

Erectile dysfunction as a health signal: what it can reveal

An erection depends on blood vessels, nerves, hormones, medications, sleep and emotional readiness working together, so a change in erections can be both a sexual concern and an early clue to vascular, metabolic or other health problems. The useful response is neither dismissal nor panic but a careful description of what changed and when, followed by a proportionate review of your overall health.

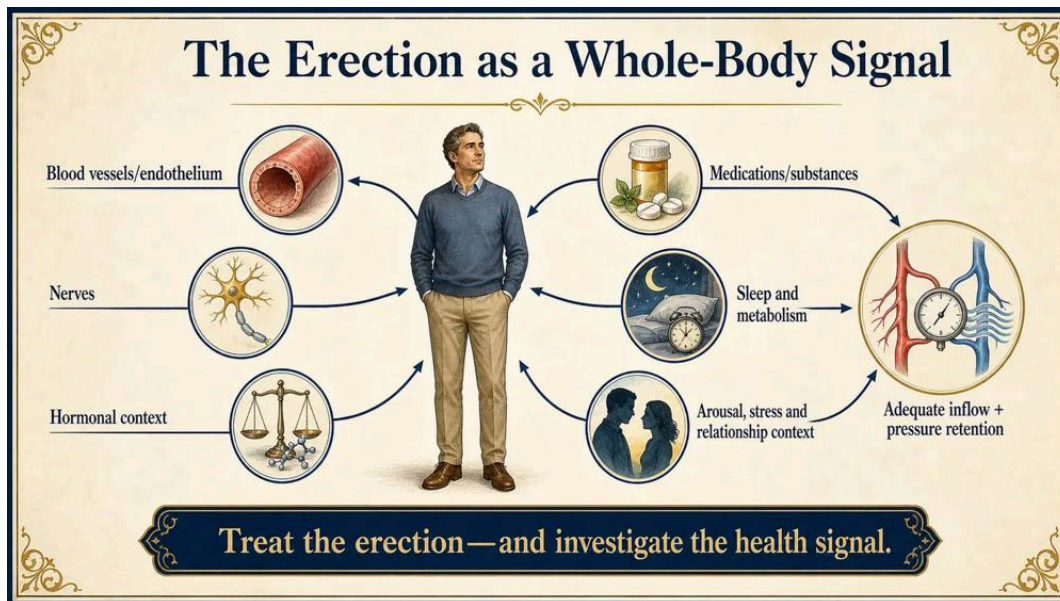


Figure 23.1. The Erection as a Whole-Body Signal. Erectile function depends on vascular, neurologic, hormonal, medication-related, sleep, and psychological systems working together.

Key points

- ED can be a sexual problem, a relationship problem, a medication effect or an early sign of disease, and often more than one.
- Because the penile arteries are small, vascular problems may show up there before elsewhere.
- How and when erections fail helps separate different causes; describe it as precisely as you can.
- Preserved morning erections are informative but do not prove the problem is purely psychological.
- ED is associated with vascular risk but does not predict an imminent heart attack.
- Success should be defined in your own terms before treatment begins.

Get prompt care if you notice

- Chest pain or unstable heart symptoms (need assessment before sexual activity or ED medication)
- An abrupt change in erections, or new neurologic symptoms
- Penile injury, pain or new curvature
- An erection lasting four hours or longer, even without pain

Questions to ask your urologist

- Could my erection problem signal vascular, metabolic, hormonal, neurologic or medication-related disease?
- Does the way my erections fail point toward a particular cause?
- Which baseline tests are appropriate for me, including a morning testosterone level?
- Do I need a heart evaluation before starting treatment?
- Which first treatment best fits my health and goals safely?

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