



Information and advice on erectile difficulties for men with **heart conditions**



www.manmatters.ie

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What is Erectile Dysfunction?

Erectile Dysfunction (ED), also sometimes known as impotence, is the persistent or recurrent inability to get and/or keep an erection sufficient for satisfactory sexual intercourse. This happens when not enough blood can get into the penis or stay long enough to allow an erection.

Many men live with ED for years without seeking medical advice, because of embarrassment or a belief that ED cannot be treated. However, in most cases ED treatment is straightforward and effective. In addition, ED may be an early warning sign of other conditions. So it makes sense not to allow embarrassment get in your way - if you are worried about ED, go to your doctor without delay to get it checked out and treated.

Erectile Dysfunction is a common condition and over 50% of men aged over 40 will experience some degree of ED at some stage in their lives.¹

What causes ED?

Many people's arteries or blood vessels become narrower and stiffer with age. This 'hardening of the arteries', also known as atherosclerosis or arterial disease, reduces the amount of blood which can flow through them.

Since erections depend on getting enough blood flow to the penis, men with atherosclerosis may get ED. 'Hardening of the arteries' develops slowly and it may take many years before it causes any symptoms, but the small arteries in the penis may be the first affected. This may prevent enough blood flow to the penis on sexual stimulation, which reduces the ability to get an erection. It is important to get help early for ED - getting it seen to will not only help to restore the ability to have sex, but may also mean that any other health problems are diagnosed and treated early.

How common is ED in men with heart conditions?

The earlier a problem is tackled, the better the chance of successful treatment. If you have severe or unstable heart disease, having sex may not be advisable. Always discuss with your doctor. It has been estimated that up to 40% of men with heart disease may experience some degree of erectile dysfunction.^{2,3}

Starting a conversation with your doctor

Starting a discussion about erectile difficulties is not easy but your doctor or nurse will be able to put you at ease. Here are some ways you could open a discussion:

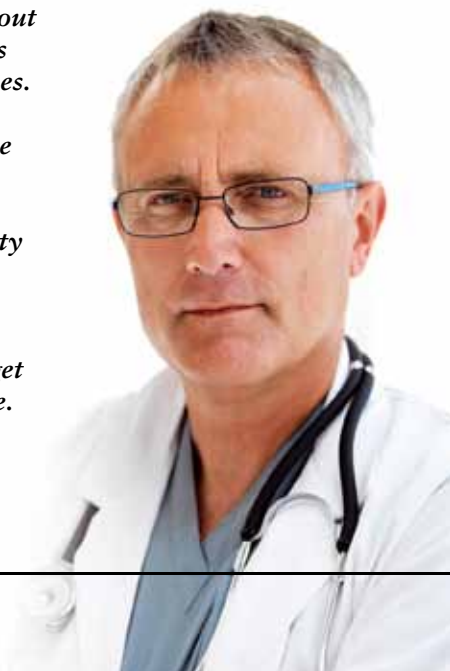
I'd like to ask you about erectile difficulties.

I would like to find out about the treatments for erectile difficulties.

I am not able to have sex like I used to.

I am losing the ability to have sex.

I am worried that I may not be able to get an erection anymore.



Get Checked

Tests your doctor might do

Your doctor will ask you questions about your general health and how ED is affecting you physically and psychologically. Up to 80% of ED is caused by an underlying physical condition⁴ so your doctor may want to carry out some checks, such as:

Your GP may want to review the medicines you are currently taking.

ED may be caused by the side effects of some medications so your doctor will want to ensure that your ED is not due to this.

Your GP may take a blood or urine test to check sugar levels.

If your sugar levels are raised, you may need additional tests to check for diabetes.

Your GP may perform a blood test to check the testosterone levels in your body.

Low levels of this hormone could affect your sex drive and general health.

Your GP may take a blood test to check your cholesterol levels.

ED may be due to problems with your blood vessels (sometimes known as “hardening of the arteries”). Because raised cholesterol can make this problem worse, your doctor may check your blood cholesterol level and if it is too high advise you on how to bring it down.

Act



If you are worried you may have ED, talk to your doctor and get it checked out

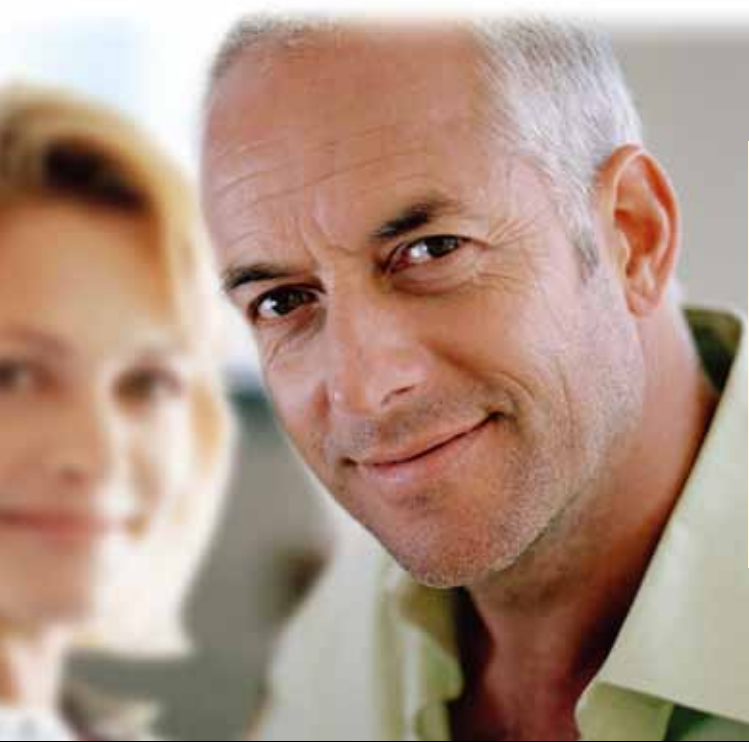
Many men find talking about such intimate matters very difficult but rest assured that your doctor is used to dealing with such subjects and will put you at ease.

Make an appointment today to see your doctor to get help and advice on the treatments available and which one would be right for you.

Counselling

A counsellor is a qualified health care professional to whom you can talk about ED and its possible causes. He or she may be able to suggest techniques that you may want to try to manage your symptoms. This is especially important if you are very anxious about being able to get or keep an erection.

All men with sexual dysfunction would benefit from counselling. Counselling should be an integral part of treatment. Your doctor may provide counselling for you. If your doctor feels you will benefit from specialist counselling, he or she will be able to recommend one.



Tablets

Treatment Overview

There are currently 3 different medicines available

These medicines are called PDE-5 inhibitors. They are now the most commonly-prescribed treatments for ED. They are not all exactly the same, and their differences are important. If your doctor decides to prescribe one of these for you, they may discuss those differences with you. Depending on the treatment, they need to be taken between 25 minutes and 1 hour before sexual intercourse.

Most treatments begin to work about 25 minutes after they are taken; depending on the treatment, their effects can last anything from 4-36 hours. During this time, providing you have sexual stimulation, an erection may be achieved. Alcohol may affect erections. Avoid excessive alcohol with oral treatments. Some of these treatments may have their onset of effect delayed if taken after food.

Side Effects

If your doctor thinks treatment with a tablet (“oral treatment”) may be suitable for you, they will discuss possible side effects and check if there is any reason that this treatment should not be prescribed for you. The most common side effects include:

Headache, indigestion, flushing, pounding heartbeat, nausea, nasal congestion, effects on vision, dizziness, back pain, muscle aches, abdominal pain.

Injections & Insertions

Treatment Overview

These products contain a medicine called alprostadil. These are injected into the penis or inserted using a special applicator. This usually takes place just before sexual intercourse to produce an erection. They work approximately 5–15 minutes after administration.

Side Effects

If your doctor thinks an injection or insertion may be suitable, they will discuss side effects and contraindications* with you as part of reaching a prescribing decision. Side effects may include:

Pain in the penis, urethral burning, the penis can become scarred, bent or kinked, particularly after long-term use. Tell your doctor if this happens as you may need to stop using the product. There are guidelines on how often you should use these products - your doctor should advise you. If your penis is scarred, not straight, or abnormally formed, you should NOT use these products.

Vacuum Pumps

Treatment Overview

These work by drawing blood into the penis, making it erect. A constriction ring is then placed around the base of the penis to keep the blood in the penis and maintain the erection. Vacuum pumps should be used just before sexual intercourse. They take a few minutes to use. The constriction ring should not be worn for longer than 30 minutes (remove ring). They may be used as often as required. Some products advise a break of at least 60 minutes between each treatment.

Side Effects

Side effects may include:
Discomfort, bruising of penis.

Hormone Treatment

Some men with ED and low testosterone levels are prescribed testosterone hormone replacement as part of their treatment.

Surgery

Two types of surgery are available. Surgery is usually only necessary if counselling or medical treatments haven't worked or are not suitable. The most common surgical procedure is prosthetic implants. This involves the insertion of artificial rods into the penis. The second surgical technique involves repairing the blood vessels of the penis. This happens in men who have had an injury that has caused poor blood flow. Your doctor will advise you as to whether this is a suitable option for you.

Assessment

If you think you may have ED, there are some questions on the next page and a questionnaire on the reverse which may help you to tell your doctor about the problems you are experiencing and also help him/her to assess you.

The questions on the reverse are taken from the Sexual Health Inventory For Men Questionnaire.⁵

This is a validated questionnaire used by doctors. It asks basic questions about your erectile function over the past 6 months. Each question has several responses, and you should choose the one that best describes your own situation.

Once completed, tear this page off and make an appointment to see your GP. Act today!

For more information, visit
www.manmatters.ie

References:

1. Feldman, H. et al. Impotence and its Medical and Psychosocial Correlates: results of the Massachusetts Male Aging Study. *Journal of Urology*, 1994;151:54-61.
2. Jackson, G. et al. The second Princeton Consensus on sexual dysfunction and cardiac risk: New guidelines for sexual medicine. *J Sex Med*, 2006;3:28-36.
3. Bohm, M. et al. Sexual function, satisfaction, and association of erectile dysfunction with cardiovascular disease and risk factors in cardiovascular high-risk patients: Substudy of the ONgoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial/ Telmisartan Randomized AssessmeNT Study in ACE-INtolerant Subjects with Cardiovascular Disease (ONTARGET/TRANSCEND). *American Heart Journal*, 2007;154(1):94-101.
4. Miller T A. Diagnostic evaluation of erectile dysfunction (M) *American Family Physician*, 2000;61:95-104
5. Rosen RR et al. Research Instruments For The Diagnosis And Treatment Of Patients With Erectile Dysfunction, *Urology* 68 (supplement 3A), 2006;6-16

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Questionnaire

What is your age?

When did you first start experiencing erection problems?

Since you started experiencing erection problems, have they gradually got worse over time?

Y N

Do you suffer from any of these conditions?

- Diabetes
- Heart disease
- High blood pressure
- Kidney problems
- Prostate surgery
- Spinal cord injury
- Nerve damage
- Depression or anxiety
- None of the above



Sexual Health Inventory for Men Questionnaire⁵

Choose one response from each question based on the past 6 months and write the corresponding number in the box next to the question.

Over the past 6 months:

	1 Very low	2 Low	3 Moderate	4 High	5 Very high
1. How do you rate your confidence that you could get and keep an erection?	1 (Almost never/never)	2 (A few times, ie, much less than half the time)	3 (Sometimes, ie, about half the time)	4 (Most times, ie, much more than half the time)	5 (Almost always/always)
2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration?	0 No Sexual Activity	2 (A few times, ie, much less than half the time)	3 (Sometimes, ie, about half the time)	4 (Most times, ie, much more than half the time)	5 (Almost always/always)
3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?	0 (Did not attempt intercourse)	2 (A few times, ie, much less than half the time)	3 (Sometimes, ie, about half the time)	4 (Most times, ie, much more than half the time)	5 (Almost always/always)
4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	0 (Did not attempt intercourse)	2 (Very difficult)	3 (Difficult)	4 (Slightly difficult)	5 (Not difficult)
5. When you attempted sexual intercourse, how often was it satisfactory for you?	1 (Almost never/never)	2 (A few times, ie, much less than half the time)	3 (Sometimes, ie, about half the time)	4 (Most times, ie, much more than half the time)	5 (Almost always/always)
Total Score*					<input style="width: 50px; height: 25px;" type="text"/>

* Add the numbers corresponding to questions 1-5. If your score is 21 or less, you may be showing signs of erectile dysfunction and may want to speak to your doctor.