

Ratgeber Erektionsstörungen – Englisch

Erectile dysfunction

Simply explained

The Guide



A Sandoz Brand

Simply explained

Erectile dysfunction

When the penis loses the ability to stiffen or maintain an erection on a persistent basis, this is termed erectile dysfunction. In half of cases, it is attributable to physical causes. We explain the treatment options.

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How to recognise it?

If the following signs occur for more than six months, this can be an indication of erectile dysfunction:

- No night-time/morning erection
- No erection after sexual stimuli
- Lack of the ability of the penis to stiffen



What helps?

Talk to your GP or urologist about treatment options. These include:

- Medications
- Vacuum pumps and surgical procedures
- Psychotherapy
- Hormone therapy

- Erectile dysfunction can be a warning sign of a vascular disorder and a possible precursor to a heart attack or stroke. This is why erectile dysfunction should always be investigated medically.

5 — What can I do myself?



Less stress



Healthy diet



Sport



Enough sleep



Do not smoke



Avoid alcohol

4 — Use

The action of a PDE5 inhibitor requires sexual arousal:

- Taken 30–60 minutes prior to intercourse
- Not more than one tablet a day



3 — Medications

Medicines, such as those called PDE5 inhibitors, can help. As a rule, patients meet the cost of the medicine themselves. Before taking it, clarify potential restrictions on use and contraindications with a doctor.

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Important note for readers

The content-related and scientific information in this guide describes the current status at the time of writing (see back page). It is intended to provide an initial impression of the subject area but is not a substitute for a medical consultation. Please always read the package insert of your medications carefully. For the reasons mentioned, 1 A Pharma GmbH cannot assume any guarantee or liability for content or information from this guide.

Erectile dysfunction – Simply understood

Dear reader,

For most men, there is no greater burden than that of no longer being able to be intimate with one's partner. Erectile dysfunction is often accompanied by fears. The wish to have intercourse with one's partner perhaps is also confronted by certain worries - particularly when the doctor has prescribed medical treatment: "What actually happens to me when I take a medicine for erectile dysfunction?"

This guide is intended to eliminate these fears and to explain how erectile dysfunction can be treated. It focusses on what are known as phosphodiesterase-5 inhibitors (PDE5 inhibitors). We describe how they work and what exactly happens when you take this sort of medicine.

Please talk to your doctor or pharmacist if you have any other questions.
We wish you all the best.

Best wishes
Your 1 A Pharma Team

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An erection actually just means that the penis fills with blood. If the penis is not erect, the blood flow is reduced and only a small amount of blood is present in the erectile tissues. During an erection, the small arterial vessels in the penis enlarge and more blood flows into the erectile tissues. At the same time, the small muscles in the structures of the erectile bodies relax. The increasing amount of blood closes off small veins in the erectile body and the outflow of blood decreases. The penis becomes erect. A disorder is present if the penis is persistently incapable of remaining hard for a prolonged period.

The occasional absence of an erection is not the same as an erection disorder or erectile dysfunction – and is entirely age-independent.

When does one refer to erectile dysfunction?

The occasional lack of an erection is actually no cause for concern. Only a persistent lack (for at least six months), making intercourse with a partner impossible, is a disorder.

If you are uncertain whether you may be suffering from erectile dysfunction, ask yourself the following questions:

- Do you still have erections at night and in the morning?
- Does your penis respond to sexual stimuli and does it become hard?
- Does your penis become hard enough for sexual intercourse?

If you have answered “no” to the questions, there is a test (on page 36 and following pages) which can help you determine how severe your erectile dysfunction is. The test and its evaluation are a good basis for discussion with your doctor, who can use these to gain an impression of your personal situation.

Causes of erectile dysfunction

Erectile dysfunction can affect anyone. That is because erectile dysfunction can have many causes. In half of all cases, physical causes are present.

These include:

- Drinking alcohol, smoking and taking drugs
- Cardiovascular disease (such as high blood pressure, arteriosclerosis, coronary heart disease)
- Metabolic disorders (such as diabetes mellitus, fat metabolism disorders, thyroid disorders)
- Taking medicines (such as blood pressure-lowering medicines and cholesterol-lowering medicines, psychotropic agents, sedatives, strong painkillers, appetite suppressants, hormone preparations)
- Benign prostatic hyperplasia (= non-malignant enlargement of the prostate, BPH)
- Disease of the brain or spinal cord (multiple sclerosis, stroke)
- Damage to the nerves
- Changes in hormone levels

- Malformations, injuries or diseases of the penis
- Overweight, lack of exercise, increased blood fat levels and metabolic syndrome. These are the main risk factors for erectile dysfunction.

Possible psychological reasons are:

- Stress at work
- Fear of failure
- Problems in the relationship

Any man who suffers from erectile dysfunction should not take it lightly but should investigate the cause together with his doctor.

Treatment options for erectile dysfunction

Medicine offers numerous treatment options for erectile dysfunction. You and your doctor can jointly decide which is the appropriate one for you. The cause and severity of the disorder, but also your general physical state of health, age, previous illnesses and risk factors play a role in this.

The main treatments include:

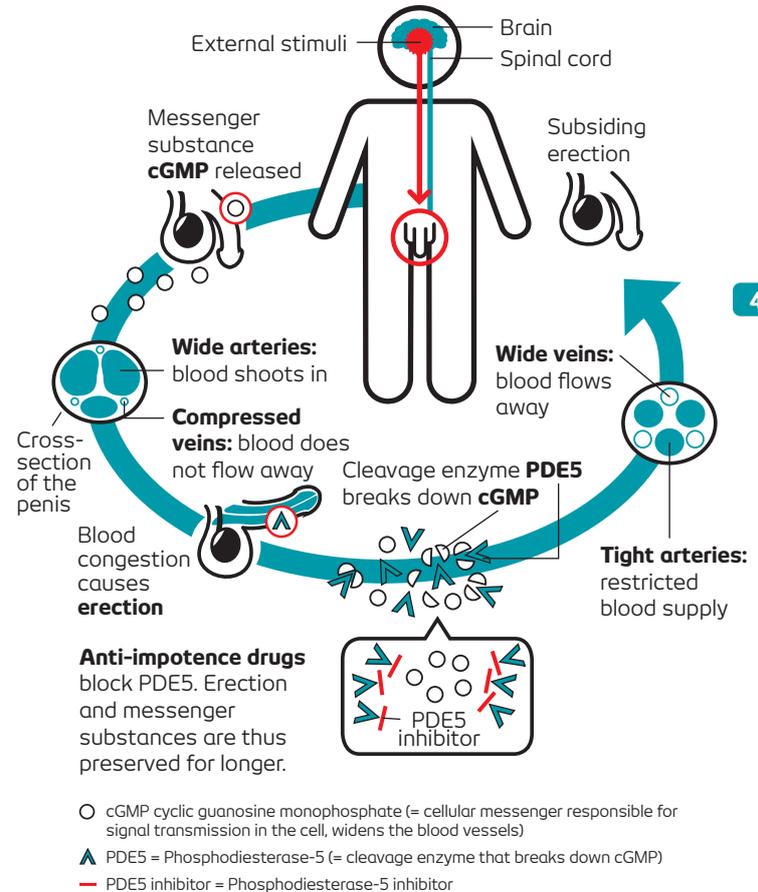
- PDE5 inhibitors
- Local medical treatments (such as injection into the erectile tissues)
- Other medicines (such as hormone therapy)
- Other methods (such as vacuum pump, surgery)
- Psychotherapy

Treatment with PDE5 inhibitors

When reference is made to medicines for erectile dysfunction, what is chiefly meant are active substances of the class of phosphodiesterase-5 inhibitors (PDE5 inhibitors).

Mechanism of action of PDE5 inhibitors

To understand their mechanism of action, it is helpful to look at what happens during an erection. In an erection, blood flows into the erectile bodies at the same time as small vessels that return the blood are compressed - the penis swells up. A PDE5 inhibitor helps the blood vessels in the penis to relax. As a result, the blood is able to flow more easily into the penis.



What happens after the medicine is taken?

Men who have decided to take a PDE5 inhibitor to treat their erectile dysfunction must not worry about embarrassing themselves in public. This is because a PDE5 inhibitor requires sexual stimulation and activation of the nervous system. Only then can the medicine trigger an erection. If you take it spontaneously for the treatment of erection problems, nothing happens to begin with.

What does sexual stimulation mean?

A PDE5 inhibitor exerts its pharmacological effects when you are actively aroused by touch and caresses.

Are there any side effects?

As with any medicine, PDE5 inhibitors are also known to have side effects. The most frequently described side effects include:

- Headache
- Flushing
- Digestive disorders
- Blocked nose
- Dizziness

Taking PDE5 inhibitors

Take a PDE5 inhibitor as prescribed by your doctor or according to the recommendations in the package insert before sexual intercourse.

How much of a PDE5 inhibitor do I have to take for it to work?

First of all, you must decide with your doctor which active substance and which dose you will start with.

Always keep to the dose discussed with your doctor. If the medicine does not produce the desired effects after you take it, talk to your doctor about it.

It may sometimes be necessary to increase the dose. Tell your doctor about any side effects that occur. Again, a change of dose can produce different results in this instance.

What happens if I take the medication with a good meal?

Some PDE5 inhibitors can also be taken with a substantial meal. However, you may notice that it takes longer for the medication to work.

What happens if I take the medicine after drinking alcohol?

Excessive alcohol consumption and sex do not go together well. The same applies when you have taken a PDE5 inhibitor. The consumption of alcohol can temporarily reduce the ability to achieve an erection.

In order to obtain the best possible benefit from your medicine, you should therefore not drink an excessive amount of alcohol before taking a PDE5 inhibitor.

Can I get behind the wheel after taking the medicine?

A PDE5 inhibitor can cause dizziness and visual disturbances. If, therefore, you are taking it for the first time, avoid driving or using machines. When you know how you respond to it, you should plan your daily routine accordingly.

Interactions and restrictions on the use of PDE5 inhibitors

Your doctor has prescribed you a PDE5 inhibitor. As with other medicines, interactions with other medicines have also been observed here following intake. You should also not take any PDE5 inhibitors if you have had certain previous illnesses. Frequent interactions and restrictions on use are listed below. Therefore, always tell your doctor and pharmacist what medicines you are currently taking and which ones you have been taking until recently.

Eye diseases (NAION)

Visual disturbances and cases of non-arteritic anterior ischaemic optic neuropathy (NAION), also known colloquially as “eye stroke”, have been observed in association with PDE5 inhibitors. Patients who have lost the vision in one eye as a result of NAION must not take PDE5 inhibitors.

If a visual disturbance of any kind suddenly occurs, discontinue the PDE5 inhibitor and consult a doctor immediately.

High blood pressure

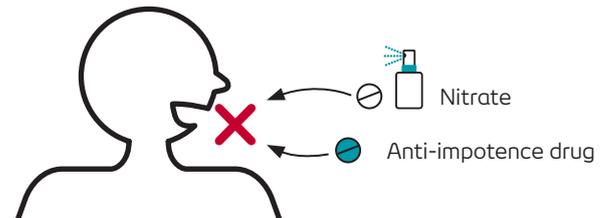
If you have high blood pressure and are taking blood-pressure lowering medicines, you can use PDE5 inhibitors at the same time. However, your high blood pressure should be treated and under control. For example, are you taking alpha-blockers to treat your high blood pressure? Some PDE5 inhibitors can cause a reduction in high blood pressure and feelings of dizziness and lightheadedness can occur on sitting up or standing up suddenly. In such cases, your doctor may prescribe a lower initial dose of the PDE5 inhibitor.

You must not use certain PDE5 inhibitors if you are taking medicines known as nitric oxide donors (amyl mononitrate, also known as “poppers”). This combination of active substances can cause a dangerous reduction in your blood pressure.

Heart problems

In many cases, erection problems are the result of an existing heart condition. If you are being treated for heart failure or another heart condition, weigh up, together with your doctor, whether to take the medicine and consider the following points:

- Influence of the vessel-widening effect: A PDE5 inhibitor causes a slight and temporary reduction in your blood pressure. Determine with your doctor whether this vessel-widening effect can affect any existing underlying diseases in combination with sexual activity.
- Are you taking nitrates? You may have been prescribed a medicine known as a nitrate by your doctor for chest pain or to prevent angina. The combination of nitrates with the blood pressure-lowering effect of PDE5 inhibitors can be dangerous. If you are uncertain whether any of your medicines belongs to the group of nitrates, ask your doctor or pharmacist.



Never take nitrates at the same time as an anti-impotence drug such as a PDE5 inhibitor.

Enlargement of the prostate

Are you, for example, taking alpha-blockers for the treatment of enlargement of the prostate? As certain PDE5 inhibitors can cause a reduction in high blood pressure, a feeling of dizziness and lightheadedness can occur on sitting up or standing up suddenly.

You should be stably controlled on the alpha-blocker therapy before taking a PDE5 inhibitor. This reduces the likelihood of you developing these symptoms. In such cases, your doctor may prescribe a lower initial dose of a PDE5 inhibitor.

Local medical treatment

Other active substances can also be used locally. Local medical treatment involves

- either an injection directly into the erectile body (ICIT = intracavernous injection therapy) or
- insertion of sticks (with medication) into the urethra (MUSE = Medical Urethral System for Erection).

One of the most common active substances comes from the group of prostaglandin derivatives. These are substances formed in the body that widen the vessels. In the treatment of erectile dysfunction, they cause hardening of the penis without sexual stimulation.

When used for the first time, a doctor should assist the patient to use them correctly and check the success of treatment. If the patient is able to administer the injection or insert the stick himself, the doctor can prescribe the selected dose for use in the home environment. If necessary, your partner can also assist you.

If the erection lasts for four or more hours, you should contact a doctor without delay. The same applies if redness develops on the testicles or scrotum, if they swell or if they hurt.

Particular attention should be paid to hygiene and care with both forms of administration.

What should be noted when using the injection syringe?

The injection is given into the right or left erectile body of the penis, not under the skin. Please follow the doctor's instructions exactly when injecting for the first time and read the instructions for use in the package insert carefully. You should develop an erection after 5 to 15 minutes. After the injection, you should use a condom during sexual intercourse.

The effect should last for up to an hour.

What must patients pay attention to when inserting the stick?

When using the stick, the urethra should be moistened by urinating before insertion. The stick can be inserted in the sitting or standing position, depending on what is more comfortable for the patient. Each stick is intended for single use without exception. It takes about 10 minutes for an erection to develop. During this time, it is recommended to sit, stand or walk. This increases the chances of a stronger erection. After inserting the stick, you should use a condom during sexual intercourse.

The effect should last for 30 to 60 minutes.

When must local medical treatment not be used?

As with other medicines, side effects can also occur with the use of the injection syringe and the stick. Penis pain is amongst the most common side effects. Both the injection syringe and the stick should not be used together with other medicines for erectile dysfunction.

Local medical treatment should not be used in some patients. This includes people

- who are allergic to any of the active substances used,
- for whom sexual activity is generally not recommended, for example those with serious heart conditions,
- who have an anatomical deformity of the penis or whose foreskin is constricted or
- who have a condition that can be associated with prolonged erection or painful priapism (long-term erection).

ICIT may also not be used in patients with a penile implant.

At all events, talk to your doctor about any previous illnesses, other medicines you are currently taking and other possible risk factors before starting treatment.

Other medicines

In addition to treatment with PDE5 inhibitors and local medical treatment, there are other medicines available for relieving erection disorders.

Many are of plant origin. Consult your doctor or pharmacist before using these. These medicines can also cause side effects and should not be used if certain pre-existing conditions are present, for example serious heart conditions.

Hormone therapy

Another option is hormone therapy. This is prescribed by the doctor. This can be helpful if the erectile dysfunction is due, for example, to reduced testosterone production.

However, the presence of prostate cancer must be excluded before treatment with testosterone. This is because the administration of testosterone can encourage prostate cancer cells to grow.

There are various options for administering testosterone:

- Capsules
- Patches and gel
- Injections

Consulting with a doctor is the best way to establish which type is the right one in each individual case. If you do not tolerate one method of administration well, you should switch to another after consulting your doctor.

Other methods

Vacuum pump

In some cases of erectile dysfunction, a penis or vacuum pump provides acute assistance. In this case, you usually put a cylinder over the penis, in which you create a vacuum by pumping. This swells the erectile bodies and in many cases produces an erection. You can maintain it by using a penis ring.

Surgery

Surgery is regarded as the last resort. This includes

- vascular surgery or
- the insertion of a penile implant.

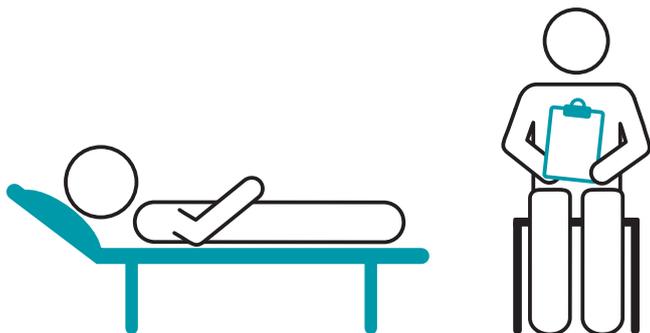
This method is usually only used if other forms of treatment have been unsuccessful.

Other treatment options

In individual cases, unconventional treatment options, such as specific pelvic floor exercises, can also alleviate problems.

Psychotherapy

For some patients, particularly younger ones, the cause of erectile dysfunction possibly lies in the mind. On-going difficulties can, for example, increase the fear of failure or possible depression. Talk to your partner about it. Seek sex therapy alone or jointly. In particularly severe cases, you should undergo psychotherapeutic treatment.



Misconceptions about erectile dysfunction – Simply explained

Don't worry. If you have noticed that you have erectile dysfunction, we would just like to say to you first of all: you are not alone. It is important that you do something about it and seek treatment. Don't be ashamed. And don't suffer. Erectile dysfunction has many causes – and you can do something about it. Do not hesitate to discuss problems with your doctor.

Erectile dysfunction is a sensitive subject. Out of a fear of failing to perform, many men with erectile dysfunction suppress the desire to express their sexuality and retire into themselves. They refrain from romance, caresses and intercourse with their partner out of fear of failure.

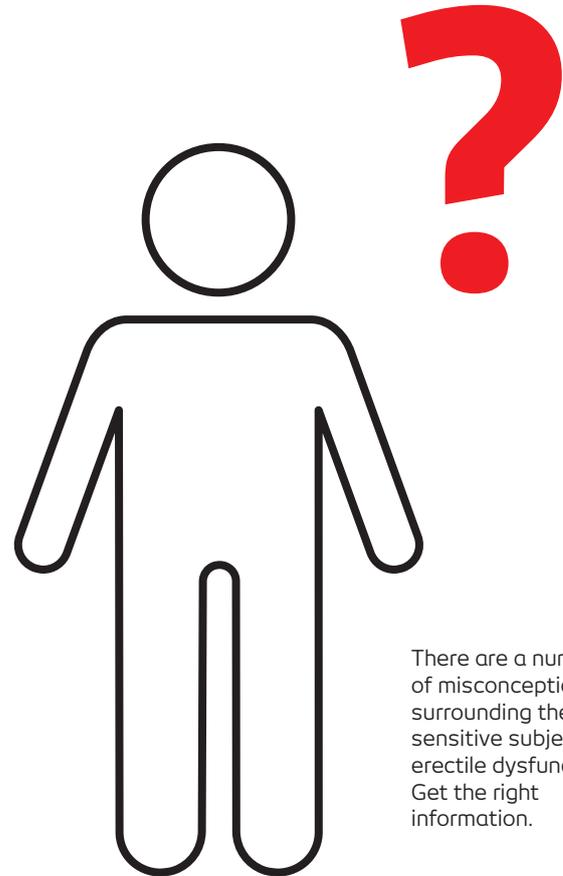
Partners also suffer. Because if they do not know about the other person's problems, they may look for failings in themselves. We want to help eliminate misconceptions.

There is nothing you can do about erectile dysfunction.

There are numerous reasons for erectile dysfunction such as smoking and being overweight, but stress and problems between partners can also lead to erectile dysfunction. Every man can work on these causes – without a doctor even.

It is sometimes sufficient to change one's lifestyle, lose weight or take more exercise. A frank discussion with a partner can help remove barriers and rediscover pleasure in sexual intercourse.

However, there are also physical reasons for erectile dysfunction, such as cardiovascular diseases or diabetes, which can only be treated by medical therapy.



There are a number of misconceptions surrounding the sensitive subject of erectile dysfunction. Get the right information.

I feel desire – therefore I do not have erectile dysfunction.

Desire for sex – yet still erectile dysfunction? When we talk about erectile dysfunction, this means that the penis has lost the ability to remain hard for a long time. The desire for sex, in other words the libido, plays no part in this process.

This means that even those with strong desire can suffer from erectile dysfunction. If a man is sexually aroused, his penis enlarges, which doctors refer to as tumescence. This enlargement ends with the penis being completely hard: rigidity.

In the case of erectile dysfunction, a man experiences desire but no longer has the ability to harden his penis and engage in intercourse with a partner.

How embarrassing! One doesn't talk about erectile dysfunction.

Erectile dysfunction is no longer a taboo subject! Erectile dysfunction is not something you should take personally. Erectile dysfunction is a disease or a warning sign of another serious disease. Talk about it to your doctor – this may be your general practitioner, but also a urologist.

A medicine for erectile dysfunction may cause me embarrassment in certain situations.

What happens after the medicine is taken? Men who have decided to take PDE5 inhibitors to treat their erectile dysfunction must not worry about embarrassing themselves in public.

This is because PDE5 inhibitors require sexual stimulation and activation of the nervous system. It is only then that the medicine can trigger an erection.

There are much cheaper medicines for erectile dysfunction on the internet.

It is true that anyone surfing the internet a little will come across addresses offering medicines for erectile dysfunction for sale cheaply. The sources of these medicines, however, are questionable. In addition to which, the exact composition of cheap tablets on the internet is often obscure.

If you take such medicines, you cannot be certain about their effect and side effects. Only ever obtain your medicine for erectile dysfunction on prescription from your doctor. Only then can you have the confidence that your medicine actually contains the active substances stated.

I am already taking other medicines – I should therefore definitely not take anything for erectile dysfunction.

Your doctor will carry out a thorough examination before you take a medicine for erectile dysfunction. Your cardiovascular status is particularly important if you are taking a medicine for erectile dysfunction.

Be sure to talk to your doctor about any other medicines you are taking or have recently taken.

Questionnaire – Simply investigated

IIEF-EF Domain Questionnaire

(International Index of Erectile Function*)
for investigating erectile dysfunction

The following questions relate to possible erectile dysfunction in your sex life during the past six months and have been compiled on the basis of international standards. Please do not miss out any questions. There is only one answer to each question. Your doctor will discuss your answers with you. In this way you will help him or her to make the right diagnosis.

1. How do you rate your confidence that you could get and keep an erection?

- very low 1
 low 2
 moderate 3
 high 4
 very high 5

2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration?

- almost never/never 1
 a few times (much less than half the time) 2
 sometimes (about half the time) 3
 most times (much more than half the time) 4
 almost always/always 5

3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?

- almost never/never 1
- a few times (much less than half the time) 2
- sometimes (about half the time) 3
- most times (much more than half the time)..... 4
- almost always/always 5

4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?

- extremely difficult 1
- very difficult 2
- difficult 3
- slightly difficult 4
- not difficult 5

5. When you attempted sexual intercourse, how often was it satisfactory for you?

- almost never/never 1
- a few times (much less than half the time) 2
- sometimes (about half the time) 3
- most times (much more than half the time) 4
- almost always/always 5

Evaluation

To assess the severity of erectile dysfunction, the scores for the answers to the five questions are added together:

Total score	5-7	8-11	12-16	17-21	22-25
Degree of erectile dysfunction	severe	moderate	mild to moderate	mild	none

Strictly speaking, however, the questionnaire is not a substitute for a medical diagnosis.

* Rosen RC, Cappelleri JC, Smith MD et al. Development and evaluation of an abridged, 5-item version of the International Index of Erectile Function (IIEF-5) as a diagnostic tool for erectile dysfunction. Int J Impot Res. 1999 Dec;11(6):319-26.

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Information as at: July 2019

Einfach verstehen.