

# Erectile dysfunction: a significant source of distress

## *EMHF Fact sheet*

- Erectile dysfunction (ED) is the name used by most doctors and other health professionals to describe a sexual problem often referred to as 'impotence'. The word 'impotence' has negative connotations, such as weakness or powerlessness, which are not the case in men with ED; this term is therefore not used by health professionals
- ED is defined as an inability to attain and/or maintain an adequate erection for a satisfactory sexual experience, whether that experience is penetrative or non-penetrative. ED may be a temporary, semi-permanent or permanent disorder
- ED is known to affect one in 10 of all men, although this figure increases with age. For example, almost one-fifth of 50-year-olds experience problems achieving or maintaining an erection
- ED has been estimated to affect 152 million men worldwide,<sup>1</sup> and experts believe that 80 of all cases may be due to physical illnesses and conditions,<sup>2</sup> rather than psychological problems
- ED is often the first sign of a serious underlying medical condition, such as heart disease, hypertension or diabetes. However, ED is also often a consequence of these diseases, as well as of other conditions – for example, spinal cord injuries, depression, urinary incontinence
  - around 17% of men with untreated and 24% with controlled hypertension have ED
  - around 40% of men who have had a heart attack also have ED. Men who have had strokes also commonly suffer from the condition
  - around 60% of men with diabetes will develop ED within 6 years of their diagnosis
  - ED is also common in men with neurological conditions, including spinal cord injury, multiple sclerosis, Parkinson's disease
  - urological problems such as benign prostatic hypertrophy (BPH) may also lead to ED. Almost 50% of men with severe urinary symptoms have the condition. Further, both surgical and medicinal treatments for prostatic cancer and BPH may cause ED
  - up to 60% of men with depression also have sexual problems including ED
  - drugs, either recreational or prescribed (including those for any of the conditions listed above) may cause ED
- ED has a severe impact on quality of life. 65% of men with ED say the condition makes them worried or anxious; 56% say it makes them feel depressed. For the majority of men, the ability to have sex is fundamental to their self-image. ED can cause anxiety, depression, and lack of self-esteem and confidence. Conversely, successful treatment of ED often renews men's confidence and satisfaction both with themselves and with the communities around them

- ED may affect women's health, too, and partners of men with ED may suffer from similar symptoms. Withdrawal of sexual intimacy can damage relationships and give rise to suspicion, and create feelings of guilt and rejection
- Treatment for ED has undergone a transformation in the last decade. A range of therapies is now available – from psychosexual interventions to mechanical aids such as vacuum pumps and intracavernosal injections. Oral drug therapy has also demonstrated extremely promising results in men with ED, and new agents are in the pipeline
- When considering treatment for ED, it is vital to secure equity of access to treatments on a pan-European basis. The equality of all European healthcare citizens should be taken for granted. Men with ED across Europe are affected by the same condition and experience the same difficulties. Hence there should be no discrimination as regards access to ED treatment, or to the quality and variety of treatments across Europe. This principle has been reaffirmed in the EU Charter of Fundamental Rights of December 7, 2000 (2000/C364/01), articles 34 and 35, and before than affirmed by the WHO
- In the UK, prescription of the anti-ED Viagra is available on the NHS only to men with certain conditions such as multiple sclerosis, diabetes and spinal injury. However, it is not available as an NHS treatment to men whose impotence is caused by other conditions, such as cardiovascular disease, or psychological factors
- ED appears to be correlated with socio-economic status. The lower a man's income, the more likely he is to develop ED. In the UK, ED may be a particular problem for men with low incomes who are not entitled to NHS treatment; such men are unlikely to be able to afford to pay for private treatment

## Sources

1. NIH Consensus Conference on Impotence. JAMA 1993;270:83–90
2. Impotence information from the NIH (1995). NIH publication No. 96-3923

## The EMHF: tackling inequalities in men's health across Europe

The EMHF is an independent, non-profit-making, non-governmental organisation that aims to raise the profile of men's health at both a pan-European level and within individual countries. It encourages Europe-wide national, local and regional organisations (both governmental and non-governmental) to include men's issues in their health policies and practices. It also aims to improve delivery of health services to men and to influence men's health-related behaviours.

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