Understanding Erectile Dysfunction

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Few personal matters are fraught with so much anxiety as erectile dysfunction, and no wonder—not only is it intimately connected with male pride, but it's hard to say for sure what even constitutes ED.

According to one study by the National Institutes of Health, chronic ED affects anywhere from 15 to 30 million men in the US. The wide range in numbers is reflective of the fact that the term is applied to a variety of conditions.

The Mayo clinic website uses "erectile dysfunction" as an umbrella term for several erection-related problems, while the Cleveland Clinic defines ED strictly as an inability to get or sustain an erection for sexual intercourse. Even that hides erectile variations: complete inability, inconsistent ability, and ability to sustain only brief erections. A good guideline is to consider ED a medical problem only if it happens consistently over time and affects a man's emotional/psychological well-being.

Any form of ED has the potential to involve an assortment of physical and psychological issues.

Impotence. This is what men fear, and the problem those insipid TV commercials are addressing—without, of course, saying the actual word. Maybe that's just as well because the word itself carries a couple of meanings. A man who is impotent in the sense of being sterile might function perfectly well sexually, but have a problem with sperm quality or quantity. That's infertility, not erectile dysfunction.

Impotence in the sense of failure to achieve or sustain an erection can stem from a psychological issue, such as depression or loss of interest in one's partner. The odds a married man 18 - 59 experienced a lack of interest in sex for at least a few months in the past year are **1 in 8.47**. But doctors now believe frequent ED most often has a physical cause, such as blood flow problems, nerve damage, or low hormone levels.

Impotence can also signal a more general underlying medical problem like high blood pressure or diabetes, and is more common among smokers.

Older men are more likely to suffer from impotence, but they might take comfort in (or even feel motivated by) a Finnish study which found that regular intercourse protects against ED in men aged 55 - 75.

Priapism. Sort of the opposite of impotence, priapism is a painful, prolonged erection not connected with sexual desire. It can be a side effect of medication, injury, illness—even the bite of a black widow spider. Or it can occur with no obvious cause. Treatments range from ice packs to surgery, depending on the type and cause of the priapism.

Curvature of the Penis. Caused by a buildup of unseen scar tissue, curvature of the penis, or Peyronie's disease, can make intercourse difficult for obvious reasons, and it can be—but isn't always— associated with impotence. The cause isn't fully understood, although trauma and drug side effects have been suggested. A German study found **1 in 31.25** men between age 30 and 80 had Peyronie's disease.

Premature Ejaculation. This can be a harder problem to pin down. Ejaculating before intercourse can begin (assuming intercourse was desired) is clearly premature. On the other hand, we would hesitate to call "jumping the gun" a dysfunction in adolescents and young, inexperienced men.

And once intercourse has begun, how long "should" it last? The answer depends on the preferences of the parties in question, individually and together. One partner's "premature" might be the other's "just right." Regardless, the odds a man 18 - 59 felt anxious about his sexual performance for at least a few months in the past year are **1 in 5.88**. And the odds a man 18 - 59 climaxed too early for at least a few months in the past year are **1 in 3.51**.

http://www.bookofodds.com/Health-Illness/Sexual-Health/Articles/A0724-Understanding-Erectile-Dysfunction