

**FIGURE 12.1. Erectile Dysfunction Handout**

## **Erectile Dysfunction**

### **What Is Erectile Dysfunction?**

Erectile dysfunction (ED) is a condition in which you are unable to get or keep an erection firm enough for sexual intercourse. ED can be a short-term or long-term problem. Health care professionals, such as primary care providers and urologists, often can treat ED.

### **How Common Is ED?**

ED is very common. It affects about 30 million men in the United States. Although ED is very common, it is not a normal part of aging; talk with your health care professional about treatment.

### **What Causes ED?**

Many different factors affecting your vascular system, nervous system, and endocrine system can cause or contribute to ED.

- The following diseases and conditions can lead to ED: type 2 diabetes; heart and blood vessel disease; atherosclerosis; high blood pressure; chronic kidney disease; multiple sclerosis; Peyronie's disease; injury from treatments for prostate cancer; injury to the penis, spinal cord, prostate, bladder, or pelvis; or surgery for bladder cancer.
- ED can be a side effect of many common medicines, such as blood pressure medicines, antiandrogens, antidepressants, tranquilizers or prescription sedatives, appetite suppressants, or ulcer medications.
- Psychological or emotional factors may make ED worse. You may develop ED if you have one or more of the following: fear of sexual failure, anxiety, depression, guilt about sexual performance or certain sexual activities, low self-esteem, stress about sexual performance, or stress in your life in general.
- The following health-related factors and behaviors may contribute to ED: smoking, drinking too much alcohol, using illegal drugs, being overweight, or not being physically active.

### **How Is ED Treated?**

You can work with health care professionals to treat an underlying cause of your ED. Choosing an ED treatment is a personal decision. However, you also may benefit from talking with your partner about which treatment is best for you as a couple.

- *Lifestyle changes:* Your health care professional may suggest that you make lifestyle changes to help reduce or improve ED. You can quit smoking, limit or stop drinking alcohol, increase physical activity and maintain a healthy body weight, and stop illegal drug use.
- *Counseling:* Talk with your doctor about going to a counselor if psychological or emotional issues are affecting your ED. A counselor can teach you how to lower your anxiety or stress related to sex. Your counselor may suggest that you bring your partner to counseling sessions to learn how to support you. As you work on relieving your anxiety or stress, a doctor can focus on treating the physical causes of ED.
- *Changes to your medicines:* If a medicine you need for another health condition is causing ED, your doctor may suggest a different dose or different medicine. Never stop taking a medicine without speaking with your doctor first.
- *Medicines you take by mouth:* A health care professional may prescribe an oral medicine, or medicine you take by mouth, such as one of the following, to help you get and maintain an erection: sildenafil, vardenafil, tadalafil, or avanafil. A health care professional may prescribe testosterone if you have low levels of this hormone in your blood.
- *Injectable medicines and suppositories:* Some men get stronger erections by injecting a medicine called alprostadil into the penis, causing it to fill with blood. Instead of injecting a medicine, some men insert a suppository of alprostadil into the urethra.
- *A vacuum device:* A vacuum device causes an erection by pulling blood into the penis.
- *Surgery:* For most men, surgery should be a last resort. Talk with your doctor about whether surgery is right for you. A urologist performs surgery to implant a device to make the penis erect, or to rebuild arteries to increase blood flow to the penis.

*Note.* Adapted from *Erectile Dysfunction (ED)*, by the National Institute of Diabetes and Digestive and Kidney Diseases, n.d. (<https://www.niddk.nih.gov/health-information/urologic-diseases/erectile-dysfunction/all-content>). In the public domain.

**FIGURE 12.2. Resources for Patients With Sexual Problems Handout: Websites and Books (*continues*)**

Type	Location	Description
Websites	American Urological Association: Urology Care Foundation ( <a href="https://www.urologyhealth.org/">https://www.urologyhealth.org/</a> )	Urology Care Foundation website provides patients with information in English and Spanish on urologic conditions and sexual conditions, including ED and healthy lifestyles for urologic health. A urology care podcast is also available.
	American Association of Sexuality Educators, Counselors and Therapists ( <a href="https://www.aasect.org/">https://www.aasect.org/</a> )	Website 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 AASECT.
	NIDDK ( <a href="https://www.niddk.nih.gov/health-information/urologic-diseases/erectile-dysfunction">https://www.niddk.nih.gov/health-information/urologic-diseases/erectile-dysfunction</a> )	Contains information for both health professionals and patients on ED. Detailed patient information focuses on definitions, causes, diagnosis, and treatment of ED. Information is available in English and Spanish.
Books	<i>The Elusive Orgasm: A Woman’s Guide to Why She Can’t and How She Can Orgasm</i> (Cass, 2007)	Written by a clinical psychologist and sex therapist, book provides information on female sexual anatomy, stages of arousal, causes of orgasmic difficulty, and strategies for increasing sexual satisfaction and orgasm.
	<i>Rekindling Desire</i> , 3rd ed. (McCarthy & McCarthy, 2020)	Now in its third edition, book written for couples struggling with low sexual desire 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 study examples and illustrations.
	<i>Are You Coming? A Vagina Owner’s Guide to Orgasm</i> (Hiddinga, 2021)	Aims to assist women in understanding anatomy, orgasm, how to talk about sex, and strategies to achieving orgasm.
	<i>Sexual Awareness: Your Guide to Healthy Couple Sexuality</i> , 5th ed. (McCarthy & McCarthy, 2012)	Now in its fifth edition, book 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.
	<i>Coping With Erectile Dysfunction: How to Regain Confidence and Enjoy Great Sex</i> (Metz & McCarthy, 2004)	Contains information on the nature of ED; physical, social, and psychological factors related to ED; overview of 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.

**FIGURE 12.2. Resources for Patients With Sexual Problems Handout: Websites and Books (*continued*)**

Type	Location	Description
Books ( <i>cont'd</i> )	<i>Coping With Premature Ejaculation: How to Overcome PE, Please Your Partner, and Have Great Sex</i> (Metz & McCarthy, 2003)	Provides an overview of PE from a biopsychosocial perspective. It provides guidance for couples by using evidence-based strategies to decrease problems with PE.
	<i>Women's Anatomy of Arousal: Secret Maps to Buried Pleasure</i> (Winston, 2010)	Book on female sexuality that won the 2010 "Book of the Year Award" from the AASECT focuses on women's sexual anatomy and strategies/techniques for sexual pleasure and orgasm.
	<i>Sex and Love at Midlife: It's Better Than Ever</i> (Zilbergeld & Zilbergeld, 2010)	Focuses on sexuality and intimacy in couples in midlife. It describes approaches for couples in their 40s and beyond to continue to have satisfying sexual experiences. It includes sections on the sexual effects of physical changes related to aging and health conditions.

*Note.* ED = erectile dysfunction; AASECT = American Association of Sex Educators, Counselors and Therapists; NIDDK = National Institute of Diabetes and Digestive and Kidney Diseases; PE = premature ejaculation.

**FIGURE 12.3. Sexual Problems and Self-Management Interventions Handout**  
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## **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)
- 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, sexual response slows and we need more stimulation and time.
- Performance anxiety (i.e., fears about sexual response, performance, 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.
- Change negative thoughts and assumptions about sex with more positive and realistic thoughts about what feels good and right for you.
- Challenge negative thoughts about your partner by focusing on what is attractive and positive about them.

**FIGURE 12.3. Sexual Problems and Self-Management Interventions Handout**  
**(continued)**

- Challenge negative thoughts about yourself by focusing on what is attractive and positive about you.
- Physical exercise: This 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 email; hugs or holding hands).
- 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, 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 to 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 12.4. 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 four steps:

#### **Step One: “Stop/Start” Masturbation Without Lubrication**

- Masturbate without lubrication until you feel close to ejaculating.
- STOP. Wait 1 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 12.5. Sample Assessment Questions for Female Orgasmic Disorder**

- Have you ever experienced an orgasm?
- When did your problems with having an orgasm develop?
- Were there changes in your health, relationships, or other areas when the problem began?
- During what types of sexual activity have you had orgasms (e.g., masturbation, intercourse, oral sex)?
- 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?)
- What are your views or thoughts on masturbation?
- 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 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?
- What medical conditions do you have?
- Are you aware of any concerns or thoughts that might be interfering with having orgasms?
- Are you having conflicts or problems in your relationship?
- 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 contributing to your difficulties with achieving orgasm?

**FIGURE 12.6. Developing Helpful Beliefs for Enhancing Arousal and Orgasm Handout**

**Developing Helpful Beliefs for Enhancing Arousal and Orgasm**

<b>Unhelpful belief</b>	<b>Helpful belief</b>
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.