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Bu bilgi, kolay okunurluk veya büyük baskılar gibi alternatif biçimlerde sunulabilir, ve talep üzerine Alternatif Dillerde sunulabilir. Daha fazla bilgi için klinik ekibinizle irtibata geçin.

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Patient information

Understanding erectile difficulties



Introduction

Every man at some point during his sexual life will experience difficulties with gaining or maintaining his erection. About 1/3 of men experience on-going difficulties with erectile difficulties (ED) due to psychological and relational difficulties at any point in time. Only a very small minority of men experience ED due to an underlying physical health condition; however, the chances of this happening increase over the age of 60.

This section covers information about factors that contribute to ED, and resources that can help you improve your sexual life.

What causes ED?

The main causes for ED fall in 3 main categories: Medical, Psychological, and Relational.

Medical: cardiovascular disorders (e.g., diabetes, high blood pressure), neurological disorders (e.g., stroke), surgery (e.g., prostate cancer), and drugs prescribed for high blood pressure, depression and cancer are the most common causes. It is important to mention the use of recreational drugs such as cannabis can also contribute to ED. If you believe or know that your ED is caused by any of the reasons above, speak to your GP and ask for referral to a specialist sexual health service.

Psychological: the extreme experiences of feeling overwhelmed by anxiety and fear or feeling underwhelmed (bored and numb) can contribute to experiencing ED. This is especially the case if one is also feeling physically tense and stressed.

If you do not experience any difficulties with your erection when masturbating but you experience such difficulties when having sex with a partner, then the cause/s are 100% psychological-relational.

Most men assume that ED relates to medical problems rather than

Useful resources

Leaflets

- Male Mindful Self Practice
- Kegel exercises for men
- Sensate focus

Books

- *Coping with erectile dysfunction* by Metz and McCarthy
- *The new male sexuality* by Zilbergeld
- *The relate guide to sex in loving relationship* by Vermillion
- *The massage secrets for lovers* by Stanway

You might also find helpful to increase your awareness of relaxing the muscles around the genitals by practising Kegels. Finally, if you have a sexual partner, you can explore together sexual experiences that do not involve penetration. This will help to increase your sexual repertoire and communication skills.

Emotional: Cultivate openness with yourself.

Explore and address unrealistic beliefs such as those mentioned above that might trigger and maintain your anxiety around sex. Self-criticism and catastrophising which tend to be associated with ED, together with avoidance behaviours are likely to create a vicious cycle that maintains ED.

You can look at some of the resources below to learn more about your body and sexual wellbeing, or you can meet with a psychosexual therapist or mental health professional to discuss any difficulties you experience, in person.

Relational: Cultivate communication with your partner

Whether you have sex with a regular or casual partner, there is always some space to negotiate sexual relations that are both comfortable and enjoyable for both. For example, if you are concerned about getting or staying hard with a new partner, you can always offer a number of alternative options and agree on it before you have sex. Equally, having sex with a regular partner can be familiar but it can also lack excitement. Being open about your sexual fantasies or sexual desires with your partner can cultivate your communication. You can both explore new ways to express yourselves and connect with each other.

You might find the follow book helpful: *The relate guide to sex in loving relationship* by Vermillion (see resources below).

psychological-relational ones. This is common due to false beliefs such as ‘feelings only reside in our heads’, or that ‘sex is something we do with our bodies’, with no emotional feelings.

Our feelings manifest on a daily basis in our bodies when we get excited while meeting a good friend or when we get frustrated while stuck in the underground. Our brains and bodies are interconnected and our feelings unfold 24/7 as psychosomatic experiences of being alive in the world. Even when we are sleeping we still experience feelings.

Relational: Worrying about your sexual performance, being inhibited to talk openly with your partner these fears can contribute to ED. Difficulties in talking about your own sexual preferences (likes & dislikes) and your partner’s preferences can also contribute to ED.

A sexual partner’s response and beliefs about ED can make the situation worse. For example; a partner might assume and respond to a partner’s ED with anxiety and/or anger assuming that it implies lack of desire. In addition, men experiencing ED might avoid sexual encounters or being open about their anxieties, which will only fuel their partner’s fears of not been desired.

Finally, feelings of shame, fears about pregnancy or sexually transmitted infections, being under pressure to have sex, or unresolved relational difficulties in general can also contribute to ED.

The mechanism of erection: Appetitive versus aversive

Appetitive state: In reality, you do not need to do anything to gain an erection. It is partly an automatic reflex when you get into a sexually aroused state. Similar to your experience of salivating when you are about to eat a piece of food you find tasty (or even

just thinking about it). When sexually aroused, your body enters a state we call appetitive.

At the appetitive state, your muscles relax enabling blood flow to the core of your body (e.g., chest, genitals). Sensations in these areas intensify as there is more blood flowing to these regions. In the genital area, it is the lack of tension that allows the blood flow to create a full erection.

The appetitive state is achieved when a part of your nervous system called parasympathetic (PNS) is activated. This is an involuntary and automatic response to sexual desire. Paradoxically, pushing oneself to get an erection is more likely to lead to difficulties in gaining or sustaining one erection. This is because 'pushing oneself' is anxiety provoking, which dampens and inhibits this PNS response that is needed to create an erection.

Aversive state: In contrast, when you are experiencing fear or anxiety you enter a state we call *aversive* where your body gets ready to "fight or flight". The aversive state is achieved when the opposite branch of our nervous called sympathetic (SNS) is activated. Your heart speeds up and blood flows to your arms and legs to prepare you to fight or move away from an unpleasant situation. However, in a sexual context, fighting your thoughts or physical sensations or running away (e.g., avoid having sex with a partner, avoid talking about your difficulties), will only fuel your anxiety in the future.

Learning to identify triggers for your anxiety, such as unrealistic beliefs about sex (see below), and unhelpful behaviours helps to improve sexual performance and pleasure. This also happens if you can create physical comfort and emotional calmness when you are with a sexual partner. These are the key processes for a healthy and enjoyable sexual life.

Myths of male sexuality

1. A man always performs in sex
2. Sex is all about a hard penis and what is done with it
3. Sexual problems are a sign of weakness
4. Men can have total control of their erection, anywhere and with anyone regardless of their feelings or situation
5. Erections are related to physical strength and amount of effort
6. Your main responsibility in sex is to give pleasure to your partner

Such beliefs are likely to increase feelings of anxiety and physical tension as they are unrealistic and misleading. Some lack basic understanding of the physiology of erections or the conditions that cultivate an appetitive state (eg., 1, 4, 5, 6). Other beliefs can be held so rigidly, that they offer no space for learning and growth (eg.,2,3). For example, if you believe that sex is all about penetration with your penis, it is likely to limit your options and potential for sexual pleasure. Imagine going to a restaurant with only one meal as an option on the menu – boring!

Appetite for good sex: physical, emotional, relational factors

Explore the physical, emotional and relational factors that contribute to an appetitive state for good sex!

Physical: Cultivate your curiosity.

Explore ways that increase physical comfort and emotional excitement. You can start on your own by using the mindful masturbation leaflet. The aim of this exercise is to increase your level of physical comfort and your awareness of what increases your pleasure.