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Erectile Dysfunction – Facts and Myths and Why You Need to See a Doctor

Erectile Dysfunction (ED) may manifest in the bedroom, but it can also be the symptom of underlying and serious medical causes that need attention and treatment. ED can also get in the way of other areas of your life, from your intimate relationships to your self-esteem. If you have ED, you're not alone – more than half of men between the ages of 40 and 70 will experience varying levels and frequency of ED.¹

Erectile dysfunction, also known as impotence, is defined as the inability to attain and maintain an erection sufficient for successful sexual activity to occur.²

“While ED is not considered a normal part of the aging process, it is associated with certain psychological and physical changes related to age. Some ED problems don't last long or happen infrequently, while some may persist or happen more frequently. Even if erection problems only occur from time to time, they should still be taken seriously as ED can be indicative of more serious underlying medical conditions such as diabetes, hypertension (high blood pressure) and cardiovascular disease. In fact, ED is more common in men with cardiovascular disease since their risk factors are closely aligned, so ED often represents a ‘sentinel symptom’ or a marker in patients that there could be an underlying cardiovascular disease, where no other symptoms are present,” explains Dr Ahmed El-Shafei, Medical Advisor: Neuroscience and ED for Lilly South Africa.

“There are a number of risk factors for developing ED including aging, psychological conditions such as depression and stress, an unhealthy lifestyle including smoking, alcohol and drug abuse, obesity and a lack of exercise, underlying conditions such as cardiovascular disease, diabetes, high blood pressure and low testosterone, as well as taking certain medications such as anti-depressants, blood pressure medication such as beta-blockers, thiazide diuretics and anti-hypertensives,” adds Dr El-Shafei.

ED is not a fait accompli

Many men believe that erection problems are an unavoidable part of aging. But the reality is that you don't have to live with erectile dysfunction (ED)—it can be treated. If you think you may have ED, see your doctor as soon as possible for a proper medical assessment. Your doctor can help diagnose and treat your ED, as well as any underlying factors that may be causing the ED.

How is ED treated?

There are a number of treatment categories for ED, but the most commonly prescribed first line therapy is oral medication that falls in the category of Phosphodiesterase-5 or PDE5 inhibitors, for short. All medicines in this category – while having some pharmacological differences that translate into differing clinical effects - essentially have the same action,” explains Dr El-Shafei.

Following sexual stimulation, PDE5 inhibitors increase blood flow to the penis, causing an erection. Penile erection is caused by the engorgement of the penis with blood. This engorgement occurs when the blood vessels delivering blood to the penis increase the delivery of blood, and the blood vessels carrying blood away from the penis decrease the removal of blood. PDE5 inhibitors are only pharmacologically active when sexual arousal is present, which means that PDE5 inhibitors do not cause erections, but rather help the body's natural response to sexual stimulation.³



“The use of PDE5 inhibitors is not recommended in men who have unstable heart disease, or in conjunction with any ‘nitrate’ drugs which are used to treat certain forms of heart disease. When prescribed a PDE5 inhibitor, always advise your doctor of any medicines or supplements that you are taking, and only take them under the guidance and prescription of your doctor,” explains Dr El-Shafei.

A medical exam is crucial

Getting an illicit ‘fix’ from your pal at the golf club may seem like an easy way to avoid a doctor’s visit, but it’s fraught with dangers and complications you may not have considered.

“An underlying medical condition such as heart disease can make this a very dangerous decision, while counterfeit medications have also been known to contain dangerous ingredients. If you have had a stroke, heart problems or high blood pressure, or you’re taking blood thinners or nitrates, you must be under a doctor’s supervision before taking any ED medications, as they can be dangerous,” he adds.

Talk with your partner about what's going on

When problems happen in the bedroom, emotions often run high. If you’ve begun avoiding intimacy for fear of not getting an erection, feelings get hurt and couples begin to feel less intimate. As a result, couples stop communicating altogether, not just in the bedroom but in all aspects of their life together, and this can only make matters worse for both parties.

“Many couples continue to view ED as a sexual issue, when the reality is that the most common causes are underlying medical conditions and potentially, the medications used to treat these conditions. That’s why it’s so important to talk about ED in an open and supportive way. If you’re experiencing ED, one of the most important things you can do is talk to your partner about what’s going on and book an appointment with your doctor. Even if it’s uncomfortable to discuss, you’re more likely to seek medical help and get treated if your partner is supportive in the process and understands what’s going on.

Whatever the cause of ED, it needs to be addressed and treated with the support of a medical practitioner who understands the right treatment that is safe for your specific needs, any concomitant health conditions and your lifestyle,” concludes Dr El-Shafei.

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