INABILITY TO HAVE OR MAINTAIN AN ERECTION

Erectile Dysfunction, Impotence, Ed

The inability to develop or maintain an erection of the penis during sexual activity in humans.

♀ Symptom ♂ Male

About Inability to have or maintain an erection

Erectile dysfunction (ED) is one of the most common chronic diseases affecting men and its prevalence increases with aging. ED is defined as the inability of a man to attain and maintain an adequate erection for satisfactory sexual intercourse.

Related causes of ED are variable and can include arterial, neurogenic, hormonal, cavernosal, iatrogenic, and psychogenic causes. It is now widely accepted that ED is predominantly due to underlying vascular causes, particularly atherosclerosis. Some of the physical problems are heart disease, high blood pressure, diabetes, obesity, alcoholism and tobacco use among others.

Erectile dysfunction can then be caused or worsened by stress and mental health problems that can affect bodily systems. Psychological conditions related to erectile dysfunction are depression, stress, fatigue, or relationship problems among others.

Oftentimes, a usually minor physical problem can combine with psychological issues to develop and exacerbate the condition.

Exercise, particularly aerobic exercise during midlife is effective for preventing ED.

Treatment strategies include nonpharmacological and pharmacological procedures:

- Nonpharmacological treatment includes counseling and lifestyle changes.
- Pharmacological treatment of ED includes a number of drug (phosphodiesterase type 5 inhibitors - a group of enzymes), vacuum constriction device, and surgery (penile prosthesis) are other possible therapeutic opportunities.

In the late years a number of herbal and nutritional supplements have been used in the treatment of ED such as ginseng.

Idiopathic male infertility

Unexplained male infertility is a diagnosis reserved for men in whom routine semen analyses results are within normal values and physical as well as endocrine abnormalities were ruled out. In addition to erectile problems and coital factors, immunologic causes and sperm dysfunction may contribute to such condition.

The capsules providing testosterone production and healthy function of capillaries can be marketed to people who have erectile dysfunction in men with idiopathic infertility.

Hyperprolactinaemia

Hyperprolactinaemia the presence of abnormally high levels (>450 miU/L for men) of prolactin in the blood.
Hyperprolactinemia in men may result in as a first signs of decreased libido or impotence, however also cause inefficient sperm production and infertility.

**Azoospermia**

Azoospermia is defined as the complete absence of spermatozoa. Azoospermia is categorized as either obstructive or nonobstructive. Nonobstructive azoospermia refers to a lack of sperm production, whereas obstructive azoospermia implies adequate sperm production but failure to deliver the sperm into the ejaculate because of a ductal obstruction.

Decline in sperm production in the testes may be associated with erectile dysfunction and fertility.

**Ejaculatory disorders**

- **Anejaculation**
  
  Anejaculation is the condition of being unable to ejaculate. Not all men who suffer from anejaculation suffer from erectile dysfunction. Even though erectile dysfunction is associated with an increased prevalence of anejaculation.

**Prostatitis**

Prostatitis is inflammation of the prostate gland. Patients with histological prostatitis have more serious erectile dysfunction than those without prostatitis.

Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is characterized by pelvic or perineal pain without evidence of urinary tract infection, lasting longer than 3 months, as the key symptom. Some patients report low libido, sexual dysfunction and erectile difficulties.

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**Find more about related issues**

**Diagnoses**

**Azoospermia**
Complete absence of sperm in the ejaculate of a man. 
Learn more at: [www.fertilitypedia.org/therapy/diag/azoospermia](http://www.fertilitypedia.org/therapy/diag/azoospermia)

**Erectile dysfunction**
The inability (that lasts more than 6 months) to develop or maintain an erection of the penis during sexual activity. 
Learn more at: [www.fertilitypedia.org/therapy/diag/erectile-dysfunction](http://www.fertilitypedia.org/therapy/diag/erectile-dysfunction)

**Anejaculation**
The pathological inability to ejaculate in males, with (orgasmic) or without (anorgasmic) orgasm. 
Learn more at: [www.fertilitypedia.org/therapy/diag/anejaculation](http://www.fertilitypedia.org/therapy/diag/anejaculation)

**Ejaculatory disorders**
A class of sexual disorders defined as the subjective lack of normal ejaculation. 
Learn more at: [www.fertilitypedia.org/therapy/diag/ejaculatory-disorders](http://www.fertilitypedia.org/therapy/diag/ejaculatory-disorders)

**Prostatitis**
An inflammation of the prostate gland. 
Learn more at: [www.fertilitypedia.org/therapy/diag/prostatitis](http://www.fertilitypedia.org/therapy/diag/prostatitis)

**Idiopathic male infertility**
A condition in which fertility impairment occurs spontaneously or due to an unknown cause. 
Learn more at: [www.fertilitypedia.org/therapy/diag/idiopathic-male-infertility](http://www.fertilitypedia.org/therapy/diag/idiopathic-male-infertility)
Testicular failure
The inability of the testicles to produce sperm or testosterone.
Learn more at: www.fertilitypedia.org/therapy/diag/testicular-failure

Hyperprolactinemia
The presence of abnormally high levels of prolactin in the blood.
Learn more at: www.fertilitypedia.org/therapy/diag/hyperprolactinemia

Sources


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