MALE SEXUAL DYSFUNCTIONS

ERECTILE DISORDERS

ERECTILE DYSFUNCTION

Consistent inability to acquire or sustain an erection for sexual intercourse

-frequency increases with age

-8% men 20-30 years old, 37% in men 70-75 years old

-most common sexual dysfunction in men

ERECTILE DYSFUNCTION

RISKS:

- **obesity**
- **smoking**
- **diabetes mellitus**
- **hypertension**
- **cardiovascular disease**
- **medications**

8 of the 12 most commonly prescribed medications listed ED as a side effect

- **frequency**

men who reported intercourse <1 per week developed ED twice the rate as men who reported intercourse > 1 per week

ERECTILE DYSFUNCTION

#1 cause = performance anxiety

Neurological

pelvic trauma, spinal cord injury, dementia

Bicycling

-prolonged pressure on nerves

-compromises blood flow to cavernosal artery

Testosterone deficiency/endocrine disorders

PRIAPRISM OF THE PENIS

Persistent erection (generally >4 hours) that is not associated with sexual stimulation or desire

Rare, however particularly common in those with sickle cell disease

-0.73 per 100,000 per year

Most common cause in adults is medication usage

-anticoagulants, anti-hypertensives, PDE5 inhibitors, intercavernous injections, alpha-blockers, cocaine

PRIAPRISM OF THE PENIS

TWO TYPES:

1. **Non-ischemic**
2. **Ischemic -→UROLOGICAL EMERGENCY**

<u>Ischemic:</u>

-most common form, due to impaired relaxation and paralysis of the cavernous smooth muscle

-can lead to hypoxia, structural damage (irreversible damage if >24-48 hours)

<u>Non-ischemic:</u>

-usually due to a fistula between the cavernosal artery and corpus cavernosum

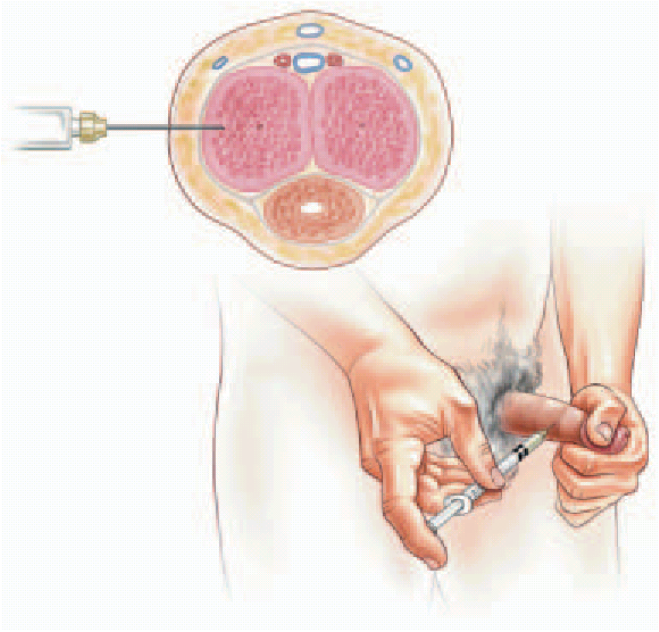
-62% spontaneously resolve

PRIAPRISM OF THE PENIS

TREATMENT OF ISCHEMIC PRIAPRISM

-aspiration of blood

-intracavernosal injection of sympathomimetic drug



EJACULATORY DISORDERS

PREMATURE EJACULATION

Three criteria:

1. brief ejaculatory latency (generally >1 minute)
2. loss of control
3. psychological distress in patient AND/OR partner

-30% with premature ejaculation have concurrent erectile dysfunction

-frequently associated with sexual problems in the partner such as anorgasmia or vaginismus

-etiology is unknown but cultural factors are important in determining the degree of distress

-possible genetic basis however scientific evidence is lacking

PREMATURE EJACULATION

TREATMENT:

-couples or sex therapy

-pharmacotherapy or behavioral therapy of the man

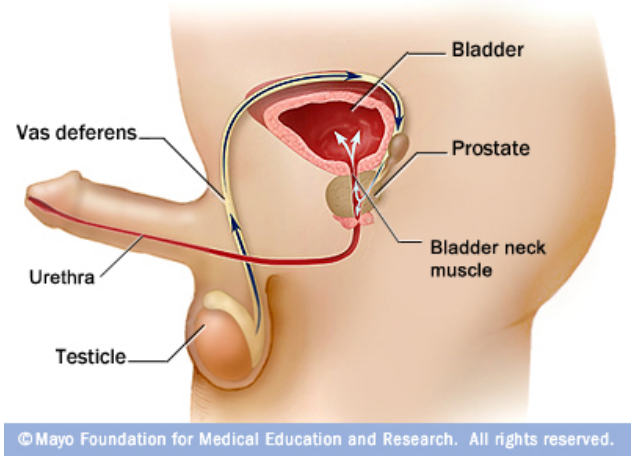
Retrograde Ejaculation

-Often after surgery for BPH

Anejaculation

-often associated with radical cystoprostatectomy

-generally age-related



Anorgasmia

-little is known about the physiology of the male orgasm

-commonly used drugs such as alpha blockers (Flomax) and antidepressants, especially SSRI's.

***Orgasm typically not impaired in retrograde ejaculation or anejaculation*

BLOODY EJACULATION

Also called “hematospermia”

Almost always benign,

-#1 cause is prostate biopsy

-Other causes: vasectomy, infection

Almost never a sign of cancer in younger patients vs may be associated with an increased risk of prostate cancer in older patients

QUESTIONS???

Tara Humphrey
Tara.humphrey@me.com