UNDERSTANDING YOUR DIAGNOSIS

Erection Problems

Also called Erectile Disorder

Trouble getting or keeping an erection is common and very treatable. It is also worth a heart check, so please get it looked at.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 40 in 100 men at 40	More likely after age 40	Yes - most men respond well	Around 30 million US men

What this is

- This means trouble getting or keeping an erection firm enough for sex, most times you try, for **6 months** or more.
- One-off nights happen to everybody. Tiredness, alcohol, stress, or a rough week is not a diagnosis of anything.
- This is not a verdict on your manhood, your age, or your relationship. Far more often it is blood flow and nerves.
- Here is the part worth knowing: new erection trouble can be an early warning sign of heart or blood vessel disease.

What it can look and feel like

- You cannot get an erection firm enough for sex, or you lose it partway through, most times you try.
- Erections are softer than they used to be, even when you are relaxed and you genuinely want sex.
- You wake up with fewer morning erections, or none at all, which points toward a physical cause worth testing.
- It came on slowly over months or years, alongside things like diabetes, high blood pressure, or weight gain.
- Or it started suddenly after a stressful event, and you still get erections alone or on waking. That points elsewhere.
- You start watching yourself during sex instead of being in it, and the watching by itself ends the erection.
- You avoid sex, or avoid talking about it, and the distance between you and your partner keeps quietly growing.

What is happening in your brain and body

- An erection is a blood flow event. Nerves send a signal that relaxes the artery walls so blood can flow in and stay in.
- The arteries in the penis are small, so they narrow before the heart's arteries do. That is why this can be an early warning.
- **Erection pills** keep that relaxing signal switched on longer. They still need real arousal to do anything at all.
- Diabetes, smoking, high blood pressure, and high cholesterol damage the lining of blood vessels and blunt the whole process.
- Low testosterone and thyroid problems lower both desire and firmness, and a simple blood test can pick them up.

What can make it more likely

- Heart and blood vessel disease, diabetes, extra weight, and sleep apnea are the most common physical causes by far.
- Medicines are a big one: some blood pressure pills, antidepressants, prostate medicines, and long-term opioids.
- Worry about performing is a genuine cause. One bad night sets up dread, and the dread makes the next night harder.
- Alcohol, smoking, and cannabis all hurt erections, and quitting smoking improves them for many men within months.

What to expect

- Most men improve. **About 7 in 10** get a good result from pills, and there are strong options if pills are not enough.
- Expect a check of your blood pressure, blood sugar, cholesterol, and sometimes testosterone alongside treatment.
- If worry is driving it, things can improve quickly once the pressure to perform is taken off the table completely.
- Being open with your partner usually helps faster than anything else, awkward as that first conversation feels.

What helps

Treatment works. Most people get better.

Talking therapies

- **Sensate focus** is a step-by-step plan of touch with intercourse taken off the menu, which removes the pressure entirely.
- **Cognitive behavioral therapy** works on performance worry, the dread beforehand, and the avoiding that comes after.
- Couples therapy helps when there is resentment, silence, or very different expectations about sex between the two of you.
- Mindfulness-based sex therapy trains you to stay with physical sensation instead of grading your own performance.
- Therapy plus medicine beats either alone, especially when this started after a stressful stretch of life.

Medicines

- **Erection pills** such as sildenafil and tadalafil are first-line. They are safe for most men and they work for most men.
- Never take them with nitrate heart medicines. That combination can drop your blood pressure to a dangerous level.
- Side effects are usually mild: headache, flushing, a stuffy nose, or indigestion that settles as your body adjusts.
- **Testosterone** only helps if a blood test shows yours is genuinely low. It is not a general treatment for this.
- If pills are not enough, injections, a pellet, a vacuum device, or an implant all work well. Your prescriber sets any dose.

Everyday things that help

- Stop smoking, lose extra weight, and move most days. These improve erections measurably, not just in theory.
- Go easy on alcohol. It makes erections harder in the moment and harder over time if you drink heavily.
- Get sleep apnea treated if you snore and wake up tired. Better oxygen overnight means healthier blood vessels.
- Never buy pills from unregulated websites. They often hide real drug doses that are dangerous with heart medicines.
- Talk to your partner. Naming what is happening takes far more weight off than pretending it was just a busy week.

Get help right away if

- An erection lasting more than 4 hours is an emergency. Go to the emergency room to avoid lasting damage.
- Chest pain, breathlessness, or dizziness during sex means call 911. Do not wait to see if it passes.
- If this has you feeling hopeless or thinking of ending your life, call or text **988** right now.

Questions to ask your care team

- *Could this be an early sign of a heart or blood vessel problem?*
- *Should we check my blood sugar, cholesterol, and testosterone?*
- *Could any of the medicines I already take be causing this?*
- *Is an erection pill safe with my current heart medicines?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.