



# **SEXUAL DYSFUNCTION**

## **ERECTILE DYSFUNCTION**

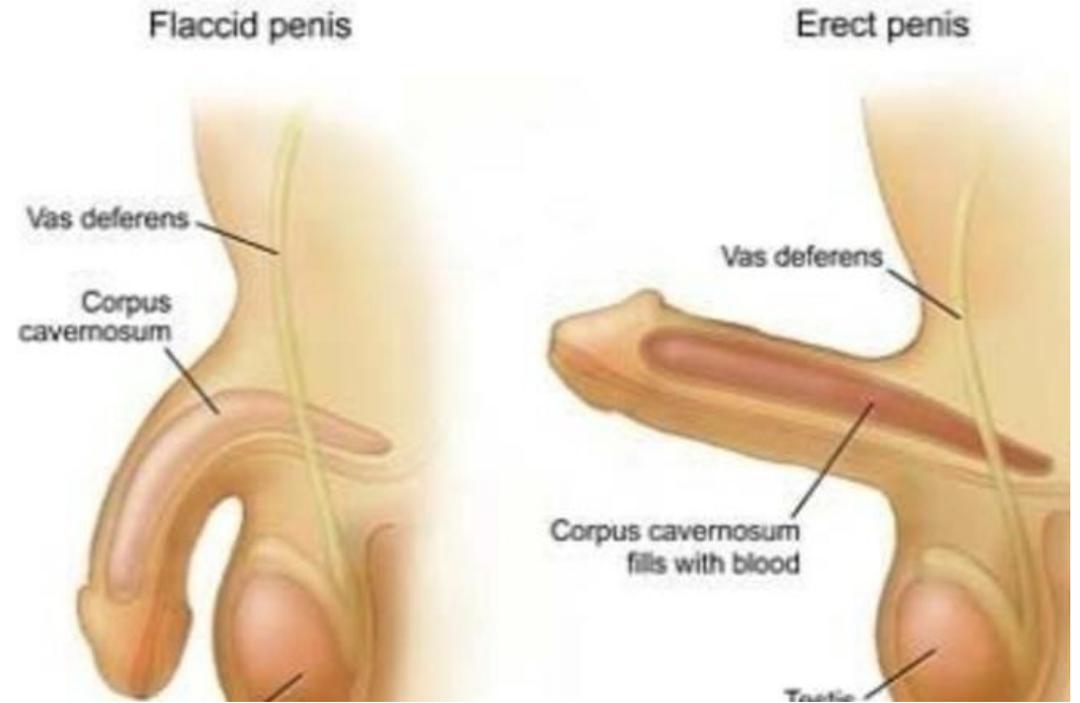
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## **EJACULATION DISORDERS**

**Mrs. Preethi Ramesh**  
**Senior Nursing Lecturer**  
**BGI**

# ERECTILE DYSFUNCTION

Erectile dysfunction (ED) also called impotence, is inability to achieve or maintain an erection sufficient to accomplish intercourse.



# ETIOLOGY

The fundamental causes of impotence are

- Physiological
- Psychological
- Medications.



# ETIOLOGY

## ❖ **Physiological or organic cause are:**

- Heart disease and narrowing of blood vessels
- Diabetes.
- High blood pressure.
- High cholesterol
- Obesity and metabolic syndrome.
- Parkinson's disease .
- Multiple sclerosis .
- Smoking, alcoholism and substance abuse, including cocaine use



# ETIOLOGY

## ❖ Psychological cause are:

- Depression .
- Stress, fear, anxiety, or anger
- Stress can include work, financial, and emotional problems .
- Poor communication with the sex partner
- Other relationship problems such as pressure from a sex partner



# ETIOLOGY

## ❖ Medications

- Anti adrenergics
- Anti hypertensive
- Anti cholinergics
- Anti seizure agents
- Anti hormone
- Anti psychotic
- Beta blockers
- Calcium channel blockers
- NSAIDs
- Thiazide diuretics.



# ETIOLOGY

## ❖ Penile issues

- Peyronie's disease
- Priapism
- Penile trauma

## ❖ Hormonal issues

- Inadequate production of androgens
- Hypo and hyperthyroidism.

## ❖ Anatomical issues

- Traumatic injury



# CLINICAL MANIFESTATION

- Inability to have an erection.
- Inability to sustain an erection.
- Inability to have an erection firm enough for penetration.



# DIAGNOSTIC EVALUATION

- The first step in diagnosis and management of ED begins with a thorough sexual, health and psychosocial history.
- Further examination or diagnostic testing is typically based on findings of the history and physical examination.
- A serum glucose and lipid profiles recommend to rule out diabetes mellitus.
- Analysis of presenting symptoms and physical examination include a neurologic examination.
- A detailed assessment of medications, alcohol and drugs used and various laboratory studies.
- Doppler probe to assess arterial blood flow to the penis.



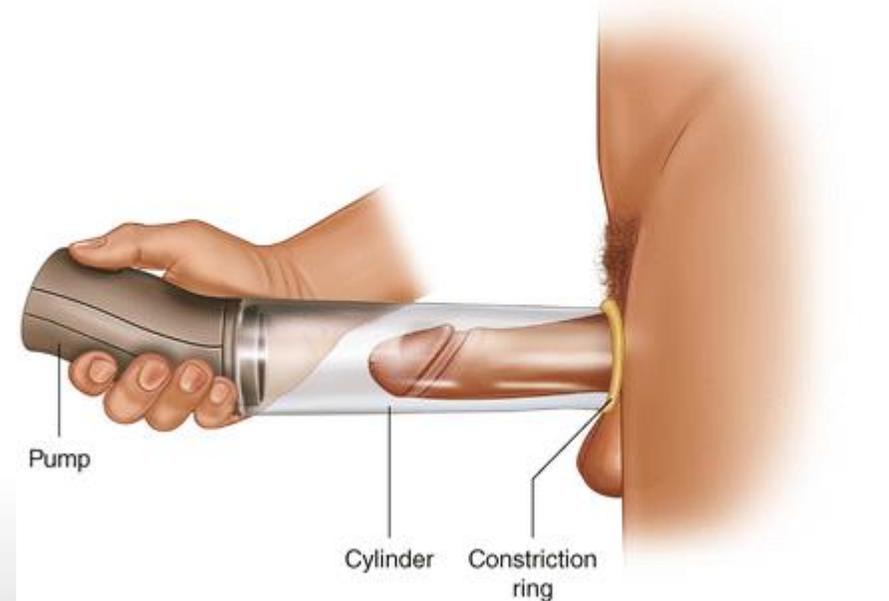
# MEDICAL MANAGEMENT

- The goal of ED is for the patient and partner to achieve a satisfactory sexual relationship. The treatment of ED is to find out the underlying causes and modify reversible causes.
- Treatment can be medical, surgical or both, depending on the cause.
- Non – surgical therapy includes treating associated conditions such as alcoholism and readjustment of Anti hypertensive and other drugs.



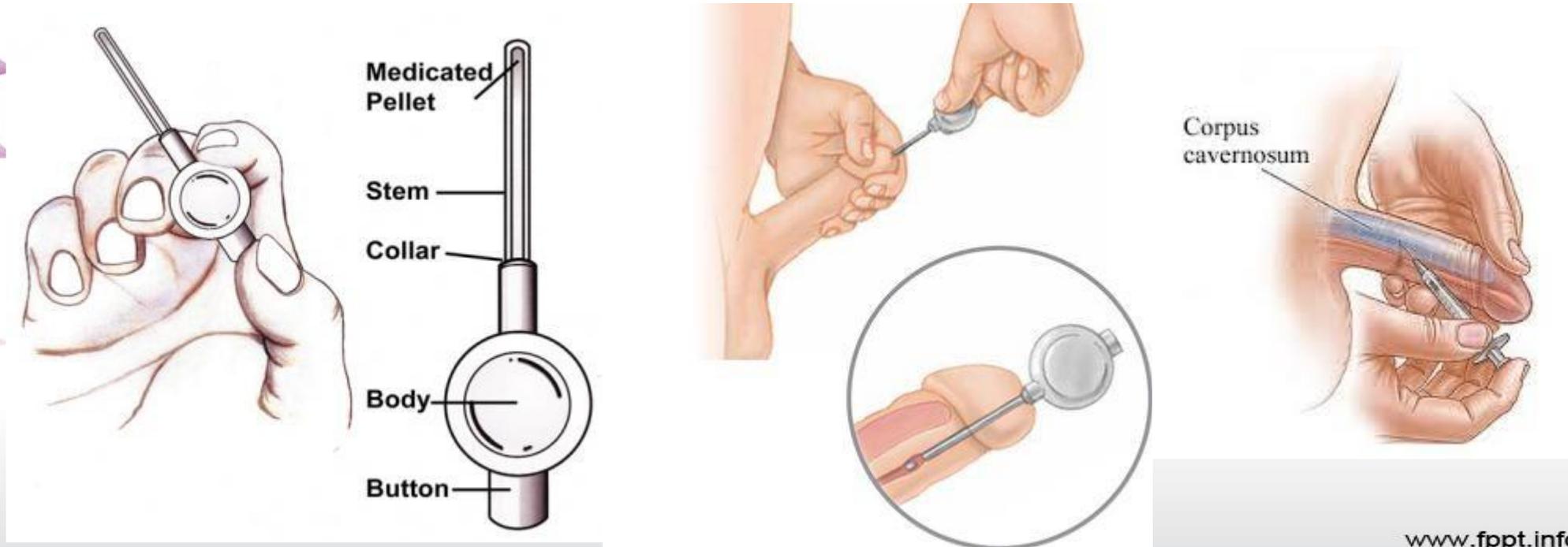
# MEDICAL MANAGEMENT

- ❖ First line intervention.
- Sildenafil ( viagra), Vardenafi and tadalafi.
- Vacuum construction device ( VCD)
- Sexual therapy.



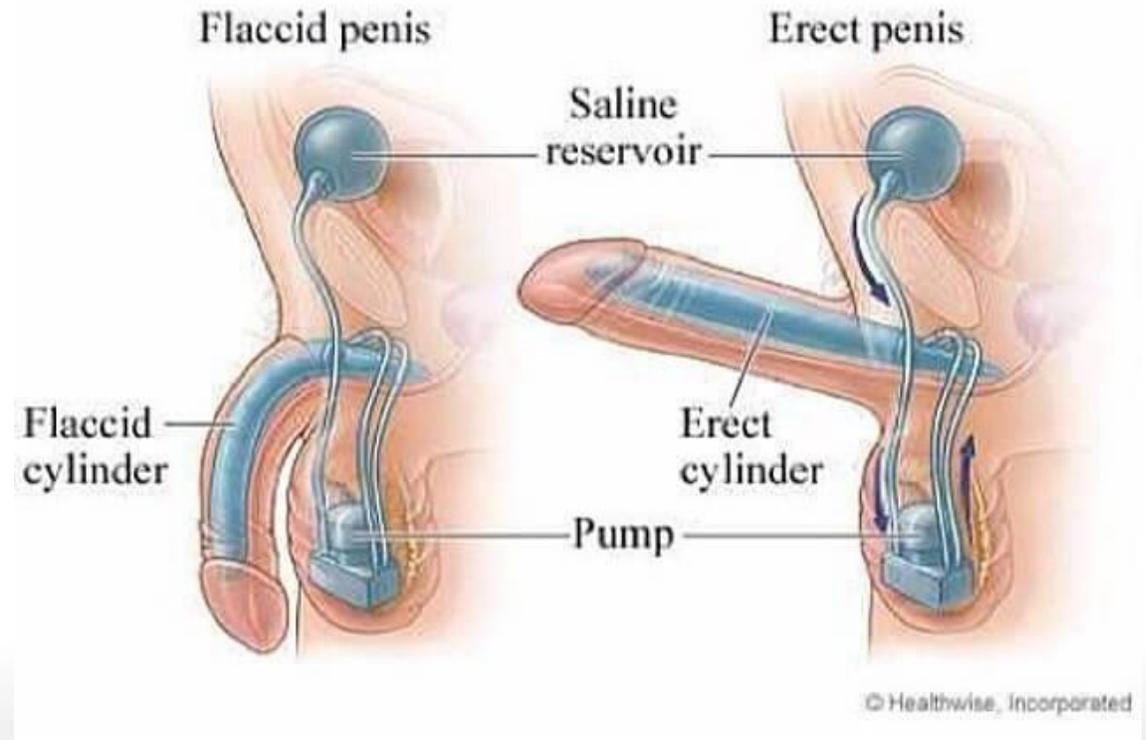
# MEDICAL MANAGEMENT

- ❖ Second line interventions.
- Intra urethral medication pellet
- Intra cavernosal self- injection



# MEDICAL MANAGEMENT

- ❖ Third line interventions.
- Penile implants





# EJACULATION DISORDERS

# EJACULATION DISORDER

Pre mature ejaculation occurs when a man cannot control the ejaculatory reflex and once aroused, reaches orgasm before or shortly after intromission.



# TYPES

- **Primary premature ejaculation:** The problem has been present from the beginning of sexual life.
- **Secondary premature ejaculation:** Occurs suddenly at some point during man's life.



# ETIOLOGY

- Neurological disorder (spinal cord injury, Multiple sclerosis, Neuropathy secondary to diabetes mellitus.)
- Surgery (prostatectomy) & medications are the most common causes of inhibited ejaculation.



# DIAGNOSTIC EVALUATION

Find potential physical and specific psychologic/learned causes of DE

Any concomitant or contributory organic factors involved?

Check life events / circumstances related to orgasmic cessation

Pharmaceuticals

Illness

Life Stressor

Psycho/Trauma

Review the conditions under which the man is able to ejaculate

During sleep

With masturbation

With partner's hand or  
mouth stimulation

With varying coital  
positions

Investigate domains related to the psychologic and relationship issues associated with DE

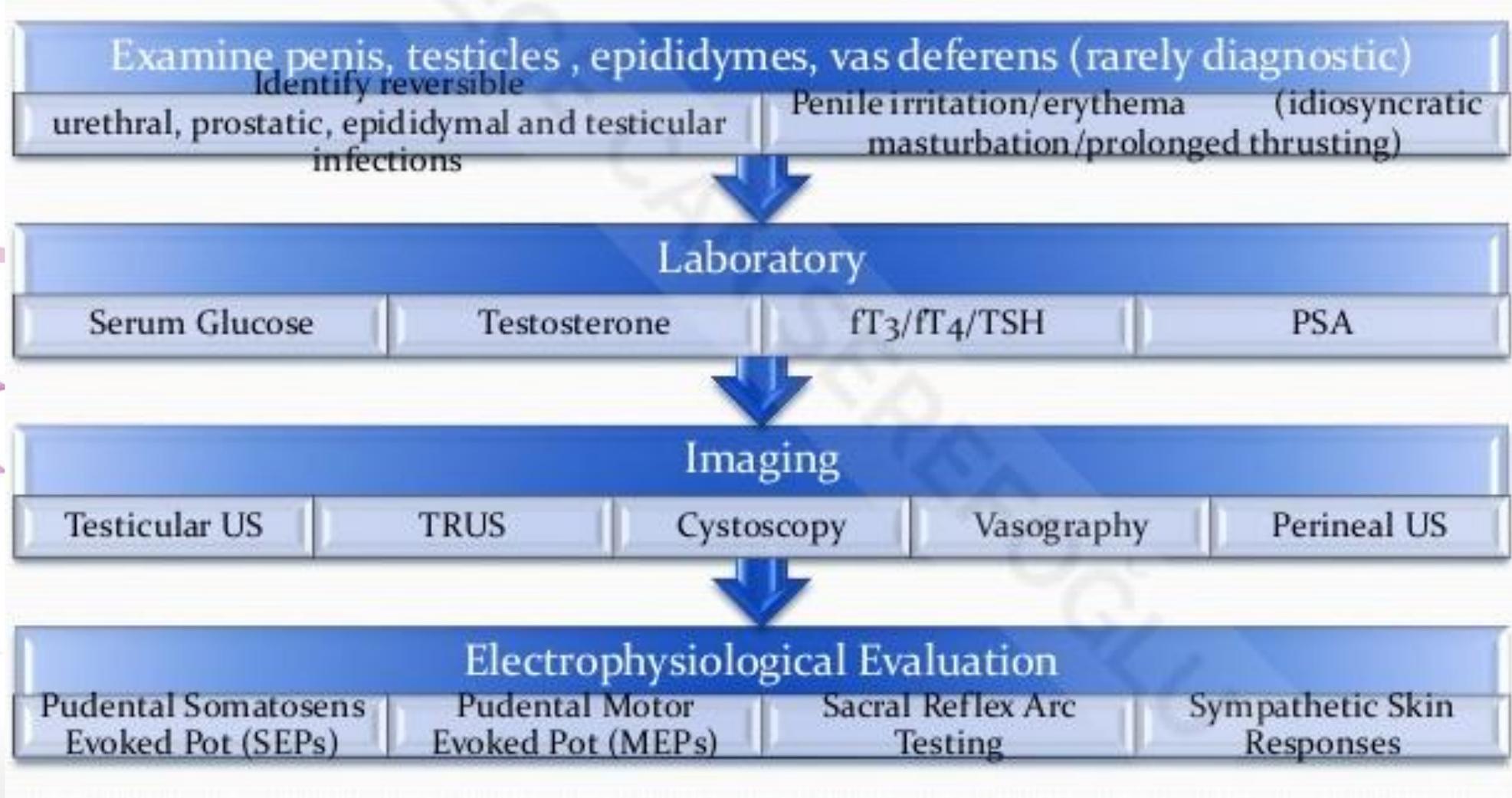
Religious Orthodoxy

Performance Anxiety

Masturbation  
fq/patterns

Perceived Partner  
Attractiveness

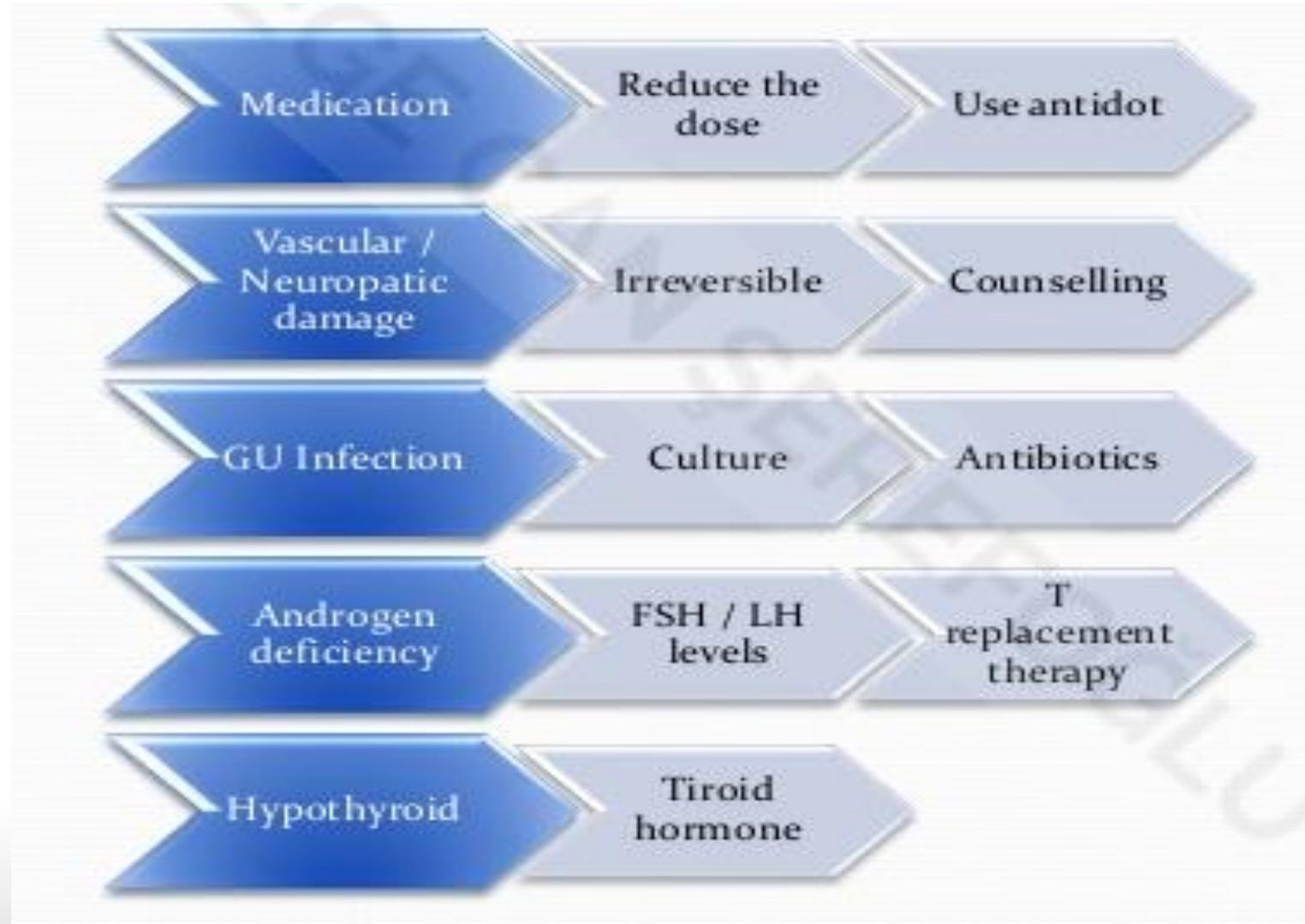
# DIAGNOSTIC EVALUATION



# MANAGEMENT

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- Treatment modalities depend on the nature and severity of the ejaculation problem.
  - Behavioral therapies may be indicated for treatment of Premature ejaculation, these therapies involves both the man and his sexual partner.

# MANAGEMENT





**THANK YOU FOR  
YOUR ATTENTION**