Figure 11.1. Treatments for Erectile Disorder Handout

Treatments for Erectile Dysfunction

There are a variety of treatments available for erectile dysfunction (ED), including psychotherapy, drug therapy, vacuum devices, and surgery. You and your medical provider together can decide which treatments might be best for you.

Psychotherapy

Experts often treat psychologically based ED using techniques that decrease the anxiety associated with intercourse. The patient's partner can help with the techniques, which include gradual development of intimacy and stimulation. Such techniques also can help relieve anxiety during treatment for ED from physical causes.

Drug Therapy

Drugs for treating ED can be taken orally, injected directly into the penis, or inserted into the urethra at the tip of the penis. In March 1998, the U.S. Food and Drug Administration (FDA) approved sildenafil (Viagra), the first pill to treat ED. Since that time, vardenafil hydrochloride (Levitra) and tadalafil (Cialis) have also been approved.

Viagra, Levitra, and Cialis all belong to a class of drugs called phosphodiesterase (PDE) inhibitors. Taken an hour before sexual activity, these drugs work by enhancing the effects of nitric oxide, a chemical that relaxes smooth muscles in the penis during sexual stimulation and allows increased blood flow. None of these PDE inhibitors should be used more than once a day. Men who take nitrate-based drugs such as nitroglycerin pills for heart problems should not use any of these three drugs because the combination can cause a sudden drop in blood pressure. While oral medicines improve the response to sexual stimulation, they do not trigger an automatic erection as injections do. Many men achieve stronger erections by injecting drugs into

the penis, causing it to become engorged with blood. Drugs such as papaverine hydrochloride, phentolamine, and alprostadil widen blood vessels. These drugs may create unwanted side effects, however, including scarring of the penis and persistent erection. Nitroglycerin ointment, a muscle relaxant, can sometimes enhance an erection when rubbed on the penis.

A system for inserting a pellet of alprostadil into the urethra uses a prefilled applicator to deliver the pellet about an inch into the urethra. The pellet form of alprostadil is marketed as MUSE. An erection will begin within 8 to 10 minutes and may last 30 to 60 minutes. The most common side effects are aching in the penis, testicles, and area between the penis and rectum; warmth or burning sensation in the urethra; redness from increased blood flow to the penis; and minor urethral bleeding or spotting.

Vacuum Devices

Mechanical vacuum devices cause an erection by creating a partial vacuum, which draws blood into the corpora cavernosa, engorging and expanding the penis. The devices have three components: a plastic cylinder, into which the penis is placed; a pump, which draws air out of the cylinder; and an elastic ring, which is moved from the end of the cylinder to the base of the penis as the cylinder is removed. The elastic ring maintains the erection during intercourse by preventing blood from flowing back into the body.

Surgery

Surgery usually has one of three goals:

- to implant a device that can cause the penis to become erect
- to reconstruct arteries to increase blood flow to the penis
- to block off veins that allow blood to leak from the penile tissues.

Implanted devices, known as prostheses, can restore erection in many men with ED. Malleable

implants usually consist of paired rods, which are inserted surgically into the corpora cavernosa. The user manually adjusts the position of the penis and, therefore, the rods. Inflatable implants consist of paired cylinders, which are surgically inserted inside the penis and can be expanded using pressurized fluid. Tubes connect the cylinders to a fluid reservoir and a pump, which are also surgically implanted. The patient inflates the cylinders by pressing on the small pump, located under the skin in the scrotum. Once a man has either a malleable or inflatable implant, he must use the device to have an erection. Possible problems with implants include mechanical breakdown and infection, although mechanical problems have decreased in recent years because of technological advances.

Surgery to repair arteries can reduce ED caused by obstructions that block the flow of blood. The best candidates for such surgery are young men with discrete blockage of an artery because of an injury to the groin or fracture of the pelvis. The procedure is usually unsuccessful in older men with widespread blockage. Surgery to veins that allow blood to leave the penis usually involves an opposite procedure: intentional blockage. However, experts have raised questions about the long-term effectiveness of this procedure and it is rarely done.

For More Information

American Urological Association (ADA): 1-866-746-4282; http://www.auanet.org; email aua@auanet.org

American Diabetes Association (ADA): 1-800-342-2383; http://www.diabetes.org; email askADA@diabetes.org

American Association of Sexuality Educators, Counselors, and Therapists (AASECT): 804-752-0026; http://www.aasect.org; email aasect@aasect.org

From *Erectile Dysfunction* (National Institutes of Health Publication No. 09-3923, pp. 3-4), by the National Kidney and Urologic Diseases Information Clearinghouse, 2009, Bethesda, MD: National Institutes of Health.

Figure 11.2. Questions and Answers about Erectile Dysfunction Handout

Questions and Answers about Erectile Dysfunction

What is Erectile Dysfunction?

Erectile dysfunction (ED) is the inability to get or keep an erection firm enough for sexual intercourse. ED can be a total inability to achieve an erection, an inconsistent ability to do so, or a tendency to sustain only brief erections.

How Common is ED?

The National Institutes of Health estimates that ED affects as many as 30 million men in the United States. Incidence increases with age: About 4% of men in their 50s and nearly 17% of men in their 60s experience a total inability to achieve an erection. But ED is not an inevitable part of aging. ED is treatable at any age.

What Causes ED?

ED usually has a physical cause, such as disease, injury, or side effects of drugs. Any disorder that causes injury to the nerves or impairs blood flow in the penis has the potential to cause ED. Damage to nerves, arteries, smooth muscles, and fibrous tissues, often as a result of disease, is the most common cause of ED. Diseases--such as diabetes, high blood pressure, nerve disease, multiple sclerosis, atherosclerosis, and heart disease--account for the majority of ED cases. Lifestyle choices that contribute to heart disease and vascular problems also raise the risk of ED. Smoking, drinking alcohol excessively, being overweight, and not exercising are possible causes of ED. Surgery, especially radical prostate and bladder surgery for cancer, can also injure nerves and arteries near the penis, causing ED. In addition, ED can be a side effect of many common medicines such as blood pressure drugs, antihistamines, antidepressants, tranquilizers, appetite suppressants, and cimetidine, an ulcer drug.

Psychological factors such as stress, anxiety, guilt, depression, low self-esteem, and fear of sexual failure can also cause ED. Even when ED has a physical cause, psychological factors may make the condition worse.

Hormonal abnormalities, such as low levels of testosterone, are a less frequent cause of ED.

How is ED Treated?

Most doctors suggest that treatments proceed from least to most invasive. Making a few healthy lifestyle changes may solve the problem. Quitting smoking, reducing alcohol consumption, losing excess weight, and increasing physical activity may help some men regain sexual function.

Cutting back on or replacing medicines that could be causing ED is considered next. For example, if a patient thinks a particular blood pressure medicine is causing problems with erection, he should tell his doctor and ask whether he can try a different class of blood pressure medicine.

Psychotherapy and behavior modifications in selected patients are considered next if indicated, followed by oral or locally injected drugs, vacuum devices, and surgically implanted devices. In rare cases, surgery involving veins or arteries may be considered.

From Erectile Dysfunction (National Institutes of Health Publication No. 09-3923, pp. 1-3), by the National Kidney and Urologic Diseases Information Clearinghouse, 2009, Bethesda, MD: National Institutes of Health.

Figure 11.3. Resources for Patients with Sexual Problems Handout: Websites and Book

Type	Location	Description
Websites	**American Urological Association – Urology Care Foundation** www.UrologyHealth.org	The Urology Care Foundation website is tailored for patients, with information on urologic conditions, sexual conditions including erectile dysfunction, healthy lifestyle for urologic health, and a urology care blog.
	American Association of Sexuality Educators, Counselors, and Therapists www.aasect.org	This website is primarily designed for use by sexual health professionals. Patients may benefit from the "Locate a Professional" feature to identify sex therapists and counselors certified by the American Association of Sexuality Educators, Counselors, and Therapists (AASECT).
	National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC) http://www.niddk.nih.gov/health-information/health-topics/urologic-disease/erectile-dysfunction/Pages/facts.aspx	This NKUDIC website contains information for both health professionals and patients on erectile dysfunction. Detailed patient information focuses on definitions, causes, diagnosis, and treatment of erectile dysfunction. It also includes contact information for a Health Information Center phone line and email

		address.
Books and Other Publications	**The Elusive Orgasm: A Woman's Guide to Why She Can't and How She Can Orgasm** Cass, V. (2007)	This book, written by a clinical psychologist and sex therapist, provides information on female sexual anatomy, stages of arousal, causes of orgasmic difficulty, and strategies for increasing sexual satisfaction and orgasm.
	Rekindling Desire *(2nd ed.)* McCarthy, B., & McCarthy, E. (2014)	This book, now in its second edition, is written for couples struggling with low sexual desire. It includes recommended exercises and strategies for improving relationship and sexual communication, as well as sexual skills, to increase sexual desire and intimacy. It includes clinical case examples and illustrations.
	Sexual Awareness: Your Guide to Healthy Couple Sexuality *(5th ed.)* McCarthy, B., & McCarthy, E. (2012)	This book, now in its 5th edition, aims to help couples improve their sexual satisfaction. Focus is given to strategies to increase sexual awareness, improve sexual communication, and enhance desire. Psychosocial skill exercises are described.
	Coping with Erectile Dysfunction: How to Regain Confidence and Enjoy Great Sex	This book contains information on the nature of ED; physical, social, and psychological factors related to ED; overview of

	Metz, M. E., & McCarthy, B. W. (2004)	treatment options; and cognitive behavioral treatment strategies. It received a "Self-Help Seal of Merit" from the Association for Behavioral and Cognitive Therapies for its incorporation of evidence-based, cognitive behavioral principles and strategies.
	Coping with Premature Ejaculation: Overcome PE, Please Your Partner, and Have Great Sex Metz, M. E., & McCarthy, B. W. (2003)	This book provides an overview of premature ejaculation from a biopsychosocial perspective. It provides guidance for couples in using evidence-based strategies to decrease problems with PE.
	Erectile Dysfunction (National Institutes of Health Publication No. 09-3923) National Kidney and Urologic Diseases Information Clearinghouse (2009). Bethesda, MD: Author Available for download at: http://www.niddk.nih.gov/health-information/health-topics/urologic-disease/erectile-dysfunction/Pages/facts.aspx#what	This is a downloadable booklet from NKUDIC with detailed patient education on erectile dysfunction. It includes information on causes of ED, anatomy and functioning on the penis, diagnosis, and treatment options. Anatomical diagrams are included to aid understanding or erectile functioning and various treatments for ED.
	What I Need to Know About Erectile Dysfunction	This is a downloadable booklet from NKUDIC with easy-to-read

	(National Institutes of Health Publication No. 14-5483). National Kidney and Urologic Diseases Information Clearinghouse (2014). Bethesda, MD: Author Available for download at: http://www.niddk.nih.gov/health-information/health-topics/urologic-disease/erectile-dysfunction/Documents/ED_EZ_508.pdf	patient education on erectile dysfunction. It includes similar information to NIH Publication No. 09-3923 (above), but is briefer and easier to read. Anatomical diagrams are included to aid understanding or erectile functioning and various treatments for ED.
	Women's Anatomy of Arousal: Secret Maps to Buried Pleasure Winston, S. (2010)	This book on female sexuality won the 2010 Book of the Year Award from the American Association of Sex Educators, Counselors, and Therapists (AASECT). It focuses on women's sexual anatomy, and strategies/techniques for sexual pleasure and orgasm.
	Sex and Love at Midlife: Its Better Than Ever Zilbergeld, B., & Zilbergeld, G. (2010)	This book focuses on sexuality and intimacy in couples in midlife. It describes approaches for couples in their 40s and beyond to continue have satisfying sexual experiences. It includes sections on the sexual effects of physical changes related to aging and health conditions.

Figure 11.4. Sexual Problems and Self-Management Interventions Handout

Sexual Problems and Self-Management Interventions

Sexual problems occur for many people and result from both medical and nonmedical reasons. Sexual problems can include things such as reduced interest in sex, difficulty feeling aroused, not being able to have or keep an erection (for men) or become lubricated (for women), difficulty staying aroused, and/or difficulty having an orgasm.

Medications Can Cause Sexual Side Effects

Medications can affect desire, arousal, and orgasm. The following are some medications that can affect sexual functioning:

- Antidepressants, mood stabilizers, tranquilizers, and other drugs given for anxiety
- Oral contraceptives and hormonal therapies
- Chemotherapy medications
- Alcohol, narcotics, and other controlled substances
- Some medications for treatment of allergies, hypertension, and glaucoma
- Anticonvulsant medications

Medical Problems Can Cause or Worsen Sexual Problems

- Diabetes
- Cardiovascular disease
- Thyroid conditions
- Emphysema
- Sleep loss (i.e., insomnia)
- Chronic pain
- Recent surgery (e.g., mastectomy, hysterectomy, removal of ovaries, prostatectomy,

orchiectomy)

- Cancer

Relationship Difficulties Can Affect Sexuality

- Dissatisfaction, resentment, or struggles for power or control within the relationship
- Poor communication
- Having different value systems
- Lack of intimacy, emotional expression, or physical affection
- Discrepancies in sexual preferences

Personal and Psychological Factors Can Affect Sexual Functioning

- Fatigue
- Depression
- Anxiety and stress
- Age. As we get older, our sexual response slows down and we need more stimulation and time
- Performance anxiety (i.e. fears about sexual response or loss of control)
- Negative beliefs about sex or certain sexual practices
- Low self-esteem and poor body image
- Narrow or unrealistic standards for sexual interactions

Strategies That Can Help Sexual Problems

On Your Own:

- Self-exploration and stimulation. This can help you increase awareness of your own body and make it easier to communicate likes and dislikes to your partner.
- Changing negative thoughts and assumptions about sex with more positive and realistic

thoughts about what feels good and right for you.

- Challenging negative thoughts about your partner by focusing on what is attractive and positive about him or her.
- Challenging negative thoughts about yourself by focusing on what is attractive and positive about you.
- Physical exercise increases blood flow, reduces tension, enhances body image, and can improve other conditions that hinder sexual functioning.

With Your Partner:

- Rebuild or establish emotional intimacy.
- Schedule time together when you simply talk to each other. Use the time to share feelings and get reacquainted with what is attractive and unique about your partner.
- Share leisure activities.
- Increase small expressions of affection back into your daily routine (e.g., an affectionate note, phone call, or e-mail; hugs or hand-holding).
- Discuss sexual interests, desires, needs, and difficulties when you are NOT engaged in sexual activity.
    - Talk about what is going well and what you would like to be different in the relationship overall, then work together to come up with solutions.
    - Add something new to sexual encounters (e.g., place, position, clothing, technique, erotica).
    - Allow more time for foreplay and provide more partner-guided stimulation.
    - During sexual encounters, focus on sensations rather than thoughts, performance, expectations, and appearances.

Behavioral Exercise

This exercise is designed to help you and your partner learn more about what types of stimulation you like. It also encourages physical intimacy and provides a way for you give as well as receive pleasure. It is not a prelude to sex and does not include intercourse or orgasm, so there are no sexual performance demands.

- Pick a time and place for you and your partner to be together. Allow at least 1 hour. The place should be private, comfortable, and free of distractions.
- Both partners should, at most, wear comfortable, light underclothes, although you may find being nude more comfortable.
- Without touching genitals, take turns giving and receiving stimulation (e.g., massaging, fondling, caressing). Take about half an hour per partner.
- Each partner should focus on the sensations of touching and being touched.
- The receiving partner should direct the giving partner by providing feedback about what is pleasurable or not or what could be done differently. The giving partner should adjust their stimulation accordingly. Use various strokes (e.g., long, short, soft, hard). Try using the palms, fingertips, and so forth.
- Partners should do only what is comfortable for them, and let the other person know when something feels pleasurable or becomes uncomfortable.

Remember, this exercise is designed to increase intimacy and decrease performance expectation, pressure, and anxiety, so NO SEX!

Figure 11.5. Gaining Control Over Premature Ejaculation Handout

Improving Premature Ejaculation

Many men experiencing problems with premature ejaculation (PE) see improvements after learning and practicing specific behavioral skills alone and with their partner. These skills can be broken down into 5 steps:

Step One. "Stop/Start" Masturbation without Lubrication

- Masturbate without lubrication until you feel close to ejaculating.
- STOP. Wait one minute and allow sensations to subside. You may find that squeezing your penis (at the base, or where the shaft meets the head) between your thumb and forefinger helps delay ejaculation.
- Resume masturbation. Repeat cycle several times before allowing yourself to ejaculate.
- Practice several times per week until you find greater control over delaying ejaculation.

Step Two. Masturbation without Lubrication

- Masturbate without lubrication until you feel close to ejaculating.
- Rather than stopping, experiment with varying the types of stimulation (e.g., slow down or lighten strokes) to delay ejaculation. Keep arousal high, but still controlled.
- Repeat cycle several times before allowing yourself to ejaculate.
- Practice several times per week.

Step Three. Masturbation with Lubrication

- Practice Steps 1 and 2 above, but with the addition of lubrication (which typically increases sensations of pleasure).

Step Four. Intercourse with Partner

- Use the same basic steps learned earlier for controlling ejaculation, while progressing to

intercourse with your partner.

- When you feel you are close to ejaculating, stop thrusting or moving.
- Wait a minute for arousal level to decrease. Squeeze the base of your penis if this is helpful. Repeat the cycle several times before ejaculating.
- Ask what you can do for your partner.

Remember: Practice is needed to help develop skills in controlling ejaculation. Even with practice, it is not realistic to expect successful control 100% of the time. Keep a balanced perspective, remember that setbacks are expected, and return to practicing these exercises when needed.

Figure 11.6. Sample Assessment Questions for Female Orgasmic Disorder

Sample Assessment Questions for Female Orgasmic Disorder

When did your problems with achieving orgasm develop?

Were there changes in your health, relationships, or other areas when the problem began?

Have you ever experienced an orgasm?

During what types of sexual activity have you had orgasms (e.g., masturbation, intercourse, oral stimulation)?

Do you always have trouble achieving orgasm or just in specific situations?

Do you experience any pain with intercourse?

Have you had any unwanted sexual experiences? (If so, how do you believe this has affected your sexuality)?

How often do you do or experience the following?

- Feel sexual desire? Find you are interested in sex?
- Engage in sexual activity, including masturbation?
- Become aroused (e.g., lubrication, swelling) with a partner? Through masturbation?
- Experience orgasm with a partner? Through masturbation?
- Feel satisfied by your sexual experience?

What medications or substances do you use? (Screen for antidepressants, alcohol, illicit drugs)

What medical conditions do you have? (e.g., back problems, nerve damage, multiple sclerosis, diabetic neuropathy, history of abdominal surgery, hysterectomy)

Are you aware of any fears or thoughts that might be getting in the way of having orgasms?

Are you having problems in your relationship (e.g., communication problems, conflicts)?

Do you feel down or sad much of the time? Have you lost interest in activities you enjoyed?

How often do you feel anxious or stressed?

What do you think is causing your difficulties with achieving orgasm?

Could you describe a typical sexual scenario?

Figure 11.7. Developing Helpful Beliefs for Enhancing Arousal and Orgasm Handout

Developing Helpful Beliefs for Enhancing Arousal and Orgasm

Unhelpful Belief	Helpful Belief
It is my partner's job to give me an orgasm.	I can take control of my own sexuality and pleasure.
The only acceptable method of reaching an orgasm is through intercourse.	Intercourse is just one way to have an orgasm. An orgasm through rubbing, oral sex, or using a vibrator has the same physiological response and can give me pleasure.
An orgasm is the most important aspect of sexuality.	An orgasm is one aspect of my sexuality. I can enjoy desire and emotional satisfaction without an orgasm.
I should be able to have an orgasm every time I have sex.	It is not realistic to expect an orgasm every time. The majority of women do not have an orgasm each time they have sex. Sexuality is complex and variable. I can enjoy the sexual experience even without an orgasm.
If I tell my partner what I want, I'll be seen as "pushy" or "slutty."	My partner wants to give me pleasure. By talking about our desires, we can both increase our arousal and pleasure.