

Impotence, a problem with a solution

Overview

Few diseases that affect man have been influenced on so many occasions by the social environment and have repeatedly suffered such misinterpretation. In 1993, a committee of experts decided to replace the term impotence with erectile dysfunction, a nomenclature more in line with the latest advances in the knowledge and treatment of this disease. Currently, erectile dysfunction is a disease recognized by the World Health Organization and is defined as the inability to obtain or maintain an erection sufficient for satisfactory sexual activity.

Causes

It is estimated that in Spain it affects approximately 2 million men, despite the fact that only 10 of patients who suffer from it visit a specialist. However, and thanks to the constant information campaigns that are being carried out, the male population has become aware, has lost the unfounded fear of consulting a specialist and this low percentage is growing progressively. Although it is sometimes caused by **psychological factors**, it can often be the only symptom of an organic disease, so erectile dysfunction should always be evaluated by a doctor.

The natural mechanism of the erection supposes the correct integration of several systems of the organism, both at the level of the penis and at the level of the spine and brain. Any disease that alters the normal functioning of both circuits can cause erectile dysfunction.

Several risk factors have been described,

- including diabetes mellitus,
- high blood pressure, cardiovascular diseases,
- smoking,
- hormonal or endocrine disorders,
- alcoholism,
- chronic diseases and taking certain drugs.
- In addition, we know that as age increases, the incidence increases

On the other hand, impotence of psychogenic cause can account for up to half of the cases studied. In this case, **the main risk factors are depression, anxiety, stress and family or work conflicts.**

Diagnosis

As in any other disease, the correct diagnosis begins with a detailed clinical history, especially focused on all the risk factors that we have mentioned. Depending on the findings and the physical examination of the patient, it is necessary to carry out certain examinations, which mainly consist of blood tests aimed at this pathology.

Taking the problem the other way around, there are more and more studies that have linked the clinical diagnosis of organic erectile dysfunction in a middle-aged man with an increased risk of cardiovascular disease, which is why it is becoming more and more frequent that urologist discovers some cardiovascular risk factors and directs the patient to other specialists (cardiologists, endocrinologists, etc.) for their prevention and treatment. The treatment of erectile dysfunction is developed in three areas:

- the suppression of risk factors (especially smoking and alcohol),
- the treatment of the possible diseases that cause it and
- finally and in the cases in which with the two initial measures are not enough, direct treatment of dysfunction.

Treatment

In recent years, new treatments for impotence have appeared, effective and with an oral administration form, much more comfortable than the drugs available until now. In fact, the relevance of these new drugs has surpassed the strictly medical field, undoubtedly influenced by the social importance of this disease. And this context beyond the scientific field has on many occasions caused harmful side effects to be erroneously attributed to certain drugs used outside the correct prescription.

The main task of the urologist lies in advising the patient on the most appropriate drug for their problem, assessing its effectiveness and proposing other therapeutic options if oral drugs are not effective. Thus, trust, advice and a visit to a Urologist can, in many cases, represent the solution to a health problem, which without being serious, supposes a notable alteration in the quality of life and relationship of many patients.