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ERECTILE DISORDERS

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Abstract

Erectile dysfunction occurs in individuals who have a constant or repeated marked difficulty in obtaining or maintaining the necessary erection to allow sexual intercourse. This paper aims to present the clinical picture of the disorder, diagnostic elements and differential diagnosis and to present a new perspective of the situation.

Key words: erectile, DSM-5, ICD-10, prevalence, risk factors, diagnosis.

INTRODUCTION

Permanent erectile dysfunction compared to the prevalence of the acquired one is unknown. There is a significant increase in both the prevalence and incidence of erectile problems with age, especially after 50 years. Statistics show that 13-21% of men aged 40-80 face this problem occasionally. About 2% of men under the age of 40 report frequent erectile problems, while 40-50% of men over the age of 60-70 may have significant erectile difficulties. About 20% of men fear the possibility of an erectile problem during the first sexual experience, while about 8% had erectile dysfunction that prevented penetration during their first sexual experience. [1]

Definitions

From the DSM-5 perspective, 4 major diagnostic criteria are presented:

- at least one of three symptoms must be present in all or about 75-100% of sexual intercourse:
  - constantly marked or repeated difficulty in obtaining the necessary erection to perform an act sexual.
  - constantly marked or repeated marked difficulty in maintaining the necessary erection to allow sexual intercourse.
  - a marked decrease in erectile stiffness
- the symptoms are present for a period of at least 6 months.
- symptoms cause significant discomfort to the individual.

Sexual dysfunction is not explained by a mental disorder without a sexual component or as a consequence of a severe relationship problem or other stressors and cannot be attributed to the effects of a substance or medicine or a medical condition.

It is important to specify the type of erectile dysfunction:

- *permanent* - the disorder has been present since the individual became sexually active:
- *acquired* - the disorder began after a period of relatively normal sexual function or

- *generalized* - is not limited to certain types of stimulation, situations or partners
- *situational* - occurs only in the case of certain types of stimulation, situations or partners

From the point of view of the current severity it can be:

- *mild* - if there are signs of mild suffering caused by symptoms;
- *moderate* - if there are signs of moderate suffering caused by symptoms;
- *severe* - if there are signs of severe suffering caused by symptoms; [1]

In ICD-10, the definition of erectile dysfunction is short and to the point, summarizing the main problem of men who have difficulty developing or maintaining an adequate erection for satisfactory sexual intercourse. [9]

ICD-10 the erectile response is coded as insufficiency of the genital response. [1]

RISK FACTORS AND FORECAST

Temperament factors. Neurotic personality disorders may be associated with erectile dysfunction in students, and personality traits may be associated with erectile dysfunction in men over 40 years of age. Alexithymia (deficiencies in cognitive processing of emotions) is common in men diagnosed with psychogenic erectile dysfunction. Men with depression and post-traumatic stress disorder may have erectile problems.

Factors that change evolution. Risk factors for erectile dysfunction are: age, smoking, lack of exercise, diabetes and reduced sexual desire. [1]

According to multinational studies, erectile dysfunction in young men is an increasingly common condition. Careful diagnostic evaluation should focus on identifying any underlying etiology to ensure adequate management for the patients before proceeding with potentially costly and invasive treatment options. [5]

DIAGNOSIS AND TREATMENT

Diagnostic elements

• The essential diagnostic element of erectile dysfunction is the repeated inability to get or maintain an erection during sexual intercourse with a partner.

(Criterion A).

• The history of sexual activity is important to determine whether the problem has been present for a significant period of time (at least for 6 months) and occurs in most sexual acts (at least 75% of the time).

• Symptoms may only occur in certain situations involving certain types of stimulation or partners or may occur in all types of situations, stimuli or partners. [1]

Associated elements that support the diagnosis

In the process of evaluating and establishing the diagnosis of erectile dysfunction, other factors that may be relevant to the etiology and treatment must be considered:

- factors related to the partner (eg sexual problems of the partner or his state of health);
- sexual activity;
- factors related to the individual's vulnerability (negative image of one's own body, history of sexual or emotional abuse, depression, anxiety, stressors);
- cultural / religious factors (inhibitions related to the prohibition of sexual activity, attitude towards sexuality;
- medical factors relevant to prognosis, evolution and treatment. [1]

Debut and evolution

Failure to get an erection during the first sexual experience is related to:

- unknown partner until the act of intercourse;
- drug or alcohol use;
- lack of desire to have sex.

These problems resolve spontaneously without specialized intervention, but some men may experience episodic symptoms. [1]

Acquired erectile dysfunction is often associated with biological factors such as diabetes and cardiovascular disease and tends to persist. The natural history of permanent erectile dysfunction is unknown, and the clinical examination associates the symptoms with self-limited psychological factors or those that respond to psychological interventions,

as opposed to the acquired one which is still persistent but associated with biological factors. [1]

Through its connection with self-image and sexual problems, erectile dysfunction can cause psychological damage. [8]

Diagnostic elements dependent on the cultural environment

The symptoms of erectile dysfunction vary in different countries. It is not clear to what extent these differences represent differences resulting from cultural expectations, or real differences in the frequency of inability to obtain an erection. [1]

Sexual dysfunction in older men is a dynamic disorder whose incidence and remission are predicted by a number of modifiable risk factors.

The incidence of erectile dysfunction in relation to biopsychosocial factors, sociodemographic factors, with lifestyle and of health was described. The highest incidence of erectile dysfunction was observed in men with: older age, lower income, higher mass of abdominal adipose tissue, reduced alcohol consumption, higher risk of obstructive sleep apnea, lower urinary tract symptoms, depression and diabetes. The lower incidence was observed in younger men who have work and the absence of other diseases such as ischemic heart disease, diabetes and dyslipidemia. [3]

About one in three men in New Zealand, aged between 40 and 70, has erectile dysfunction. Although it is comparable to populations in neighboring geographical areas, this prevalence is high. [7]

Premature ejaculation is higher than erectile dysfunction in Asia-Pacific countries. 45% of men diagnosed with premature ejaculation and erectile dysfunction were dissatisfied with the duration of sexual intercourse before ejaculation, their control over ejaculation and, respectively, sexual intercourse. [6]

Diagnostic markers

Useful methods in differentiating organic erectile problems from psychogenic ones are: testing nocturnal penile intumescence and measuring erectile turgor during sleep. At the base of this differentiation is the theory that adequate erections during sleep with rapid eye movements indicate a psychological etiology of the problem.

Depending on the doctor's decision, other diagnostic procedures can be performed:

- Doppler ultrasonography
- intravascular injection of vasoactive drugs
- cavernosonography with dynamic injection
- studies of impulse conduction at the level of the shameful nerve
- serum bioavailability of free testosterone
- investigation of thyroid function
- determining the existence of diabetes by determining fasting blood glucose
- measuring the concentration of plasma lipids. [1]

Differential diagnosis

Mental disorders without sexual component.

Major depressive disorder and erectile dysfunction are closely associated and there are cases where erectile dysfunction coexists with major depressive disorder.

Normal erectile function should be considered in men with exaggerated expectations.

Substance and drug use - has a specific onset of the disorder that coincides with the beginning of the administration of the substance or drug and disappears upon discontinuation or reduction of dose.

Medical conditions The difference between erectile dysfunction as a mental disorder and erectile dysfunction as a result of a medical condition is usually unclear and many cases have complex psychological and psychiatric etiologies that influence each other. If the individual is over 40-50 years old and / or has concomitant medical problems, the differential diagnosis should include medical etiologies such as diabetes. Age under 40 is suggestive of the psychological etiology of the disorder.

Other sexual dysfunctions Erectile dysfunction can coexist with premature ejaculation and hypoactive sexual desire disorder in men. [1]

Comorbidities

- Premature ejaculation Disorder of hypoactive sexual desire in men
- Anxiety and depressive disorder, Prostate hypertrophy with lower urinary tract symptoms
- Dyslipidemia
- Cardiovascular disease Hypogonadism Multiple sclerosis Diabetes mellitus [1]

Erectile dysfunction and premature ejaculation are reported by one in six infertile patients. Erectile dysfunction is mainly associated with depressive symptoms and with symptoms and signs of prostatitis, phobic anxiety. [2]

Treatment of erectile dysfunction

The treatment of erectile dysfunction has evolved with scientific research involving from psychotherapy and treatments based on plant extracts, to more complex surgical and drug therapies, even studying treatments based on genetic transformations, which are still in the research stage. The treatment consists of:

- administration of medicinal preparations,
- surgical treatment - performing surgical interventions,
- family counseling,
- changing lifestyle and often the psycho-emotional relationship with the partner,
- exclusion of risk factors,
- treatment of associated diseases. [4]

CONCLUSION

Erectile dysfunction mainly affects men aged 50-59 years, and their number increases with age. However, erectile dysfunction is not a normal part of the aging process and can occur even in young men. In most cases, the dysfunction does not occur suddenly, but gradually sets in. Various studies on the health and habits of the subjects managed to identify several factors that increase the risk of erectile dysfunction. Most often, these factors risk acts simultaneously. Mainly through its connection with self-image and sexual problems, erectile dysfunction can cause major psychological damage.

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