

ERECTILE DYSFUNCTION (ED): Impotence:

This is defined by the USA National Institutes of Health as

“the inability of the male to attain and maintain an erection of the penis sufficient to permit satisfactory sexual intercourse.”

Estimates suggest that around 50% of males over 40 will experience some problems with erection at some time.

Prevalence increases with age from 5-40% at age 40 to 15-65% at age 65 years or older.

That means that one would expect over 5% of the general population to have problems achieving or maintaining an erection.

In the past, psychological factors were believed to be the commonest source of ED, but now doctors recognise that 70-75% of cases can be attributed to a physical problem.

It is unclear what the prevalence of this problem is in arachnoiditis patients. However, one would expect it to be significantly higher than in the general population.

The male erectile response occurs as a result of a complex interplay of neurological (nerve) and vascular (blood vessel) functions.

Risk factors for dysfunction include diseases such as diabetes (around two thirds of diabetic men), hypertension, vascular disease, anaemia, thyroid disease and renal failure.

Psychological factors include depression and feelings of anxiety or guilt relating to the sexual act; whilst lifestyle factors include smoking, alcohol consumption and recreational drug use.

Prescription drugs may also cause this problem, indeed medications from more or less any drug class have been reported in relation to this.

Surgical treatment such as prostatectomy or vascular surgery may result in this dysfunction.

Any disorder that impairs blood flow may be a causative factor.