CONDITION

Erection problems

Erection problems are difficulty getting or keeping an erection firm enough for sexual activity.

WHAT IT IS
Difficulty getting or keeping an erection for sexual activity

BODY SYSTEM
Reproductive, heart and circulation, nervous, and hormone systems

MAIN SYMPTOMS
Trouble becoming firm, losing firmness, inconsistent erections

WHAT CAUSES IT
Blood flow, nerve, hormone, medicine, or psychological factors

HOW IT IS DIAGNOSED
Sexual and medical history, examination, targeted tests

MAIN TREATMENT
Cause treatment, medicines, counselling, devices, or surgery

CAN IT BE CURED?
Sometimes - reversible causes can be corrected

IS IT AN EMERGENCY?
Sometimes - erection lasting longer than four hours

LONG-TERM OUTLOOK
Usually manageable, though ongoing treatment may be needed

Overview

Erection problems mean regularly having difficulty getting or keeping an erection firm enough for sexual activity. The medical term is erectile dysfunction, or ED. "Impotence" is an older term and can feel unclear or negative.

An occasional problem is common. Tiredness, stress, alcohol, relationship tension, or distraction may temporarily affect an erection. It becomes more important to assess when it keeps happening, causes distress, or represents a clear change from your usual sexual function.

An erection depends on signals between the brain, nerves, hormones, and blood vessels. A problem in any of these areas can affect firmness. Physical and psychological factors often occur together rather than fitting into one category.

Erection problems are not an inevitable part of ageing. However, health conditions that become more common with age can make them more likely. ED can sometimes be an early sign of blood vessel disease, diabetes, or another treatable condition.

Symptoms

The main symptom is difficulty getting or maintaining an erection. You may notice that:

Symptoms may begin suddenly or develop gradually. They may happen every time, only with a partner, or only under particular circumstances.

Erection problems are not the same as reduced sexual desire. Desire is your interest in sexual activity, while an erection is a physical response. However, low desire and erection difficulties can occur together.

Problems with ejaculation or orgasm are also separate symptoms, although they may occur at the same time. Pain, a new bend in the penis, or a hard area under the skin may suggest another condition that needs assessment.

- an erection does not become firm enough for penetration or other sexual activity
- firmness fades sooner than you want
- erections are less reliable or happen only in certain situations
- morning or sleep-related erections have become less frequent

Causes and risk factors

Blood vessel problems are a common physical cause. An erection needs enough blood to enter the penis and remain there. Diabetes, high blood pressure, high cholesterol, smoking, and diseases affecting the heart or arteries can interfere with this process.

Other possible causes include:

Many prescription medicines can affect erections. Examples include some medicines for depression, blood pressure, prostate symptoms, pain, or cancer. Do not stop a prescribed medicine on your own. A clinician can check whether it could be contributing and whether an alternative is suitable.

Performance anxiety can create a cycle. One difficult experience may lead to worry during the next sexual encounter, making an erection harder to achieve. This can happen even when there is no major relationship problem.

Having erections during sleep or masturbation but not with a partner may suggest an important situational or psychological factor. It does not prove that the cause is entirely psychological.

- nerve damage from diabetes, multiple sclerosis, spinal injury, or pelvic surgery
- low testosterone or another hormone disorder
- prostate, bladder, or bowel surgery and some cancer treatments
- conditions affecting the structure of the penis, including Peyronie's disease
- sleep disorders, heavy alcohol use, and some recreational drugs
- depression, anxiety, stress, past sexual trauma, or relationship difficulties

Diagnosis

Erection problems are usually diagnosed from your medical and sexual history. A clinician may ask when the problem began, whether it happens in every situation, and whether you still have morning or sleep-related erections. They may also ask about sexual desire, ejaculation, medicines, alcohol, smoking, stress, and relationships.

These questions can feel personal, but they help identify likely causes. You can ask to speak privately. If you have a partner, their involvement is optional and should only happen with your agreement.

An examination may include checking blood pressure, circulation, body hair, the testicles, and the penis. The clinician may look for changes in sensation, penile curvature, or other signs of a hormone, nerve, or blood vessel problem.

Blood tests may be used to look for contributing conditions. Depending on your circumstances, these may include blood sugar, cholesterol, and an early-morning testosterone level. Further hormone tests may be needed if testosterone is low or symptoms suggest another hormone disorder.

Most people do not need scans. An ultrasound that measures blood flow in the penis may be used when the cause remains uncertain, after an injury, or before certain procedures. Because ED can be linked with cardiovascular disease, an assessment may also include your heart and blood vessel risk.

Treatment and management

Treatment is based on the likely cause, your general health, and what feels acceptable to you. It may take some adjustment to find an approach that works.

Managing an underlying condition can help. This may include improving diabetes or blood pressure control, treating a hormone disorder, addressing sleep problems, or reviewing medicines that could be contributing. Psychological or relationship factors deserve the same careful attention as physical causes.

Oral medicines called phosphodiesterase type 5 inhibitors, or PDE5 inhibitors, are often used. Examples include sildenafil and tadalafil. They improve blood flow to the penis when you are sexually stimulated; they do not automatically produce an erection or increase desire.

These medicines differ in how quickly they act and how long their effect may last. Food, timing, stimulation, and repeated attempts can affect the result. Common side effects include headache, flushing, indigestion, and a blocked nose.

PDE5 inhibitors must not be combined with nitrate medicines used for chest pain because blood pressure can fall dangerously. A clinician or pharmacist should also check for other medicine interactions and health concerns. Products sold online may be fake, contaminated, or contain an undisclosed drug.

Other treatments include:

Testosterone treatment is generally considered only when testing confirms low testosterone and the clinical findings support it. It is not an established erection treatment when testosterone levels are normal.

Lifestyle changes may improve erections and overall blood vessel health. These can include stopping smoking, being physically active, limiting heavy alcohol use, and working toward a sustainable weight if needed. Supplements marketed as "herbal Viagra" have uncertain benefits and may interact with medicines.

- psychosexual therapy or counselling for anxiety, stress, trauma, or relationship concerns
- a vacuum erection device, which draws blood into the penis and uses a ring to maintain firmness
- alprostadil, a medicine placed into the urethra or injected into the penis after training
- a surgically implanted penile prosthesis when other treatments are unsuitable or unsuccessful

Complications

Ongoing erection problems can affect confidence, mood, intimacy, and relationships. Avoiding

sexual contact may lead to misunderstandings if the problem is not discussed openly.

ED does not directly damage the penis or mean that you are infertile. However, difficulty having penetrative sex can make conception harder.

Some treatments can cause a prolonged erection called priapism. An erection lasting longer than four hours can damage penile tissue and needs emergency treatment, even if it is not very painful.

The underlying cause may also matter. In some people, ED is an early sign of blood vessel disease that has not yet caused other symptoms.

Prevention

Erection problems cannot always be prevented. They may follow unavoidable nerve damage, surgery, cancer treatment, an inherited condition, or a chronic illness.

Protecting your blood vessels may lower the likelihood of developing ED or reduce its progression. Helpful steps include avoiding smoking, staying active, limiting heavy alcohol use, and attending routine checks for blood pressure, cholesterol, and diabetes when appropriate.

Taking medicines exactly as directed is also important. If a medicine seems to affect sexual function, ask about a review rather than stopping it suddenly.

Living with it and what to expect

A short period of erection difficulty may resolve when stress, tiredness, illness, or alcohol use improves. Persistent ED may continue unless its cause is addressed, but treatment can often improve sexual function.

Some reversible causes, such as a medicine side effect or untreated hormone problem, may be corrected. Conditions involving long-term blood vessel or nerve damage may require ongoing treatment. Responses can change as your health, relationships, or medicines change.

Treatment does not have to focus only on penetration. Couples may adapt sexual activity while assessment or treatment is underway. Honest, low-pressure communication can reduce anxiety and help maintain intimacy.

Follow-up is routine when checking whether treatment works, reviewing side effects, or monitoring an underlying condition. If one option is unsuccessful, this does not mean that all treatments will fail.

When to get medical help

Arrange a routine appointment if erection problems keep happening, cause distress, or have changed noticeably. Assessment is also useful if you have diabetes, heart or circulation problems, reduced sexual desire, penile pain, a new curve, or symptoms of low testosterone.

Seek urgent medical advice if you develop sudden vision loss or sudden hearing loss after taking an erection medicine.

Get emergency help if:

If chest pain occurs after taking a PDE5 inhibitor, tell emergency staff what you took and when. Do not take nitrate medicine unless emergency professionals who know about the PDE5 inhibitor direct you to do so.

- an erection lasts longer than four hours
- you have chest pain, severe breathlessness, or feel faint during sexual activity
- the penis is injured with a sudden pop, severe pain, swelling, or rapid bruising

Common questions

Why can I get an erection alone but not with a partner?

Anxiety, pressure, relationship concerns, or differences in stimulation can affect erections with a partner. This pattern can also occur alongside a physical problem, so it does not identify the cause by itself.

Does erectile dysfunction mean I have heart disease?

Not necessarily. However, the small arteries supplying the penis can show effects of blood vessel disease before symptoms appear elsewhere. Persistent ED is a reason to review blood pressure, diabetes risk, cholesterol, smoking, and other cardiovascular factors.

Can too much pornography or masturbation cause erection problems?

Masturbation does not usually cause physical erectile dysfunction. Habits, expectations, anxiety, or reliance on a particular type of stimulation may affect arousal in some situations. A clinician or psychosexual therapist can help if this pattern is causing difficulty.

Will sildenafil fix the problem permanently?

Sildenafil supports an erection while the medicine is active; it does not permanently correct most underlying causes. Some people no longer need it after a reversible cause improves, while others use treatment over the long term.

Can I still have children if I have erection problems?

ED does not usually change sperm production. It can make vaginal intercourse and conception more difficult, but fertility testing and other ways to achieve pregnancy may be available if needed.

Is losing an erection occasionally normal?

Yes. Occasional difficulty can happen because of stress, tiredness, alcohol, distraction, or illness. Consider an assessment if it becomes frequent, persists, or worries you.

Sources

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