

A Holistic Look at Men's Health

UNDERSTANDING ERECTILE DYSFUNCTION

FOR TOO LONG, ERECTILE DYSFUNCTION HAS LIVED IN THE SHADOWS of embarrassment and misunderstanding. Today, though, men and their partners are more willing to visit their doctors and learn about a condition that is treatable in most cases. Often, it is the partners that encourage the visit, as it affects them as well, says Dr. Andre Berger, founder of the Rejuvalife Vitality Center in Beverly Hills.



“Unfortunately, most men don’t receive treatment, although that’s changing a little bit. Why don’t men get treated? Feelings of shame are one reason. It’s a sensitive topic. Male ego is affected. They may be concerned that the doctor won’t take it seriously and they may worry the doctor won’t address the issue at all.”

Once causes are identified, a number of treatments are available. “It’s not a new thing but today we have a better understanding of testosterone, and other pharmaceutical treatments have come along since the late ’90s,” says Dr. Berger, Viagra and Cialis among the most recognizable. It’s also more common than people realize. One study showed that 52 percent of men between the ages of 40 and 70 have erectile dysfunction. Of that 52 percent, 10 percent had complete ED, 25 percent had infrequent erections, and 17 percent experience periodic ED. In addition, studies show that it gets worse as men age.

CAUSES

“There are a lot of causes,” Dr. Berger says.

Blood supply: Blood supply to the penis is a major culprit, and there are a number of conditions that reduce that blood supply. “Cardiovascular disease, high blood pressure, diabetes, high cholesterol, smoking, prostate surgery, and prostate cancer cause vascular damage,” he says, “and that vascular damage can cause erectile dysfunction.”

Nerve supply: “Things that affect the nerve supply would include spinal-cord injuries, brain injuries, Parkinson’s disease, stroke, Alzheimer’s disease, and MS,” Dr. Berger says.

Anatomy: The anatomy of the penis could also be an issue contributing to erectile dysfunction, such as Peyronie’s disease, says Dr. Berger, an abnormal curvature of the penis.

Hormones: Low testosterone is a direct cause, but an increase in prolactin, high or low thyroid conditions, and high and low levels of cortisol can also impact erectile function.

Drugs and medications: Blood-pressure medications are notorious for causing ED, Dr. Berger says, as well as antidepressants and antipsychotics, antiandrogens, and recreational drugs including marijuana.

Psychological factors: Performance-related issues, past traumatic sexual experiences, relationship problems, anxiety, depression, and stress can all play a role in sexual dysfunction. “You can see it’s a complicated situation with a lot of potential contributing factors and causes,” Dr. Berger says. “Unfortunately, most men don’t receive treatment, although that’s changing a little bit. Why don’t men get treated? Feelings of shame are one reason. It’s a sensitive topic. Male ego is affected. They may be concerned that the doctor won’t take it seriously and they may worry the doctor won’t address the issue at all.” One of the main referral sources for men to seek treatment is their partner, Dr. Berger says.

TREATMENT

When a patient seeks help, there are a number of screenings a physician should conduct to determine the cause and prescribe treatment. A history of symptoms and a medical and psychosexual history will identify any sexual problems and common causes will help the doctor focus in on what applies to the patient and identify



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“If you have low blood pressure to begin with or have uncontrolled blood pressure, angina, congestive heart failure, retinal disorders, or take alpha blockers, you shouldn’t take these medications.”

reversible risk factors. Weight loss, for example, is a simple solution in some cases. A physical examination should be done to identify penile deformities, prostate disease, and cardiovascular or neurological problems as well as lab tests to check blood sugar and testosterone levels. From there, the physician can make a diagnosis and formulate a treatment plan.

“From all that, you have to identify curable causes,” says Dr. Berger. “Then you have to identify lifestyle changes and risk factors that the patient can change.” Education and counseling for the patient and the partner are important as well as identifying their needs and expectations.

The first line of treatment is medication such as Viagra, Cialis, and other similar drugs. Viagra reaches its maximum effect in about an hour and leaves the system in about four hours, Dr. Berger says. Cialis is a longer-acting drug that doesn’t reach maximum effect for about two hours but lasts about 17 and a half hours. Dr. Berger cautions that when taking Viagra, patients should avoid meals high in fat as that can delay absorption. Cialis is not affected by high-fat foods. “You should not take these medications if you take any type of nitrate medication such as nitroglycerin as your blood pressure could fall really low,” Dr. Berger says. “If you

have low blood pressure to begin with or have uncontrolled blood pressure, angina, congestive heart failure, retinal disorders, or take alpha blockers, you shouldn't take these medications."

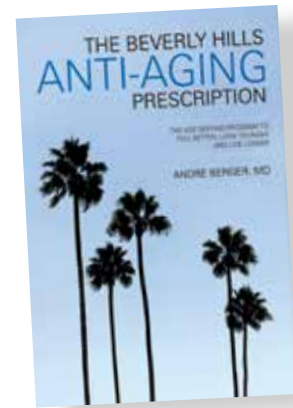
The second line of treatment may include injections of medication into the muscle or the use of vacuum devices that increase the blood supply to hold an erection. If all has been exhausted, penile prosthesis implant may be an option. About 75 percent of patients are prescribed the oral medications; less than 10 percent get the injections, and less than 5 percent get the vacuum or implant.

Testosterone replacement therapy may be an option if the patient has low testosterone, which affects erectile dysfunction in four ways: it blocks the release of nitrous oxide, which is critical for optimal blood

flow; it has a negative effect on penile nerve muscle; it impairs the venous return; and it affects the function of the medications such as Viagra and Cialis. However, a combination of testosterone replacement and the medications will almost always remedy erectile dysfunction, Dr. Berger says. Disinformation about testosterone replacement therapy causing prostate cancer has fueled some controversy, but Dr. Berger says there is no direct cause and effect. Testosterone may, however, cause prostate enlargement in patients that already have prostate cancer.

In all cases, patients must weigh risks versus rewards when they consider various forms of treatment for erectile dysfunction. It's a complex issue that has many factors, "and most can be reversed or improved,"

Dr. Berger says. "Male erectile dysfunction can have a very negative impact on relationships, so it should be understood in that context." **H**



For more from Dr. Berger, see his book THE BEVERLY HILLS ANTI-AGING PRESCRIPTION.

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