

WebMD Medical Reference

WebMD Guide: High Blood Pressure and Sexual Problems

High Blood Pressure: When Is It Erectile Dysfunction?

Reviewed by [Brunilda Nazario, MD](#), November 2005

If you have high blood pressure, you may experience erectile dysfunction (ED).

For a healthy young man, erectile dysfunction is typically not a problem. As you age, however, you may notice some changes. Maybe it takes more coaxing to get erect than it used to. Sometimes it may take more direct stimulation of the penis, whereas merely a daydream or the suggestion of sex was once enough. Or perhaps your erection isn't quite as firm as it once was, but it's still good enough. These are normal changes.

So, when is it erectile dysfunction and when should you seek help? Let's consider a few scenarios:

1. *You come home one evening after a long and stressful day at work. Your partner wants to have sex. You think you'd like to also, but you have a problem getting an erection. The next time you try, everything is fine.*

In this case, your problem probably doesn't need medical treatment, as long as it happens rarely. If it starts to happen more often, you may want to talk to your doctor about it.

2. *Sometimes when you try to have sex, you get only partially erect. Your erection isn't rigid enough to enter your partner.*

In the most severe cases of erectile dysfunction, a man isn't able to get even slightly erect. But there are degrees of this condition. Even mild erectile dysfunction is worth discussing with your doctor.

3. *You can get a good erection during foreplay, but after you start to have intercourse you lose it.*

This can be very frustrating for you and your partner. Even though you are able to get an erection, if it doesn't last long enough to complete sexual intercourse you may have erectile dysfunction.

An estimated 80% of erectile dysfunction is due to physical causes. High blood pressure is often the cause.

WebMD Guide Menu

- [Erection Problems](#)
- [The Link to High Blood Pressure](#)
- [Medication Side Effects](#)
- [The "Better Sex" Lifestyle](#)
- [Treating Sexual Problems](#)
- [Working With Your Doctor](#)
- [The WebMD Hypertension Health Center](#)

The other 20% is psychological. For a long time, doctors thought that erectile dysfunction was mostly in one's head. Now they know that is not true. Still, the mind plays a big role in getting an erection. Maybe you're losing your erection due to anxiety or other issues between you and your partner. Your doctor can help you determine the cause.

4. *Your doctor prescribes a new medication, and you notice that it's now more difficult to get an erection than it was before you started taking it.*

Side effects of drugs cause up to 25% of erectile dysfunction cases. Blood pressure medicines are lifesavers, but erection problems are sometimes a side effect. Other medications that can cause erectile dysfunction include:

- Antidepressants
- Antipsychotic drugs
- Sedatives
- Seizure medication

Talk to your doctor about switching to a different drug that's less likely to cause problems. Also ask about treatment options specifically for erectile dysfunction.

5. *You typically have several alcoholic drinks every night. It's difficult for you to get an erection when you've been drinking.*

Drinking too much alcohol can lead to erectile dysfunction. While a glass of wine may help you and your partner get in the mood, heavy drinking can really hamper your sexual performance.

Alcohol depresses the nervous system, which may cause erection problems if you've had too much to drink. If it only happens when you drink and the effect is temporary, you should limit your drinking and avoid treating the problem with erectile dysfunction medication.

Keep in mind that alcohol also has long-term toxic effects on the nerves that can cause erectile dysfunction, even at times when you're not drinking.

Next: [The Link to High Blood Pressure](#)

SOURCES: American Urological Association, "AUA Guideline on the Management of Erectile Dysfunction: Diagnosis and Treatment Recommendations," 2005. Barksdale, J. *Pharmacotherapy*, May 1999; vol 19: pp 573-581. Cappelleri, J. *International Journal of Impotence Research*, July 2005; vol 17: pp 307-319. The Mayo Clinic, "Erectile Dysfunction." Miller, T. *American Family Physician*, January 2000; vol 61: pp 95-104, 109-10. National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC), National Institutes of Health (NIH), "Erectile Dysfunction."

WebMD Medical Reference

WebMD Guide: High Blood Pressure and Sexual Problems

How High Blood Pressure Leads to Erectile Dysfunction

Reviewed by [Brunilda Nazario, MD](#), November 2005

To understand how high blood pressure can lead to erectile dysfunction (ED), you first have to understand how erections work. Getting an erection is really a complicated process.

Anatomy of an Erection

In the shaft of the penis there are two side-by-side chambers of spongy tissue called the corpora cavernosa. They're mainly responsible for erections. Just below them is another chamber called the corpus spongiosum. The urethra, which carries semen and urine, runs through the center of it.

The corpora cavernosa are made of small arteries and veins, smooth muscle fiber, and empty spaces. The chambers are wrapped in a sheath of thin tissue.

When you get an erection, nerve signals from your brain or from the nerve endings in your penis cause the smooth muscle of the chambers to relax and arteries to dilate, or open wider. This allows a rush of blood to fill the empty spaces.

The pressure of blood flow causes the sheath of tissue around the chambers to press on veins that normally drain blood out of the penis. That traps blood in the penis. As more blood flows in, the penis expands and stiffens, and you have an erection.

When the excitement ends, the smooth muscle contracts again, taking pressure off the veins and allowing blood to flow back out of the penis. Then the penis returns to a flaccid state.

Many Factors Conspire to Cause Erectile Dysfunction

High blood pressure is a major cause of erection problems. A study in the *Journal of the American Geriatrics Society* in 1988 found that about 49% of men ages 40-79 with high blood pressure had erectile dysfunction.

A more recent study of men with high blood pressure, published in the *Journal of Urology* in 2000, found that 68% of them had some degree of

WebMD Guide Menu

- [Erection Problems](#)
- [The Link to High Blood Pressure](#)
- [Medication Side Effects](#)
- [The "Better Sex" Lifestyle](#)
- [Treating Sexual Problems](#)
- [Working With Your Doctor](#)
- [The WebMD Hypertension Health Center](#)

erectile dysfunction. For 45% of the men, it was considered severe.

High blood pressure keeps the arteries that carry blood into the penis from dilating the way they're supposed to. It also makes the smooth muscle in the penis lose its ability to relax. As a result, not enough blood flows into the penis to make it erect.

Men with high blood pressure may also have a low testosterone level. Testosterone is the male hormone that plays a big role in sexual arousal.

High blood pressure by itself can lead to erectile dysfunction. But some drugs for *treating* high blood pressure can actually be the cause as well.

Diuretics (or water pills) and beta-blockers are the blood pressure medications most commonly linked to erectile dysfunction.

Diuretics may cause erectile dysfunction by decreasing the force of blood flow into the penis. They may also decrease the amount of zinc in the body. Your body needs zinc to make testosterone.

Beta-blockers dampen nerve impulses that lead to an erection. They also make it more difficult for the arteries in the penis to widen and let in blood. What's more, they can make you feel sedated and depressed -- and the mind always plays some part in sexual arousal.

Sometimes, the choices that some men with high blood pressure make can add to the problem. Smoking, especially, is one of those. Smoking increases blood pressure, and damages blood vessels and reduces blood flow all around the body.

The power to take control of your blood pressure and your sexual health is in your hands. By living a healthy lifestyle and working with your doctor, there's a very good chance you'll once again be able to have normal sexual function.

Next: [Medication Side Effects](#)

SOURCES: Barksdale, J. *Pharmacotherapy*, May 1999; vol 19: pp 573-581. Burchardt, M. *Journal of Urology*, October 2000; vol 164: pp 1188-1191. Ferrario, C. *Journal of Clinical Hypertension*, November/December 2002; vol 4: pp 424-432. Miller, T. *American Family Physician*, January 2000; vol 61: pp 95-104, 109-110.

High Blood Pressure and ED: When Medicine Is a Problem

Reviewed by [Brunilda Nazario, MD](#), November 2005

To treat erectile dysfunction (ED), you have to lower your blood pressure first. Some people are able to do that through lifestyle changes alone. Others need help from prescribed blood pressure medication.

A problem for many men, however, is that some types of blood pressure medicines can actually *cause* erectile dysfunction. That may make it difficult to stay on your medication, especially if your high blood pressure never caused any symptoms before. An estimated 70% of men who have side effects from blood pressure medicine stop taking it.

Many drugs used to treat high blood pressure have been linked to erectile dysfunction. But some are much less likely than others to cause problems. Certain of the blood pressure drugs may even *improve* erectile dysfunction for some men.

It's known that diuretics (or water pills, like hydrochlorothiazide) and beta-blockers (like Atenolol) can cause erection problems. These are also the first drugs that a doctor is likely to prescribe if you are not able to lower your blood pressure through diet and exercise.

If you're taking a diuretic, you should stay on your medicine until your blood pressure is under control. If your erection problem persists, or your blood pressure goes back up, then your doctor might switch you to a drug that's less likely to cause erectile dysfunction. Or, a combination of medications might work better to control your blood pressure and reduce the risk of erectile dysfunction.

If you take a beta blocker you may also want to ask your doctor if it might cause erectile dysfunction. You might be better off on a medication less likely to cause a problem.

Erection-Friendly High Blood Pressure Drugs

Some families of high blood pressure drugs rarely cause erectile dysfunction as a side effect:

- ACE inhibitors

WebMD Guide Menu

- [Erection Problems](#)
- [The Link to High Blood Pressure](#)
- [Medication Side Effects](#)
- [The "Better Sex" Lifestyle](#)
- [Treating Sexual Problems](#)
- [Working With Your Doctor](#)
- [The WebMD Hypertension Health Center](#)

- Alpha-blockers
- Calcium channel blockers
- ARBs

ACE (angiotensin converting enzyme) inhibitors -- such as Lotensin, Capoten, Zestril, Prinivil, etc. -- widen blood vessels and increase blood flow. Erectile dysfunction is rarely a side effect, occurring in less than 1% of patients. There are several different medications in the category. This seems to be true of all of them.

There are also medications known as calcium channel blockers, such as Diltiazem, Verapamil, or Amlodipine. As a group, they rarely cause erectile dysfunction. But erection problems may be less common with some individual drugs within that group than with others. Your doctor can tell you which.

In general, alpha-blockers do not often cause erection problems either. In one study published in the journal *Hypertension* in 1997, a small number of men actually had a 100% improvement in their erectile dysfunction after two years on the alpha-blocker Cardura.

Drugs known as ARBs (angiotensin II receptor blockers, like Losarten) are not only unlikely to cause erection problems, but they may actually *improve* sexual function in men with high blood pressure.

A 2001 study published in the *American Journal of the Medical Sciences* looked at the drug Cozaar, an ARB. At first, just 7% of men and women in the study said they felt sexually satisfied overall. After 12 weeks of Cozaar, about 58% said they were sexually satisfied. The percentage of men who reported having erectile dysfunction dropped from 75% to 12%.

Another study compared the drug Diovan, an ARB, with Coreg, a beta-blocker. The study, published in the *American Journal of Hypertension* in 2001, compared the effect of the two drugs on blood pressure and frequency of sexual intercourse.

The drugs controlled blood pressure equally well. But people who took the ARB reported having sex more often during the 16 weeks of treatment. They said they had sex about eight times a month before, and 10 times a month after. People taking the beta-blocker had sex much less often: eight times a month before, and four times a month after.

Steps to Take If Your Medicine Causes Erection Problems

Tell your doctor if you think your blood pressure medicine may be causing problems with your erections.

If it is your medication, and *not* just your high blood pressure, switching to another prescription may solve the problem. Never stop taking your medicine without your doctor's OK.

But high blood pressure itself still could be to blame for your erectile dysfunction. In that case, ask about trying an erectile dysfunction drug like Viagra, Cialis, or Levitra.

You should only take these drugs once your blood pressure is under control. They are not safe for men with untreated high blood pressure. They are also not safe for men taking alpha-blockers, or men taking

nitrate drugs for heart disease.

Next: [The "Better Sex" Lifestyle](#)

SOURCES: American Urological Association, "AUA Guideline on the Management of Erectile Dysfunction: Diagnosis and Treatment Recommendations." Barksdale, J. *Pharmacotherapy*, May 1999; vol 19: pp 573-581. Ferrario, C. *Journal of Clinical Hypertension*, November/December 2002; vol 4: pp 424-432. Fogari, R. *American Journal of Hypertension*, January 2001; vol. 14: pp 27-31. Grimm, R. *Hypertension*, January 1997; vol 29: pp 8-14. Listeri, J. *American Journal of the Medical Sciences*, May 2001; vol. 321: pp 336-341. WebMD Medical Reference provided in collaboration with The Cleveland Clinic: "Hypertension: Treatment With ACE Inhibitors."

© 2005 WebMD Inc. All rights reserved.

WebMD Medical Reference

WebMD Guide: High Blood Pressure and Sexual Problems

High Blood Pressure: The Better Sex Lifestyle

Reviewed by [Brunilda Nazario, MD](#), November 2005

Of course you know that eating right and exercising are good for you. But do you know that a healthy diet and regular physical activity are directly related to your ability to have normal sexual function?

High blood pressure (or hypertension) is a leading cause of erectile dysfunction (ED). Regular exercise and a focus on nutrition are essential for controlling blood pressure. You'll have much more success treating erection problems if you manage your blood pressure first.

Also, following a low-calorie diet -- and burning calories through exercise -- helps you tone your body and lose weight. In a study published in *The Journal of the American Medical Association (JAMA)* in 2004, about one-third of obese men with erectile dysfunction were able to regain their sexual function after two years just by losing weight and exercising regularly.

Many other studies have shown that exercise fights depression, which also has a major impact on sexual function. With a leaner, toned body and a better sense of well-being and self-esteem, you're more likely to feel sexually attractive and have normal erections.

But there's a lot of confusing information out there about diet and exercise. Maybe you're wondering exactly what you should eat and which type of exercise to choose.

A Sexy Plate

Researchers at the National Institutes of Health (NIH) conducted two key studies which resulted in the development of a specific eating plan for people with high blood pressure. The DASH (Dietary Approaches to Stop Hypertension) diet has been proven to reduce blood pressure. Following this plan can lower your blood pressure in as little as two weeks.

In general, the DASH diet emphasizes eating whole grains, vegetables, fruit, and low-fat dairy products -- while limiting salt, fat, and sugar overall.

Here's an example of a DASH diet plan (and serving sizes) for someone who eats 2,000 calories a day:

WebMD Guide Menu

- [Erection Problems](#)
- [The Link to High Blood Pressure](#)
- [Medication Side Effects](#)
- [The "Better Sex" Lifestyle](#)
- [Treating Sexual Problems](#)
- [Working With Your Doctor](#)
- [The WebMD Hypertension Health Center](#)

- **Grains** -- 7-8 servings (e.g. 1 slice bread; 1 oz. dry cereal; 1/2 cup cooked rice, pasta or cereal)
- **Vegetables** -- 4-5 servings (e.g. 1 cup raw leafy vegetable; 1/2 cup cooked vegetable; 6 ounces vegetable juice)
- **Fruit** -- 4-5 servings (1 medium fruit; 1/4 cup dried fruit; 1/2 cup fresh, frozen or canned fruit; 6 ounces fruit juice)
- **Nuts, beans, seeds** -- 4-5 servings (e.g. 1/3 cup or 1 1/2 ounces nuts; 2 tablespoons or 1/2 ounce seeds; 1/2 cup cooked dry beans)
- **Low-fat dairy products** -- 2-3 servings (e.g. 8 ounces milk; 1 cup yogurt; 1 1/2 ounces cheese)
- **Lean meat** -- 2 servings or less (e.g. 3 ounces cooked meats, poultry or fish)
- **Fat and oils** -- 2-3 servings (e.g. 1 teaspoon soft margarine; 1 tablespoon low-fat mayonnaise; 2 tablespoons light salad dressing; 1 teaspoon vegetable oil)
- **Sweets** -- 5 servings per week (e.g. 1 tablespoon sugar; 1 tablespoon jelly or jam; 1/2 ounce jelly beans; 8 ounces lemonade)

Every man's dietary needs are a little different, so talk to your doctor or nutritionist about what you should be eating. Your daily calorie requirements depend on your size, age, and activity level.

A 2,000-calorie diet is just about right for a 55-year-old man of average weight and height, who is slightly active and wants to maintain his weight. A tall, athletic 35-year-old might need more than 3,000 calories a day to maintain the right weight.

There is no way around it. To lose weight you have to keep an eye on the number of calories you consume. Remember that 3,500 calories equals one pound of body fat. To lose a pound a week (a healthy weight-loss goal), means eating 500 calories per day fewer than you do now.

For those with high blood pressure, it's very important to limit your sodium intake to 1,500 milligrams per day. That's only about two-thirds of a teaspoon of table salt.

That can be a hard target to hit if you eat a lot of processed foods (canned soups, cold cuts, processed cheese, etc.). Your best bet is to eat only fresh foods that contain no added preservatives or fats, and don't add any extra salt from the shaker. Read food labels to find out how much sodium is in any packaged or canned food you buy.

Work Out Your Workout

When it comes to exercise, you don't have to follow any "fad" workouts. Just find a way to get your body moving and your heart rate up. Here is the recommendation of the CDC:

- 30 minutes of moderate exercise five days a week; or
- 20 minutes of vigorous exercise three days a week.

But what do "moderate" and "vigorous" mean? You can tell how intense the activity you're doing is by measuring your heart rate while you're doing it.

First, figure out what your maximum heart rate is. That's the number 220 minus your age. If you're 40, your max heart rate is 180.

To measure your heart rate while exercising, pause briefly to take your pulse. Place your middle and index fingers on the artery of your neck or wrist where you can feel your pulse. Using a watch with a second hand, count the number of pulses, or beats, in 60 seconds. That's your heart rate. (If you'd rather take less time, you can count the number of beats in 30 seconds and multiply by two.)

When you're doing moderate exercise, your heart rate will be 50-70% of your maximum heart rate. If your max heart rate is 180, your goal for moderate exercise is to get your heart rate up to 90-126 beats per minute (bpm).

Here's that equation:

$220 - \text{age} = \text{max heart rate}$

$180 \times 0.50 \text{ (50\%)} = 90 \text{ bpm}$

$180 \times 0.70 \text{ (70\%)} = 126 \text{ bpm}$

For vigorous exercise, figure it the same way, but instead of 50%-70% of your max heart rate, the range is 70% to 85%.

$180 \times 0.70 \text{ (70\%)} = 126 \text{ bpm}$

$180 \times 0.85 \text{ (85\%)} = 153 \text{ bpm}$

And Don't Smoke!

You should already know that smoking cigarettes is not part of a healthy lifestyle. Now you can count erectile dysfunction among the many ill effects of smoking.

A large study done in 1999 in Finland showed a link between smoking and a negative impact on erectile function. The major impact that smoking has on sexual function comes from the damage it does to your blood vessels.

An earlier study, published in the *Journal of Urology* in 1991, showed that many smokers being treated for high blood pressure were totally unable to get erections -- 20% of smoking men compared with about 9% of nonsmokers.

Next: [Treating Sexual Problems](#)

SOURCES: Barksdale, J. *Pharmacotherapy*, May 1999; vol. 19: pp 573-581. CDC, "Physical Activity for Everyone: Measuring Physical Activity Intensity: Target Heart Rate and Estimated Maximum Heart Rate." CDC, "Physical Activity for Everyone: Recommendations." Esposito, K. *The Journal of the American Medical Association*, June 2004; vol 291: pp 2978-2984. Miller, T. *American Family Physician*, January 2000; vol 61: pp 95-104, 109-110. National Heart, Lung and Blood Institute (NHLBI), National Institutes of Health (NIH), "Facts About the DASH Eating Plan." Rosen, M. *Journal of Urology*, April 1991; vol 145: pp 759-763. Shiri, R. *International Journal of Impotence Research*, October 2004; vol 16: pp 389-394. WebMD Medical Reference: "Metabolism Calculator."

WebMD Medical Reference

WebMD Guide: High Blood Pressure and Sexual Problems

High Blood Pressure: Erectile Dysfunction Treatments

Reviewed by [Brunilda Nazario, MD](#), November 2005

Even if your high blood pressure (or hypertension) has caused erectile dysfunction (ED), you have every reason to be optimistic about the future and a healthy sex life. It is a common problem associated with high blood pressure but there are many proven treatments you can try.

A doctor's first choice for treating erection problems is usually one of the pills called PDE5 inhibitors. First there was Viagra. Now there's also Levitra and Cialis. All three drugs work in similar ways. They don't increase sexual desire. They make it physically possible to get an erection when you are aroused.

No one of them has been proven to work better than the others. But the time they take to start working and the duration of their effects vary. That's something you may want to consider based on your sexual habits. For example, does spontaneity matter to you, or do you usually plan sex ahead of time?

Viagra starts working in about 15 to 30 minutes and its effects last about two to four hours. Levitra starts working in about 30 to 60 minutes and lasts four to five hours. Cialis starts working in about 30 to 60 minutes and lasts as long as 36 hours.

Men whose blood pressure isn't under control and those who take alpha-blockers (for high blood pressure or prostate problems) shouldn't take Viagra, Cialis, or Levitra.

Also, you may not be able to take these drugs if you:

- Take nitrate drugs (for chest pain)
- Had a heart attack or stroke in the past six months
- Have kidney or liver disease
- Have retinitis pigmentosa (an eye disease)

When Erectile Dysfunction Pills Aren't an Option

If erectile dysfunction pills are out of the question, or if pills haven't worked for you, don't worry. There are other good options.

WebMD Guide Menu

- [Erection Problems](#)
- [The Link to High Blood Pressure](#)
- [Medication Side Effects](#)
- [The "Better Sex" Lifestyle](#)
- [Treating Sexual Problems](#)
- [Working With Your Doctor](#)
- [The WebMD Hypertension Health Center](#)

Alprostadil is another drug for erectile dysfunction. However, it's not a pill. One brand, called MUSE, is an alprostadil pellet that you insert into the tip of your penis with an applicator. It widens blood vessels and relaxes smooth muscle tissue in the penis, allowing blood to fill the spongy tissue that makes the penis erect.

Injections directly into the penis are another way to deliver alprostadil. Phentolamine and papaverine are additional drugs that are injected into the penis to treat erectile dysfunction. When injecting these drugs there is some risk that your erection may last too long, a condition that can require medical treatment.

Next, you may want to try a vacuum device, or "penis pump." This is typically a clear plastic cylinder with a bulb or plunger and a constriction band.

You put your penis in the cylinder and start pumping. The suction creates a vacuum, so blood rushes in to fill the spaces in the spongy tissue of the penis, creating an erection. The erection lasts only as long as the blood stays in, so you slide the band down around the base of your penis, trapping the blood. It's safe to keep the band on for up to 30 minutes.

These devices are available without a prescription, but it's important to buy one from a reputable manufacturer. The device must include a safety control so you can't harm your penis with too much suction.

Surgery for Erectile Dysfunction

Most men would prefer to avoid surgery, but for some men with erection problems, penis implants are the best bet for regaining sexual function.

There are two kinds of penis implants. One kind is a rigid but flexible rod implanted in the penis. You bend it up for sex or down for daily living. The other kind is an inflatable implant. The device stores fluid in a reservoir under the skin of your abdomen or scrotum. You press on the reservoir to pump fluid into cylinders in the penis. That creates an erection. A valve drains the fluid out of the penis when you're done.

There are drawbacks to implants. An erection you get with an implant may be slightly shorter than a natural erection. The device itself may malfunction, in which case it would require another surgery to remove or replace it.

Getting a penis implant is a big decision. Once you have it, you may not be able to try other treatments. That's because the implant replaces the chambers in the penis that fill with blood for a natural erection.

Alternative Treatments for Erectile Dysfunction

Before Viagra hit the market in 1998, there was no proven treatment for erectile dysfunction that men could take in pill form. Doctors were interested in yohimbe, an herb that increases heart rate and blood pressure. Some doctors prescribed it to their patients in combination with other treatments for erectile dysfunction. Even then it was not a recommended treatment and is still not today. Studies have not proven that it works.

Men with high blood pressure especially shouldn't take either the prescription drug or the herb. It can dangerously raise blood pressure.

Currently, no herb or supplements have *been* proven to help with erectile dysfunction. Herbs and supplements that some *believe* are helpful for erection problems include:

- Ginseng
- Horny goat weed
- Ginkgo biloba
- Muira puama
- Pycnogenol
- L-arginine
- Damiana

Before trying any alternative treatment, be sure to ask your doctor about it first. Herbs and supplements, whether they help with erections or not, have real effects on the body. They could cause dangerous reactions with other medicines you might be taking.

Next: [Working With Your Doctor](#)

SOURCES: American Urological Association, "AUA Guideline on the Management of Erectile Dysfunction: Diagnosis and Treatment Recommendations," 2005. American Urological Association, "Erectile Dysfunction Clinical Guidelines Panel. The Treatment of Organic Erectile Dysfunction: A Patient's Guide," 1996. Gaines, K. *Urologic Nursing*, February 2004; vol 25: pp 46-48. Lamm, S. *The Hardness Factor*, HarperCollins, 2005. Medscape Drug Reference from First DataBank, "Alprostadil Urethral." Medscape Drug Reference from First DataBank, "Sildenafil Oral." Vivus, Inc., "Administering MUSE," 2004. WebMD Live Events Transcript: "Natural Alternatives to Viagra with Ellen Kamhi," May 26, 2000.

WebMD Medical Reference

WebMD Guide: High Blood Pressure and Sexual Problems

High Blood Pressure and Erectile Dysfunction: Working With Your Doctor

Reviewed by [Brunilda Nazario, MD](#), November 2005

If you have high blood pressure (or hypertension) and are having problems with erectile dysfunction (ED), the first step toward a solution is to see your doctor. You may be a bit hesitant to discuss your sex life with a doctor, but rest assured. Your doctor has heard it all before and will know how to help you.

Erectile dysfunction is fairly common in men with high blood pressure. One study in the *Journal of the American Geriatrics Society* found that nearly half of men aged 40 to 79 with high blood pressure had it.

Your doctor will need a lot of information from you before suggesting any treatment. If this doctor had been involved in your care for high blood pressure in the past, you can talk about how well you've been controlling your blood pressure and about how you are doing with the medications you're taking. If you are meeting with a *new* doctor, you will share all that, plus information about other health problems you may have, like diabetes or high cholesterol.

Telling a doctor that you have difficulty with your erection is not the easiest thing to do. But to get the right care you have to tell your doctor everything, including the truth about things like drinking a lot of alcohol, doing drugs, or smoking cigarettes. It's in your best interest to be totally honest.

You may also feel uncomfortable if the doctor asks a lot of questions about your sex life and your emotions. You may be asked things like:

- What's your sexual orientation?
- Do you have a steady partner? Multiple partners?
- How is sex with your partner? Has anything changed recently?
- Has anything upsetting happened to you lately?
- In general, are you under a lot of stress?
- Do you feel depressed a lot?

Again, it's best to answer honestly, even though these things are very personal.

A doctor you are seeing for the first time may also need to examine your

WebMD Guide Menu

- [Erection Problems](#)
- [The Link to High Blood Pressure](#)
- [Medication Side Effects](#)
- [The "Better Sex" Lifestyle](#)
- [Treating Sexual Problems](#)
- [Working With Your Doctor](#)
- [The WebMD Hypertension Health Center](#)

penis, testicles, and prostate gland. Some men have their testosterone level tested.

There is another test that is done sometimes to see whether you get erections while you are asleep. The doctor may send you home with a special tape that you wrap around your penis before you go to bed. If the tape is broken in the morning, you've had an erection during the night. That means the cause of your erection problem may not be physical.

In many cases erectile dysfunction does have a physical cause.

The first treatment doctors usually try is one of the erectile dysfunction pills: Cialis, Levitra, or Viagra.

Typically you will see the doctor again for follow-up around the time that your prescription runs out. You can talk then about any issues you may be having with the medication. Maybe it's not working as well as you'd like. If not, you can make sure you're using it correctly. The doctor might switch you to a different drug or a different type of treatment if things aren't improving.

It's a good idea to stay in touch with your doctor about your erectile dysfunction. Changes in your health over time may affect your treatment. But you don't need to be in the doctor's office more often. Since you will already have regular checkups for managing your blood pressure, bring up your erectile dysfunction treatment at those visits.

Remember, there's no such thing as a bad question. Your doctor asks you lots of questions. Feel free to ask as many of your own, until you're confident that you understand all the risks and benefits of your treatment. Also, it's important to show your doctor all the other medications that you take. And, if the doctor doesn't know the answer to a question you ask, you can have them get back to you with it.

If you ever feel like your concerns are being ignored, don't accept it. Find another doctor who will talk to you.

But most doctors genuinely want to work together with you to solve your health problems. You can help them help you by taking an active role in your care.

Next: [The WebMD Hypertension Health Center](#)

SOURCES: American Urological Association, "AUA Guideline on the Management of Erectile Dysfunction: Diagnosis and Treatment Recommendations," 2005. Barksdale, J. *Pharmacotherapy*, May 1999; vol 19: pp 573-581. Miller, T. *Family Physician*, January 2000; vol 61: pp 95-104, 109-110.

How Diabetes Contributes to Erection Problems

Reviewed by [Brunilda Nazario, MD](#), November 2005

To understand how diabetes leads to erectile dysfunction (ED), you first have to understand how erections work. Getting an erection is really a complicated process.

Anatomy of an Erection

In the shaft of the penis there are two side-by-side chambers of spongy tissue called the corpora cavernosa. They're mainly responsible for erections. Just below them is another chamber called the corpus spongiosum. The urethra, which carries semen and urine, runs through the center of it.

The corpora cavernosa are made of small arteries and veins, smooth muscle fiber, and empty spaces. The chambers are wrapped in a sheath of thin tissue.

When you get an erection, nerve signals from your brain or from the nerve endings in your penis cause the smooth muscle of the chambers to relax and arteries to dilate, or open wider. This allows a rush of blood to fill the empty spaces.

The pressure of blood flow causes the sheath of tissue around the chambers to press on veins that normally drain blood out of the penis. That traps blood in the penis. As more blood flows in, the penis expands and stiffens, and you have an erection.

When the excitement ends, the smooth muscle contracts again, taking pressure off the veins and allowing blood to flow back out of the penis. Then the penis returns to a flaccid state.

Diabetes: A Perfect Storm for Erectile Dysfunction

Many common problems related to diabetes all come together to cause erectile dysfunction. That's why various studies show that 35% to 75% of men with diabetes will develop some degree of erectile dysfunction. If you are having difficulty getting erections, there may be a number of things going on in your body.

Nitric oxide is a chemical released into the bloodstream by the lining of blood vessels. It acts as a kind of chemical messenger that tells the smooth muscles and arteries in the penis to relax and let in blood.

WebMD Guide Menu

- [Erection Problems](#)
- [Controlling Blood Sugar](#)
- [Treatments](#)
- [The "Better Sex" Lifestyle](#)
- [Working With Your Doctor](#)
- [Diabetes Health Center](#)

High blood sugar, which must be managed carefully if you have diabetes, causes blood vessel and nerve damage that affects many processes in the body. Sexual response is one of them. Damage to the blood vessels blocks the release of nitric oxide. A lack of nitric oxide results in constricted blood vessels and reduces blood flow to the penis.

What's more, according to the American Diabetes Association, 73% of adults with diabetes have high blood pressure or take blood pressure medication. The combination of high blood pressure and diabetes also increases the risk for blood vessel damage, further reducing blood flow.

High cholesterol is also common in people with diabetes. LDL cholesterol, or what's called "bad" cholesterol, can interfere with the ability of blood vessels to dilate. High cholesterol levels result in fatty deposits in artery walls. This buildup of fatty deposit can reduce blood flow.

Some of the choices that men with diabetes make also feed into this "perfect storm." Smoking, especially. Smoking by itself reduces blood flow all through the body.

Last but not least, feeling badly about your health can lead to erectile dysfunction. For most men, erectile dysfunction is mainly a physical problem, but the mind always plays some part in sexual arousal.

Although having diabetes means that you may encounter problems with your sexual functioning, you really can turn it around. By living a healthy lifestyle and working with your doctor, you can get your diabetes under control and treat erectile dysfunction if it becomes a problem for you.

Next: [Controlling Blood Sugar](#)

SOURCES: American Diabetes Association, "Complications of Diabetes in the United States." Brock, Gerald, Medscape Clinical Update, "New Horizons in Erectile Dysfunction Therapy." Ferrario, C.M., Levy, P., "Sexual Dysfunction in Patients with Hypertension: Implications for Therapy," *Journal of Clinical Hypertension*, 4(6):424-432, 2002. Guay, A.T., "Lecture 5: Sexual dysfunction in the diabetic patient," *International Journal of Impotence Research*, December 2001, vol 13: Supplement 5, pp. S47-S50. Miller, T.A., "Diagnostic Evaluation of Erectile Dysfunction," *American Family Physician*, Jan. 1, 2000. Vinick, A., et al, "Diabetic Autonomic Neuropathy," *Seminars in Neurology*, 2003; 23(4):365-372.

Diabetes: Controlling Blood Sugar for Better Sex

Reviewed by [Brunilda Nazario, MD](#), November 2005

Men with diabetes are twice as likely as other men to experience erectile dysfunction (ED). What's more, they tend to develop erection problems 10 to 15 years earlier than men who don't have diabetes. Those numbers may sound grim, but there's hope. You can take control of your sexual health by managing your blood glucose, or blood sugar levels.

If you want to prevent erection problems or keep them from getting worse, you must control your blood sugar and get your numbers as close to normal as possible. That means diligent self-monitoring, taking any diabetes medications your doctor has prescribed, and being committed to healthy living.

The best approach is to follow a healthy diet, get regular exercise, and maintain a normal weight. Some people with diabetes are able to gain control of their blood sugar levels with lifestyle changes alone. Some may need to take medication to keep their numbers as close to normal as possible. But it's important to keep in mind that diabetes medications work best when you make the effort to eat right and be physically active.

The Key to Success: Testing Blood Sugar Levels

If you have diabetes and take insulin you should test your blood sugar levels three or more times daily. Home blood glucose monitoring can be done fasting, before or two hours after meals, and at bedtime. Exactly how often you should test your blood sugar and at what times depends on your specific needs and what your doctor tells you to do.

When you're trying to get your levels down to your goal, or if you are changing therapies, it's a good idea to test more often. By testing before and after meals, in the morning, and before bed you can create a detailed picture of how your blood sugar fluctuates throughout the day. That will help your doctor tailor your treatment for the best control.

Everyone with diabetes should know his A1C score. The A1C test measures your average blood sugar levels over three months. If you haven't been doing regular finger-sticks, this test will tell you how well you've been controlling your blood sugar levels.

The A1C test score is given as a percentage, ranging from 6% to 12%.

WebMD Guide Menu

- [Erection Problems](#)
- [The Link to Diabetes](#)
- [Treatments](#)
- [The "Better Sex" Lifestyle](#)
- [Working With Your Doctor](#)
- [Diabetes Health Center](#)

Here's how that relates to average blood sugar levels:

A1C %	Average Blood Sugar
5	80
6	120
7	150
8	180
9	210
10	240
11	270
12	300

A score below 6% is normal for people without diabetes. You should aim for an A1C score of less than 7%. If you have a score any higher than that you are at higher risk for problems like erectile dysfunction. It's best to have your level checked at least twice a year.

Even a 1% drop in your A1C score has a big impact. One of the largest studies so far on type 2 diabetes shows that people who lower their A1C score by 1% have a 35% lower risk for the kinds of complications that cause ED. One study directly linked high A1C scores to erectile dysfunction and low A1C scores to better sexual function.

If at all possible, you should aim to get your A1C score down into the range of 6% or less, where people without diabetes are. Research has shown that there's no floor, so to speak, when it comes to the benefit of lowering A1C.

If your blood sugar levels have been out of control, you should have the test more frequently.

Another important factor is how you take your diabetes medication. Follow directions carefully and don't skip doses. Skipping doses often results in worse blood sugar control and added complications from the diabetes.

Next: [Treatments](#)

SOURCES: American Diabetes Association, "Implications of the United Kingdom Prospective Diabetes Study," *Diabetes Care*, January 2002. American Diabetes Association, "Standards of Medical Care in Diabetes," *Diabetes Care*, January 2005; vol 28: Supplement 1, p. S11. "Health Insurance Status, Cost-Related Medication Underuse, and Outcomes Among Diabetes Patients in Three Systems of Care," *Medical Care*, 42(2):102-109, February 2004. Miller, T.A., "Diagnostic Evaluation of Erectile Dysfunction," *American Family Physician*, Jan. 1, 2000. National Diabetes Education Program, "If You Have Diabetes ... Know Your Blood Sugar Numbers." National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health (NIH), "Erectile Dysfunction." National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health (NIH), "Sexual and Urologic Problems of Diabetes." Romeo, J.H., "Sexual Function in Men With Diabetes Type 2: Association With Glycemic Control," *Journal of Urology*, vol 163: 788-791, March 2000. UK Prospective Diabetes Study Group, "UKPDS 59: Hyperglycemia and Other Potentially Modifiable Risk Factors for Peripheral Vascular Disease in Type 2 Diabetes," *Diabetes Care*, May 2002. Vinick, A., et al, "Diabetic Autonomic Neuropathy," *Seminars in Neurology*, 2003; 23(4):365-372.

WebMD Medical Reference

WebMD Guide: Diabetes and Sexual Problems

Diabetes and Erectile Dysfunction Treatments

Reviewed by [Michael W. Smith, MD](#), November 2005

If you have diabetes and it has caused erectile dysfunction (ED), you still have every reason to be optimistic about the future and a healthy sex life. There are many proven treatments you can try.

A doctor's first choice for treating erectile dysfunction is usually one of the pills called PDE5 inhibitors. First there was Viagra. Now there's also Levitra and Cialis. All three drugs work in similar ways. They don't increase sexual desire. They make it physically possible to get an erection when you are aroused.

No one of them has been proven to work better than the others. But the time they take to start working and the duration of their effects vary. That's something you may want to consider based on your sexual habits. For example, does spontaneity matter to you, or do you usually plan sex ahead of time?

Viagra starts working in about 15 to 30 minutes and its effects last about four hours. Levitra starts working in about 30 to 60 minutes and lasts four to five hours. Cialis starts working in about 30 to 60 minutes and lasts as long as 36 hours.

These drugs are not good for every man. Men who take nitrate drugs for chest pain or alpha blockers for high blood pressure or prostate problems shouldn't take Cialis, Levitra or Viagra. Other reasons why you may not be able to take these drugs include:

- High blood pressure that isn't under control
- Very low blood pressure
- A heart attack or stroke in the past six months
- Kidney or liver disease
- Retinitis pigmentosa (an eye disease)

Other Treatments for Erectile Dysfunction

If erectile dysfunction pills are out of the question, or if they haven't worked for you, don't worry. There are other good options.

Alprostadil is another drug for erectile dysfunction. However, it's not a pill. One brand, called MUSE, is an alprostadil pellet that you insert into the tip of your penis with an applicator. It widens blood vessels and

WebMD Guide Menu

- [Erection Problems](#)
- [The Link to Diabetes](#)
- [Controlling Blood Sugar](#)
- [The "Better Sex" Lifestyle](#)
- [Working With Your Doctor](#)
- [Diabetes Health Center](#)

relaxes smooth muscle tissue in the penis, allowing blood to fill the spongy tissue that makes the penis erect.

Injections directly into the penis are another way to deliver alprostadil. Phentolamine and papaverine are additional drugs that are injected into the penis to treat erection problems. When injecting these drugs there is some risk that your erection may last too long, a condition that can require medical treatment.

Next, you may want to try a vacuum device, or "penis pump." This is typically a clear plastic cylinder with a bulb or plunger and a constriction band.

You put your penis in the cylinder and start pumping. The suction creates a vacuum, so blood rushes in to fill the spaces in the spongy tissue of the penis, creating an erection. The erection lasts only as long as the blood stays in, so you slide the band down around the base of your penis, trapping the blood. It's safe to keep the band on for up to 30 minutes.

These devices are available without a prescription, but it's important to buy them from a reputable manufacturer. The device must include a safety control so you can't harm your penis with too much suction.

Surgery for Erectile Dysfunction

Most men would prefer to avoid surgery, but for some men, penis implants are the best bet for regaining sexual function.

There are two kinds of penis implants. One kind is a rigid but flexible rod implanted in the penis. You bend it up for sex or down for daily living. The other kind is an inflatable implant. The device stores fluid in a reservoir under the skin of your abdomen or scrotum. You press on the reservoir to pump fluid into cylinders in the penis. That creates an erection. A valve drains the fluid out of the penis when you're done.

There are drawbacks to implants. An erection you get with an implant may be slightly shorter than a natural erection. The device itself may malfunction, in which case it would require another surgery to remove or replace it.

Choosing to have a penis implant is a big decision. Once you have it, you may not be able to try other treatments. That's because the implant replaces the chambers in the penis that fill with blood for a natural erection.

Alternative Treatments for Erectile Dysfunction

Before Viagra hit the market in 1998, there was no proven treatment for erectile dysfunction that men could take in pill form. Doctors were interested in yohimbe, an herb that increases heart rate and blood pressure. Some doctors prescribed it to their patients in combination with other treatments for erection problems. Even then it was not a recommended treatment and is still not today. Studies have not proven that it works.

Currently, no herb or supplements have been *proven* to help with erectile dysfunction. Herbs and supplements that some people *believe* are

helpful include:

- Ginseng
- Horny goat weed
- Ginkgo biloba
- Muira puama
- Pycnogenol
- L-arginine
- Damiana

Before trying any alternative treatment, be sure to ask your doctor about it first. Herbs and supplements, whether they help with erectile dysfunction or not, have real effects on the body. They could cause dangerous reactions with other medicines you might be taking.

Next: [The "Better Sex" Lifestyle](#)

SOURCES: American Urological Association, "Management of Erectile Dysfunction," 2005. The American Urological Association Erectile Dysfunction Clinical Guidelines Panel, *Report on the Treatment of Organic Erectile Dysfunction*, 1996. The American Urological Association Erectile Dysfunction Clinical Guidelines Panel, *The Treatment of Organic Erectile Dysfunction: A Patient's Guide*, 1996. Gaines, K., "Tadalafil (Cialis) and Vardenafil (Levitra) Recently Approved Drugs for Erectile Dysfunction," *Urologic Nursing*, 24(1):46-48, 2004. Lamm, Steven, *The Hardness Factor*, HarperCollins. May 2005. Medscape Drug Reference, "Alprostadil Urethral." Medscape Drug Reference, "Sildenafil Oral." Muserx.net, Vivus, Inc., "Administering MUSE." WebMD Live Events Transcript, "Natural Alternatives to Viagra with Ellen Kamhi," May 26, 2000.

© 2005 WebMD Inc. All rights reserved.

WebMD Medical Reference

WebMD Guide: Diabetes and Sexual Problems

Diabetes and the Better Sex Lifestyle

Reviewed by [Brunilda Nazario, MD](#), November 2005

Of course you know that eating right and exercising are good for you. But do you know that a healthy diet and regular physical activity are directly related to your ability to have normal sexual function? If you have diabetes, it's even *more* important to pay close attention to your diet and exercise routine.

The benefits of exercise and healthy eating constantly reinforce each other.

First of all, good blood flow to the penis is essential for erections. High levels of cholesterol and fat in your bloodstream leave deposits in the walls of your blood vessels. This leads to atherosclerosis and contributes to high blood pressure, both of which can damage blood vessels and reduce blood flow. Exercise helps lower cholesterol and blood pressure. A diet low in fat and cholesterol also helps to prevent and reverse the buildup of fatty deposits in blood vessels.

Second, a high blood sugar level damages nerves as well as the blood vessels that are involved in getting an erection. A good diet and the right amount of exercise help keep your blood sugar level under control. Studies show that people who exercise are less likely to get diabetes, and people with diabetes who exercise have better control of their blood sugar levels. Exercise helps you use sugar more easily. That leaves less sugar in the blood.

Eating a diet low in calories -- and burning calories through exercise -- helps you tone your body and lose weight. Studies have linked erectile dysfunction and being overweight. Many other studies have shown that exercise fights depression, which also has a major impact on sexual function. With a leaner, toned body and a better sense of well-being and self-esteem, you're more likely to feel sexy and have normal erections.

But there's a lot of confusing information out there. Maybe you're wondering exactly what you should eat and what kind of exercise to choose.

Designing a Sexy Plate

For someone with diabetes, it's important to have a meal plan approved by your doctor and a registered dietitian who is trained in diabetes nutrition.

WebMD Guide Menu

- [Erection Problems](#)
- [The Link to Diabetes](#)
- [Controlling Blood Sugar](#)
- [Treatments](#)
- [Working With Your Doctor](#)
- [Diabetes Health Center](#)

In general, though, there are simple ways to make sure you're eating the right things at each meal.

One good guideline to use is the food pyramid. It tells you how much of various foods should be in your diet. The things you should eat most are at the bottom and those that should be the least part of your diet are at the top. According to the food pyramid, every day you should eat:

- 2 cups of a variety of fruit
- 2.5 cups of richly colored vegetables
- 3 ounces of whole grains like whole-wheat bread, oatmeal, or brown rice
- Up to 3 ounces of refined grains like pasta, white rice, or white bread
- 3 servings of dairy foods (A serving = 1 cup of low-fat milk or yogurt, 1.5 ounces of cheese)
- 5 ounces of meat, fish, eggs, or legumes for protein
- 5 teaspoons of oils (including the oil found in nuts and fish)
- 130 to 295 discretionary calories such as sweets (about 1 cookie or ½ cup of ice cream)

(*Note: These amounts are recommended for the average adult woman. Men can consume about one ounce more in each category.)

The diabetes "exchange" system is another way of figuring out how much of what foods to eat. An exchange list shows what portion size of a given food gives you the same amount of calories and nutrients. For example, one medium-sized peach is equivalent to 12 large cherries.

The American Diabetes Association's "Rate Your Plate" guide is a different way to look at what you're eating. Following this guide, you divide your plate into imaginary quarters. One-quarter should contain starches, like potatoes or rice. One-quarter should contain meat. One half should contain vegetables.

Work Out Your Workout

When it comes to exercise, you don't have to follow any "fad" workouts. Just find a way to get your body moving and your heart rate up. Here is the recommendation of the CDC:

- 30 minutes of moderate exercise five days a week; or
- 20 minutes of vigorous exercise three days a week.

But what do "moderate" and "vigorous" actually *mean*? You can tell how intense the activity you're doing is by measuring your heart rate while you're doing it.

First, figure out what your maximum heart rate is. That's the number 220 minus your age. If you're 40, your max heart rate is 180.

To measure your heart rate while exercising, pause briefly to take your pulse. Place your middle and index fingers on the artery of your neck or wrist where you can feel your pulse. Using a watch with a second hand, count the number of pulses, or beats, in 60 seconds. That's your heart rate. (If you'd rather take less time to do it, you can count the number of beats in 30 seconds and multiply by two.)

When you're doing moderate exercise, your heart rate will be 50% to 70% of your maximum heart rate -- which is based on a person's age. If your max heart rate is 180, your goal for moderate exercise is to get your heart rate up to 90 to 126 beats per minute (bpm).

Here's that equation:

$220 - \text{age} = \text{max heart rate}$

$180 \times .50 \text{ (50\%)} = 90 \text{ bpm}$

$180 \times .70 \text{ (70\%)} = 126 \text{ bpm}$

For vigorous exercise, figure it the same way, but instead of 50% to 70% of your max heart rate, the range is 70% to 85%.

$180 \times .70 \text{ (70\%)} = 126 \text{ bpm}$

$180 \times .85 \text{ (85\%)} = 153 \text{ bpm}$

Next: [Working With Your Doctor](#)

SOURCES: American Diabetes Association, "Rate Your Plate." American Diabetes Association, "Standards of Medical Care in Diabetes." CDC, "Physical Activity for Everyone: Measuring Physical Activity Intensity: Target Heart Rate and Estimated Maximum Heart Rate." CDC, "Physical Activity for Everyone: Recommendations." Mayo Clinic, "Your diabetes meal plan: Exchange lists." Medscape Conference Coverage, 17th International Diabetes Federation Congress, "Exercise and Diabetes: Weighing the Pros and Cons," Mexico City, Nov. 6, 2000. Miller, T.A., "Diagnostic Evaluation of Erectile Dysfunction," *American Family Physician*, Jan. 1, 2000. National Diabetes Education Program, "Recipe and Meal Planner Guide." National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health (NIH), "Erectile Dysfunction." National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health (NIH), "Sexual and Urologic Problems of Diabetes." Romeo, J.H., "Sexual Function in Men With Diabetes Type 2: Association With Glycemic Control," *Journal of Urology*, vol 163: 788-791, March 2000. Saigal, C., "Obesity and Erectile Dysfunction," *JAMA*, Vol. 291 No. 24, June 23/30, 2004. Shiri, R., et al, "Effect of Life-Style Factors on Incidence of Erectile Dysfunction," *International Journal of Impotence Research*, 16(5):389-394, 2004. The USDA, MyPyramid.gov, "Inside the Pyramid." Vinick, A., et al, "Diabetic Autonomic Neuropathy," *Seminars in Neurology*, 2003; 23(4):365-372.

WebMD Medical Reference

WebMD Guide: Diabetes and Sexual Problems

Diabetes: Working With Your Doctor

Reviewed by [Brunilda Nazario, MD](#), November 2005

If you have diabetes and are having problems with erectile dysfunction (ED), the first step toward a solution is to see your doctor. You may be a bit hesitant to discuss your sex life with a doctor, but rest assured. Your doctor has heard it all before and will know how to help you.

Given how common erection problems are in men with diabetes, your doctor may have been expecting you to raise the issue at some point. It's estimated that 35% to 75% of men with diabetes develop some degree of erectile dysfunction.

Your doctor will need a lot of information from you before suggesting any treatment. If this doctor has been involved in your diabetes care previously, you will talk about how well you've been controlling your blood sugar and how you are doing with the medications you're taking. If you are meeting with a *new* doctor, you will share all that, plus information about other health problems you may have, like high blood pressure or high cholesterol.

Telling a doctor that you have difficulty with your erection may not be the easiest thing to do. But to get the right care you have to tell your doctor everything, including the truth about things like drinking a lot of alcohol, doing drugs, or smoking cigarettes. It's in your best interest to be totally honest.

You may also feel uncomfortable if the doctor asks a lot of questions about your sex life and your emotions. You may be asked things like:

- What's your sexual orientation?
- Do you have a steady partner? Multiple partners?
- How is sex with your partner? Has anything changed recently?
- Has anything upsetting happened to you lately?
- In general, are you under a lot of stress?
- Do you feel depressed a lot?

Again, it's best to answer honestly, even though these things are very personal.

A doctor you are seeing for the first time may also need to examine your penis, testicles, and prostate gland. Some men have their testosterone level tested.

WebMD Guide Menu

- [Erection Problems](#)
- [The Link to Diabetes](#)
- [Controlling Blood Sugar](#)
- [Treatments](#)
- [The "Better Sex" Lifestyle](#)
- [Diabetes Health Center](#)

There is another test that is done sometimes to see whether you get erections while you are asleep. The doctor may send you home with a special tape that you wrap around your penis before you go to bed. If the tape is broken in the morning, you've had an erection during the night. That means the cause of your erection problems may not be physical.

In many cases erectile dysfunction does have a physical cause.

The first treatment doctors usually recommend is one of the pills for erectile dysfunction: Cialis, Levitra, or Viagra.

Typically you will see the doctor again for follow-up around the time that your prescription runs out. You can talk then about any issues you may be having with the medication. Maybe it's not working as well as you'd like. If not, you can make sure you're using it correctly. The doctor might switch you to a different drug or a different type of treatment if things aren't improving.

It's a good idea to stay in touch with your doctor about your erection problems. Changes in your health over time may affect your treatment. But you don't need to be in the doctor's office more often. Since you will already have regular checkups for your diabetes care, bring up your treatment for erection problems at those appointments.

Remember, there's no such thing as a bad question. Your doctor asks you lots of questions. Feel free to ask as many of your own, until you're confident that you understand all the risks and benefits of your treatment. Also, it's important to show your doctor all the other medications that you take. And, if the doctor doesn't know the answer to a question you ask, you can have them get back to you with it.

If you ever feel like your concerns are being ignored, don't accept it. Find another doctor who will talk to you.

But most doctors genuinely want to work together with you to solve your health problems. You can help them help you by taking an active role in your care.

Next: [Diabetes Health Center](#)

SOURCES: American Urological Association, "Management of Erectile Dysfunction." Miller, T.A., "Diagnostic Evaluation of Erectile Dysfunction," *American Family Physician*, Jan. 1, 2000. Vinick, A., et al, "Diabetic Autonomic Neuropathy," *Seminars in Neurology*, 2003; 23(4):365-372.
