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Patient information: Sexual problems in men (Beyond the Basics)

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SEXUAL PROBLEMS OVERVIEW

For years, men believed that sexual problems were a normal part of growing older. Fortunately, modern medicine and changing attitudes have debunked this myth. As men and their healthcare providers become more comfortable talking about sexual problems and new treatments are developed, there is no reason why men cannot remain sexually active well into their 70s and beyond.

Sexual problems in men include:

- An inability to acquire or maintain an erection satisfactory for sexual intercourse (also called impotence or erectile dysfunction [ED])
- A lack of interest in sex (diminished libido)
- Premature ejaculation
- Delayed or inhibited ejaculation

CAUSES OF SEXUAL PROBLEMS IN MEN

Impotence, also referred to as an erectile dysfunction (ED), is the term used to describe men who cannot acquire or maintain an erection during 75 percent of attempts to have sexual intercourse. Men who experience an occasional inability to have an erection and then have no problems later do not have ED.

Limited blood flow — Anything that limits blood flow to the penis can cause impotence. The most common conditions that limit blood flow include cigarette smoking, diabetes, high blood pressure, alcoholism, drug abuse, normal aging, and depression. In addition, many commonly prescribed medications can interfere with male sexual function.

Psychologic causes — Depression, performance anxiety, and lack of focus are common causes of psychogenic impotence.

- Depression — Loss of libido and lack of interest in sexual activity are common symptoms of depression. Impotence is, in itself, a depressing experience for any man. Many men choose to accept a decline in sexual function as a natural consequence of aging. Because of shame or embarrassment, they do not discuss this problem with their healthcare provider. This is unfortunate because it is possible to determine the cause(s) of sexual problems, and many options are available to treat erectile dysfunction.

- **Performance anxiety** — Performance anxiety may develop in men who suddenly experience one or more erectile failures during intercourse. The focus of the sexual act shifts from a sensual experience to one filled with anxiety. During later attempts to have sex, the inability to acquire and maintain an erection becomes the focus of the sexual experience.
- **Lack of sensate focus** — Lack of sensate focus refers to the decline in the importance of sex. As a man matures, his interests and concerns expand. If, in the midst of sexual intimacy, he finds himself preoccupied with concerns about money or business matters, his mind will drift and he will lose his sexual focus as well as his ability to concentrate on the sensual experience, both of which are needed to maintain an erection.

DIAGNOSIS OF SEXUAL PROBLEMS IN MEN

In order to determine the cause of the dysfunction, a healthcare provider will take a sexual history, perform a physical examination, and order blood tests to determine if conditions such as diabetes or low testosterone levels are contributing to the sexual problems. Sometimes more specialized tests, such as nocturnal penile tumescence, are done (see '[Testing](#)' below).

Sexual history — The clinician will ask the patient personal questions about his sex life to help determine the cause of the condition. It is important that the patient answer the questions honestly and provide as much detail as possible.

The clinician will want to know if:

- Impotence developed slowly or happened suddenly
- There are erections during the night or in the morning when he first wakes up
- There are personal problems with a spouse, girlfriend, or sexual partner
- There are any risk factors for impotence, such as a history of smoking, diabetes, high blood pressure, alcohol or drug abuse, or depression

Physical examination — In addition to doing a basic physical examination, the clinician may:

- Listen to the pulse in the groin blood vessels
- Perform an eye examination
- Check the breasts for abnormal swelling, a condition called gynecomastia
- Examine the penis
- Check the testicles' size and for any abnormal testicular masses
- Check a nerve reflex that causes the scrotum to contract when the inner thigh is stroked

Testing — The clinician may order tests to measure levels of testosterone, prolactin, and thyroid hormones in the blood. Abnormally low testosterone, elevated prolactin, and either low or elevated levels of thyroid hormones can cause sexual problems. All men with sexual problems should have blood tests.

If a hormonal problem is present, these tests may help to diagnose a more serious problem, such as growth in the pituitary gland or malfunction of the gonads. Even the most experienced clinicians cannot determine hormone levels by asking about the history and performing a physical examination; blood testing is necessary.

Nocturnal penile tumescence — Home nocturnal penile tumescence (NPT) may be recommended. NPT testing measures how many erections a man has during the night, and the quality of the erection (how rigid the penis becomes). Impotent men impaired NPT are considered to have "organic" impotence

