

Erectile dysfunction (ED): causes, health signals and treatments

An erection depends on blood flow, nerves, hormones, medications, sleep and emotional readiness working together, so erectile dysfunction can be an early sign of vascular or metabolic change as well as a quality-of-life problem. Treatment is a menu, not a test of willpower: you do not have to fail every less invasive option before choosing the one that fits you.



Figure 24.1. The ED Treatment Choice Map. ED therapies differ in spontaneity, reliability, invasiveness, partner involvement, cost, and reversibility. The gauges are schematic comparisons, not measured success rates or a promise of reliability for an individual patient.

Key points

- ED is not “just aging” or “just in your head.”
- Because penile arteries are small, vascular problems may show up there before elsewhere.
- A morning total testosterone belongs in the ED evaluation; a low result needs confirmation.
- PDE5 inhibitors such as sildenafil and tadalafil must never be combined with nitrates.
- An apparent pill failure may reflect how it was taken; correct use should be checked first.
- An erection lasting four hours or longer needs emergency care, even without pain.

Get prompt care if you notice

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

Questions to ask your urologist

- Could my erection problem signal vascular, metabolic, hormonal, neurologic or medication-related disease?
- Which baseline tests are appropriate for me?
- Was I using my medication correctly, and should we adjust it before moving on?
- What is the next treatment meant to do, and what side effects or emergencies should I recognize?
- When should we move to another option rather than keep repeating one that isn't working?

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