

## **Common Physical Causes of ED**

- **Age**

The greatest risk factor for ED is age. Aging is primarily associated with 2 changes in the body: physiological wear and tear and increased incidence of disease. As we get older our bodies have less reserve capacity from which we draw energy at times of stress and rebound from illness. Age related loss of reserve capacity means the body will function normally in many situations, however may have reduced function at times of stress. Thus as we age, at times of stress or illness, we are not going to be at peak sexual performance. Continually expecting your body to perform under difficult conditions will result in a shock when your penis stops working. Men are not machines; you have emotional, physical needs.

- **Blood Flow (cardiovascular disease).**

Any process that impairs blood flow into the penis or causes blood to flow out of the penis too rapidly can cause ED. There is recent evidence that suggests that ED in men aged in their 40s, 50s and 60s is a predictive risk factor cardiovascular disease. The penile arteries are of a similar structure to the coronary arteries and the cerebral arteries (arteries of the heart and brain) but they are smaller. Build of plaque inside the artery (arteriosclerosis) limits the blood flow through the artery. This is first noticeable in the smaller arteries of the penis. Blockage to the penile arteries limits blood flow into the penis and results in partial rigidity of erection.

- **Smoking causes ED. (Jpeg)**

Smoking causes arteriosclerosis and increases risk of lung cancer, limiting blood flow and oxygenation to penis

- **High blood pressure**

Increases risk of cardiovascular disease

- **High cholesterol**

Increases risk of arteriosclerosis

- **Obesity** (especially around the abdomen)

Increase risk of high blood pressure, high cholesterol and reduced testosterone levels

- **Diabetes Mellitus**

Usually seen in men who are insulin dependent but can be seen in men taking oral medication. Diabetes causes peripheral vascular disease (problem with small blood vessel circulation) and/or peripheral neuropathy, which is damage to the small nerves of the penis.

- **Venous leakage,**

Vein take blood out of the penis. Venous leakage can cause blood to flow out of the penis too rapidly. Venous leakage may be due to a faulty venous occlusive mechanism at base of the penis. However, venous leakage may be activated by performance anxiety.

- **Peyronie's disease**

Peyronie's is a condition where there is dense scar tissue at the top part of the penis, which causes the shaft of the penis to bend when erect. The curvature can be painful making it difficult to maintain an erection. Also the penis may remain soft between the location of the scar and the head of the penis. Often pain or discomfort is temporary disappearing within months to years. The bend and shape of the penis can be a positive or negative depending on sexual position and partners reaction. Sometime the scar tissue can become so rigid to prevent penetration. However this is unusual and most men with Peyronie's adapt to their new shaped penis.

- **Abnormalities in the internal structure of the penis.**

All physical abnormalities can be excluded with a penile ultra sound. [Dr Chris McMahon, Sexual Health Physician](#) (PDF Chris blurb)at The [Australian Centre for Sexual Health](#) (link contact page) can perform this procedure.

- **Hormones**

Unless testosterone levels are VERY low, decreased Testosterone does not usually cause ED. It may have an indirect effect by reducing sexual desire and interest.

Men with Cirrhosis of the liver may circulate high levels of oestrogen which can cause ED. Also tumours in the pituitary gland, cause increased prolactin excretion and ED.

Hypothyroidism can cause ED

- **Prostate Cancer Treatments**

Radical removal of the prostate will result in immediate ED and lifelong loss of ejaculation. ED can improve over the long term with nerve sparing procedures. Improved long term outcomes for erection quality exist with early and regular treatment with PDE-5 inhibitors (such as Sildenafil, Vardenafil, Tadalafil). Long term ED usually occurs with radiation therapy. [See Ed and prostate cancer for more information](#)

- **Testicular Cancer**

ED may or may not be associated with removal of the testicles in adult men.

- **Nerve Function**

Is complex and varies dramatically between individuals. Nerve function damage occurs with diabetes, stroke, spinal cord injury, trauma to the perineum (such as prolonged bike riding) and multiple sclerosis.

- **Surgical procedures**

Such as operations in the pelvis; removal of bladder; removal of portion of lower colon; surgery on major blood vessels supplying the legs may damage nerves or reduce blood supply

- **Alcohol misuse/ abuse**

Alcohol is a depressant of the central nervous system. A few drinks are fine, more than that will affect sensations and arousal. Chronic alcohol use reduces sexual function.

- **Medication and drugs**

Here is a list of the medications that are known to effect erectile function in some men. Each person's response and side effect profile is unique. What might cause ED in one person, may not in another. If Ed is a side effect of medication it will have started soon after taking a medication. Side effect profiles have to be weighed up with the benefits of taking medication. Often side effects can be reduced by reducing the dose or changing the brand.

- Antidepressants, especially Selective Serotonin Reuptake Inhibitors (SSRIs)
- Blood pressure medications
- Beta blockers
- Peptic ulcer medications
- Hormones
- Sedatives
- Anti-anxiety agents (xanax)
- Opiates: Nurofen Plus is an opiate based medication; anything with Codeine will affect sexual function. Prolonged use of over the counter Codeine tablets will reduce testosterone production.
- Stimulants (initially increase sexual desire, then reduce it)
- Antihistamines e.g. pseudoephedrine
- Antipsychotics
- Antiandrogens