

Too Much Too Soon or Too Little Too Late

BY DARLINE TURNER-LEE

A LOOK AT EJACULATORY AND ERECTILE DISORDERS

► **Men, are you able to make love so that both you and your partner are satisfied?**

While women are often satisfied in myriad ways sexually, including achieving orgasm(s), for men, erection, orgasm and subsequent ejaculation are the culmination of the sex act. So what do you do if you "come" too soon, too late or not at all?

"Premature ejaculation (PE) is the most common sexual complaint, more common than erectile dysfunction," says Dr. Parviz Kavoussi, a urologist and partner at Austin Fertility and

Reproductive Medicine. "It's very difficult for men to talk about and there is a much larger population suffering with this disorder than has been previously recognized."

Kavoussi emphasizes that it is important to distinguish between lifelong PE and acquired PE, often secondary to erectile dysfunction (ED). According to Kavoussi, many men dealing with ED develop PE due to anxiety about their inability to achieve and/or maintain an erection. One episode of PE can significantly increase a man's anxiety. The anxiety about PE/ED then creates a vicious cycle of PE. The good news is that with the advent of new drugs for erectile dysfunction, more men are talking about their sexual difficulties and

getting help. Often, once the ED is successfully treated, the PE is spontaneously resolved.

There are treatments currently available to treat PE and new treatments are on the horizon. The current standard of care for PE is behavioral (sex) therapy, but it's best if it is combined with physical therapy.

"Men learn techniques that help them maintain their erections longer, leading to more satisfying sexual encounters," Kavoussi says.

Topical agents, which have been available for a while, reduce hypersensitivity, leading to a longer time between erection and ejaculation, and are an effective treatment for many men. However, a significant, undesirable side effect of topical

agents is vaginal numbness for the user's partner.

"Currently, some of the selective serotonin reuptake inhibitors (SSRI) used to treat depression [Paxil, Prozac and others] are showing promise as treatments for PE. Depoxetine, a short-acting SSRI, is awaiting FDA approval for the PE indication," Kavoussi says. "When SSRIs are used for PE, the dose is much lower than the dose used for depression. As a result, there is a much lower incidence of side effects."

Erectile dysfunction (ED), a common disorder, is now a highly treatable condition with the widely available medications Viagra, Levitra and Cialis. However, much more has been discovered regarding the cause of ED.

ED is very common in men and becomes progressively more common as men age.

According to the Massachusetts Male Aging Study, ED has the following prevalence:

Ages 50-54: 26%

Ages 55-59: 35%

Ages 60-64: 47%

Ages 65-69: 58%

Ages 70-76: 69%

The study found that ED becomes more common with age because vascular disease (the narrowing of blood vessels) becomes more common with age. ED occurs because of decreased blood flow to the penis, typically due to blood-vessel narrowing. Additionally, smoking significantly narrows blood vessels, increasing the risk of cardiovascular disease and ED. The study identified smoking as a very potent predictor of ED, as well as heart disease. Researchers now advise that men diagnosed with ED be aggressively screened and treated for cardiovascular disease, and counseled against

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smoking, as ED is often the first indication that a man is developing potentially life-threatening heart disease.

But the significant new finding from the study is the prevalence and effect of low testosterone (Low T) on erectile function and its link to obesity. Testosterone is very important for erectile function and men with low testosterone levels often have ED. Some men are born with Low T levels. Others are born with a genetic abnormality such as Klinefelter's Syndrome, a condition in which a man is born with an extra X chromosome, which results in a naturally low testosterone level. But many men with Low T have the condition as a result of obesity.

The Massachusetts Male Aging Study revealed that many obese men have low testosterone. Obese men have increased fat cells, which produce estrogen. Testosterone is converted into estrogen so obese men have higher-than-normal circulating estrogen levels. Their obesity can lead to an abnormal testosterone-to-estrogen ratio, a low circulating-testosterone level, ED and infertility.

The obvious fix is for obese men to lose weight and increase their circulating testosterone levels. But weight loss may not be simple for these men. Testosterone is important in motivation, exercise tolerance and building lean muscle. Obese men with Low T aren't hormonally motivated to lose weight. They have a lower exercise tolerance because of their Low T levels and their size. And despite some of their best efforts, they may be unable to increase their lean muscle mass, which is key to weight loss and weight maintenance.

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So what treatments are available for Low T? Testosterone replacement is an option, but giving a man external testosterone can depress his own testosterone production, so care must be used when prescribing it. External testosterone supplementation is not an option if a man desires to achieve pregnancy with his partner. In such cases, treatments that stimulate a man's own testosterone production are best.

Whether it's PE, ED, Low T or some other type of sexual dysfunction, men have options for treatment. One of the best treatments for ED is frequent sexual activity.

"The maxim 'use it or lose it' is very true when it comes to ED," Kavoussi says. "Men who have regular sexual encounters have better erectile function."

Thanks to

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The Massachusetts Male Aging Study

Feldman HA, Goldstein I, Hatzichristou DG, Krane RJ, McKinlay JB
Impotence and its Medical and Psychosocial Correlates; Results of the Massachusetts Male Aging Study. Journal of Urology, January 1994; 151 (1): 54 - 61
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