections. Irreversible. Overnight hospital stay, 6 weeks till activation.

Penile Prosthesis:




DANGER
ERECTION
IN
PROGRESS

TAKE HOME MESSAGES:

*Assessment

*Information

*Follow-up

*Refer prn

Acknowledgments:

- Thanks to Constable Scott Leonard Woodsford & Dr James Gerard McKevitt for photograph.

- Dr Rosie King – Handbook of Erectile Dysfunction

Q&A


As soon as the Viagra kicks in, it's game on
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