

Impotence

Learning the causes and what you can do

What is impotence?

Impotence is when a man can't get and keep an erection long enough to have sex. If impotence occurs often or becomes a pattern, it can damage a man's self-image and the sex life that he and his partner share.

Most men have impotence every once in a while or for short periods of time. About 30 million men in America have impotence regularly. Impotence is most common in men over the age of 65, though it can occur in middle-aged or younger men. But impotence isn't just part of aging. It often has a cause that can be treated.

Most men feel awkward talking about impotence. But the truth is that many men with impotence can be helped. Talk to your family doctor to find out what treatment may help you.

What causes impotence?

Impotence can occur when something gets in the way of the process your body goes through to get an erection. This process involves the **brain**, which controls what you see, hear, feel, smell and think; the **nerves**, which pass messages from your brain to your body, and the **blood vessels in your penis**, which open to allow blood to flow in. Many things can get in the way of this process and lead to impotence.

Impotence that happens every now and then may be caused by drinking too much alcohol or by being tired. Impotence that happens more often may have a physical cause. Physical causes are at the root of the problem in about half of the men who have impotence. Other causes include some medicines you may be taking, and things you're doing or going through in your life.

Physical causes of impotence include diseases that damage the blood vessels. This damage can block the flow of blood into the penis. Diseases that damage the nerves that carry messages of arousal from your brain to your blood vessels can also lead to impotence. Other diseases can lower your level of testosterone or your levels of other male hormones, which can also lead to impotence. See the box on the next page for a list of physical causes of impotence.

Physical causes of impotence

- Alcoholism
- Atherosclerosis or “hardening of the arteries” (which may be related to diabetes, high cholesterol levels, high blood pressure and cigarette smoking)
- Diabetes
- Brain or spinal-cord injuries
- Hypogonadism (which leads to lower testosterone levels)
- Liver or kidney failure
- Multiple sclerosis
- Parkinson’s disease
- Radiation therapy to the testicles
- Stroke

How you’re feeling about your life and about your relationship with your partner can also add to impotence. Many men begin having impotence regularly after they have had it happen once. After it has happened to them once, they feel nervous about having sex. This can cause impotence to happen again. Over time, this can lead to a pattern. The more you worry about having an erection, the more trouble you may have getting one.

Feelings that can lead to impotence

- Feeling nervous about sex, perhaps because of a bad experience or because of a previous episode of impotence
- Feeling stressed, including stress from work or family situations
- Being troubled by problems in your relationship with your sex partner
- Feeling depressed
- Feeling so self-conscious that you can’t enjoy sex
- Thinking that your partner is reacting negatively to you

What you're doing during sex may also be adding to problems getting and keeping an erection. People's needs often change over time or because of certain physical conditions. This can cause a man to need more touching of his penis during sex to get and keep an erection.

Certain drugs may affect the flow of blood to your penis or the hormone levels in your blood. Drugs that may lead to impotence include some antidepressants, some high blood pressure medicines and most tranquilizers. If you think your impotence is related to a drug you're taking, talk to your doctor about whether impotence could be a side effect of the drug. If so, there may be another drug you can take instead.

How is impotence diagnosed?

Your doctor will probably start trying to find out what's causing your impotence by asking you some questions. He or she will probably also give you a physical exam. Samples of your blood and urine will probably be tested for signs of physical causes.

Other tests may also be needed. For example, your doctor may want to find out if you have erections during sleep. Some tests that can be done at home measure if you have erections while you're asleep. Normally, a man will have about five erections during sleep. If you do, your impotence may not have a physical cause.

How is impotence treated?

How impotence is treated depends on what things are causing it. Impotence with a physical cause may improve when the condition is treated or controlled. Impotence caused by a drug you're taking may improve when your doctor changes the drug or changes how much of the drug you're taking.

Counseling can be very helpful no matter what's causing your impotence, because impotence can affect how you feel about yourself and how you and your sex partner relate to one another.

What about drug treatment?

Drugs used to treat a physical condition that has caused the impotence can be effective. For example, hormone shots can be given to raise the low levels of testosterone that result from hypogonadism.

Alprostadil (Caverject) is drug that is self-injected into the base of the penis and causes the man to have an erection. An autoinjector can be used to make injecting the drug easier and less painful.

Other drugs can be taken to treat the impotence itself. Most of these drugs are fairly new. Others are old drugs, but their use in the treatment of impotence is new.

What about devices that help a man get an erection?

Devices designed to help a man get and keep an erection can be very helpful. These devices are mostly used when there is a physical cause of impotence. Many types of devices are available.

One is a suction device that draws blood into the penis and keeps it there with a band at the base of the penis. This device can be hard to use, can cause some discomfort and can get in the way of spontaneity. But if you can get used to it, it can be very effective and doesn't seem to have any serious side effects.

Other devices include implants that are placed inside the penis. This requires surgery. Implants have improved over the years. Some devices stay partly erect all the time. Others are inflatable for use when you want to have intercourse. With these implants, the device inside the penis is hooked to a small pump that you squeeze to cause an erection.

What about surgery?

Surgery can sometimes be done to open up blood vessels to the penis, but this surgery isn't widely available. It's not known if the surgery is effective.

What does counseling involve?

Counseling will probably be most effective if your sex partner is included. Your counselor may recommend that you "start over" with sex to break the cycle you and your partner have.

You may be asked not to have sex for a while, then to begin with touching that isn't sexual. Next, you and your partner can begin sexual touching. Finally, you can begin having intercourse again. This can help change your sexual relationship back to a satisfying one.

Sometimes, couples develop ways to please one another and to show affection that don't include intercourse. This can reduce the anxiety about having erections.

How do I deal with my partner's reaction to my impotence?

One of the most difficult things about impotence may be dealing with how it makes your partner feel.

Your partner may feel at fault for your impotence or may think that it means that the relationship is in trouble or that you're involved with someone else. Your partner may feel unattractive, disappointed, hurt, angry, frustrated and concerned. These aren't easy emotions to deal with.

Counseling that involves both you and your partner is often the most effective way to deal with these issues. It can give you a way to reassure your partner about your feelings and the causes of your impotence.

This handout provides a general overview on this topic and may not apply to everyone. To find out if this handout applies to you and to get more information on this subject, talk to your family doctor.



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8880 Ward Parkway, Kansas City, MO 64114-2797
<http://www.aafp.org>



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