



UNDERSTANDING ERECTILE & SEXUAL DYSFUNCTION

Breaking the Silence

Empowering discussions for better health





Learning Outcomes

- Understand the common causes, prevalence and types of erectile & sexual dysfunction
- Recognise that psychological & social pressure contribute to male sexual health issues
- Debunk myths and reduce stigma associated with sexual dysfunction
- Increase knowledge & feel empowered to support others



Introduction

Why This Topic?

Sexual health is a fundamental aspect of overall well-being, yet conversations around male sexual dysfunction often remain limited by stigma, misconceptions, and silence. Erectile dysfunction (ED) affects approx. 1 in 3 Irish men over 40.

ED not only impacts physical health but can lead to psychological distress, relationship difficulties and feelings of shame or inadequacy

Workshop Aim

This session aims to provide a broad overview of the topic, helping to increase awareness, foster open discussion, and highlight the importance of early recognition, supportive communication, and holistic understanding.



Fact or Fiction?

01

Fiction

Pills are a temporary aid not a cure and can have limited efficacy

02

Fact

SSRI's are known to cause ED in some users as a side effect irrespective of age

03

Fact

Smoking damages blood flow and erectile function

04

Fiction

ED can include inconsistent erections too

05

Fiction

ED is treatable at any age

06

Fact

ED can be improved with healthy habits



Fact or Fiction?

07

Fact

Excessive porn use may impact arousal
(Jacobs et al, 2021)

08

Fiction

ED can be physical, psychological, or both

09

Fact

Men with diabetes are 2 to 3 times more likely to experience ED than those without the condition, and it tends to occur 10–15 years earlier.
(Alswat et al, 2024)

Sexual Dysfunction

- The various ways in which adults may have difficulty experiencing personally satisfying, non-coercive sexual activities.
- Sexual response is a complex interaction of psychological, interpersonal, social, cultural and physiological processes; and one or more of these factors may affect any stage of the sexual response.
- In order to be considered a sexual dysfunction, the dysfunction must:
 - 1) occur frequently

2) have been present for at least several months; and

3) be associated with clinically significant distress. (ICD 11)





Sexual Difficulties

- **Erectile dysfunction**

Inability or marked reduction in the ability to attain or sustain a penile erection of sufficient duration or rigidity to allow for sexual activity, despite the desire for sexual activity and adequate sexual stimulation.

- **Hypoactive sexual desire dysfunction**

Characterised by a persistent lack of sexual thoughts, fantasies, and desire for sexual activity, causing significant personal distress

- **Ejaculatory disorders: Rapid (Premature)/Delayed**

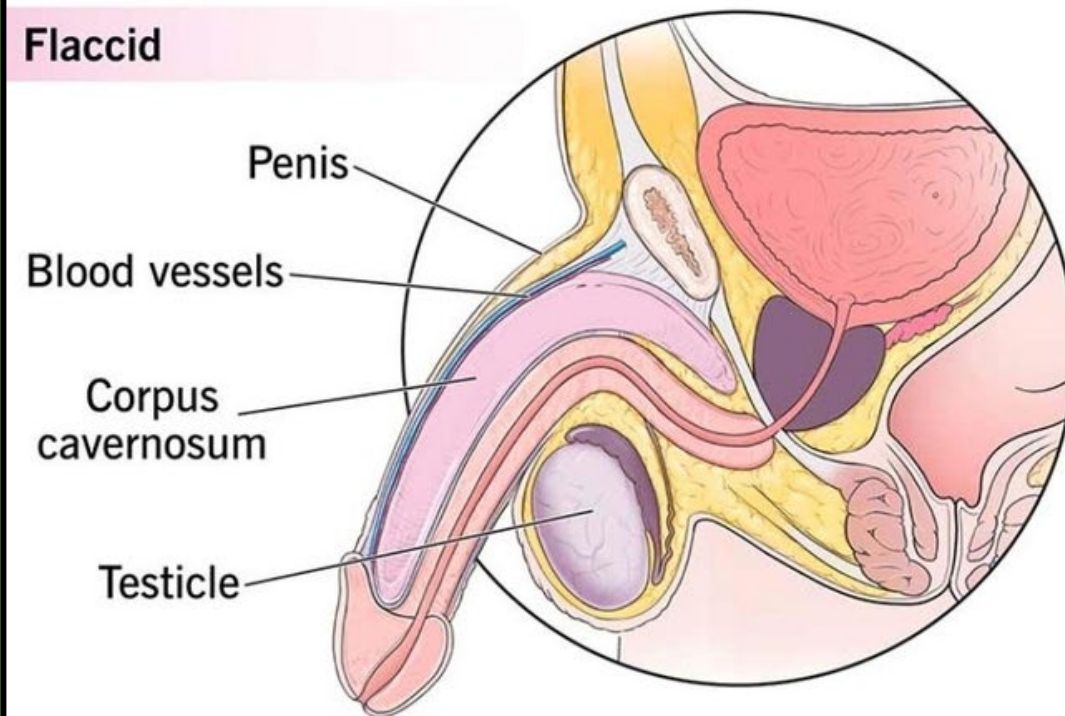
Ejaculation that occurs prior to or within a very short duration of the initiation of penetration or other relevant sexual stimulation, with little or no perceived control over ejaculation.



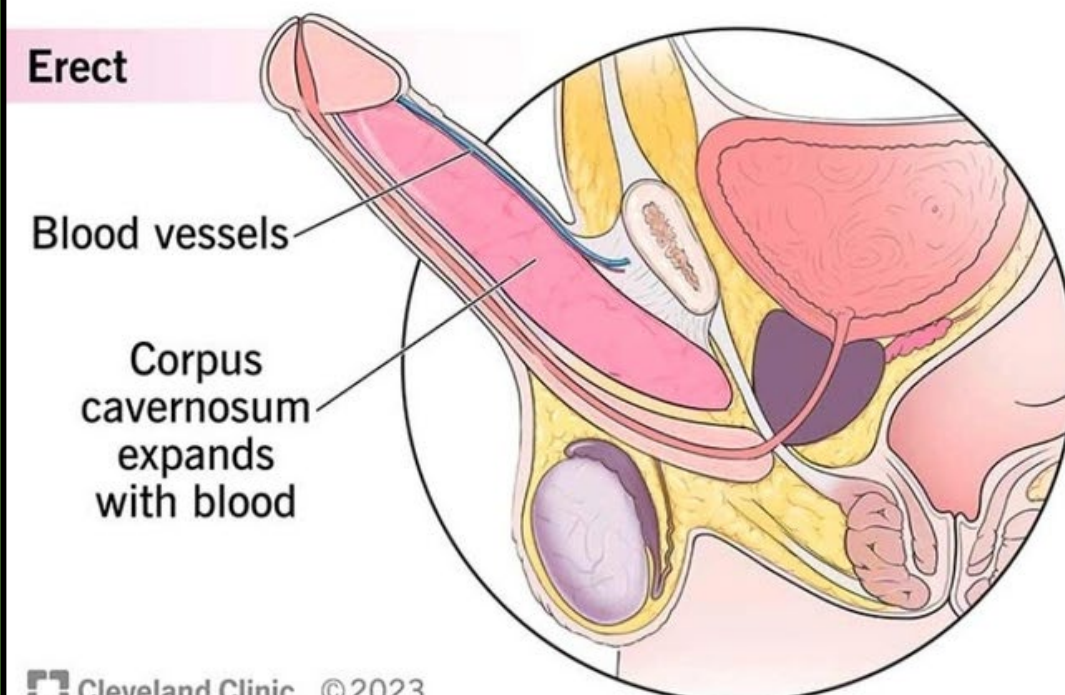
Erectile dysfunction

If you fail to achieve a full erection more than 50% of the time, see a healthcare provider.

Flaccid



Erect



- **Vascular erectile dysfunction.** Vascular ED includes causes that affect the blood vessels that send blood to the tissues in your penis that allow you to get and maintain an erection, or the valves in the penis that normally hold blood inside. Vascular ED is the most common type of ED.
- **Neurogenic erectile dysfunction.** Neurogenic ED occurs as a result of nerve problems, which prevent signals from traveling from your brain to your penis to create an erection. This can happen because of trauma, pelvic surgery, radiation therapy or neurologic conditions like stroke, spinal stenosis and multiple sclerosis (MS).
- **Hormonal erectile dysfunction.** Hormonal ED refers to ED that happens as a result of testosterone deficiency, or in some cases as a result of thyroid issues.
- **Psychogenic erectile dysfunction.** Psychogenic ED involves psychological conditions (conditions that affect your thoughts, feelings or behavior) that can cause ED



How common is erectile dysfunction?

Erectile dysfunction is the most common sex-related condition that males report to healthcare providers, especially as they age and develop other health issues.

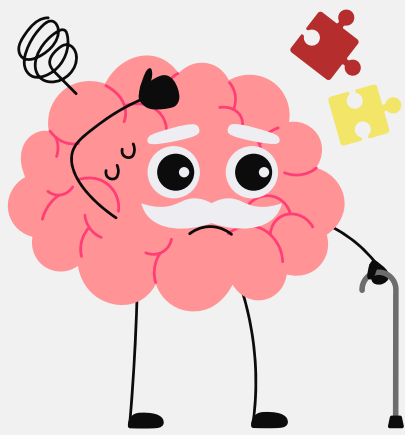
What is the usual age for erectile dysfunction?

Research estimates that erectile dysfunction affects over 50% of people who identify as male between the ages of 40 and 70. And those numbers may be higher — many don't seek help for the condition due to embarrassment or shame.

What are the symptoms of erectile dysfunction?

Erectile dysfunction symptoms include:

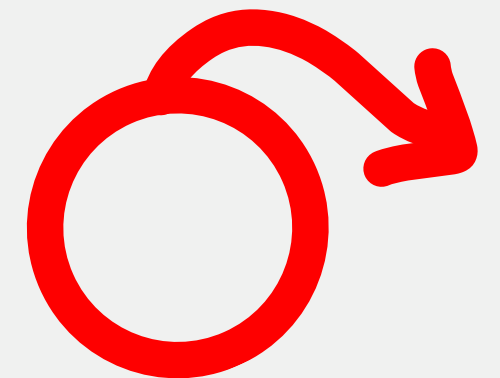
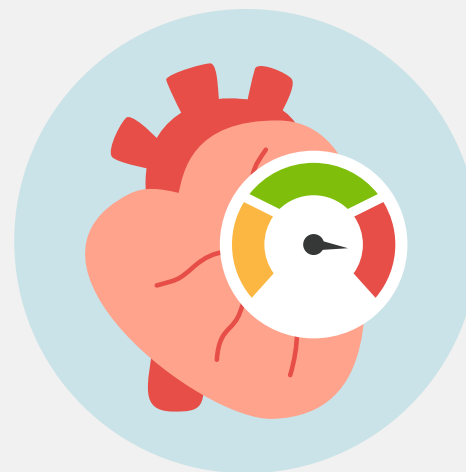
- Only sometimes being able to get an erection before sexual intercourse.
- Being able to get an erection before sexual intercourse but not being able to maintain it during sexual intercourse.
- Complete inability to get an erection.
 - Requiring a lot of stimulation to maintain an erection.



What causes erectile dysfunction?



- [Circulatory system](#) . Your circulatory system includes the blood vessels that carry blood throughout your body. Your penis needs adequate blood flow to become erect and maintain an erection. Your penis also relies on a series of valves to close when it fills with blood — in some cases, these valves stop working as they should.
- [Nervous system](#) . Your nervous system includes your [brain](#), [spinal cord](#) and [nerves](#) . They work together to send electrical impulses that help your body move and feel, including your penis.
- [Endocrine system](#) . Your endocrine system includes the glands that create and release [hormones](#) . Hormones help tell your body to perform certain functions. Testosterone may help open up (vasodilate) your blood vessels, which helps blood flow to your penis



Some of the factors contributing to sexual difficulties

Organic

- Endocrine disorders
- Cardiovascular diseases
- Neurological disorders
- Vascular disorders
- Drugs/alcohol
- Structural abnormalities of the penis e.g Peyronie's disease
- Surgery or trauma
- Renal disease
- HIV infection
- Side effects of medications
- Cancer - prostate/bladder/bowel
- Diabetes and diabetes -related neuropathy.
- High blood pressure (hypertension).
- High cholesterol (hyperlipidemia).
- Vascular disease.
- Atherosclerosis

Psychogenic

- Anxiety; about sexual performance, sexual identity, work or financial situation
- HIV infection
- Psychological trauma; abuse
- Inadequate sexual knowledge
- Unreasonable expectations
- Relationship/Intimacy problems
- Sexual problems in the partner
- Depression
- Psychiatric conditions
- Infidelity
- Trying to conceive

Types of Problem

- **Life Long (Primary)**

Present since onset of sexual behaviour

- **Acquired (Secondary)**

Developing after a period of normal functioning

- **Generalised (Absolute/Global)**

Not limited to certain types of stimulation, situation or partner

- **Situation (Situational)**

Limited to certain types of stimulation, situation or partner





Management and Treatment



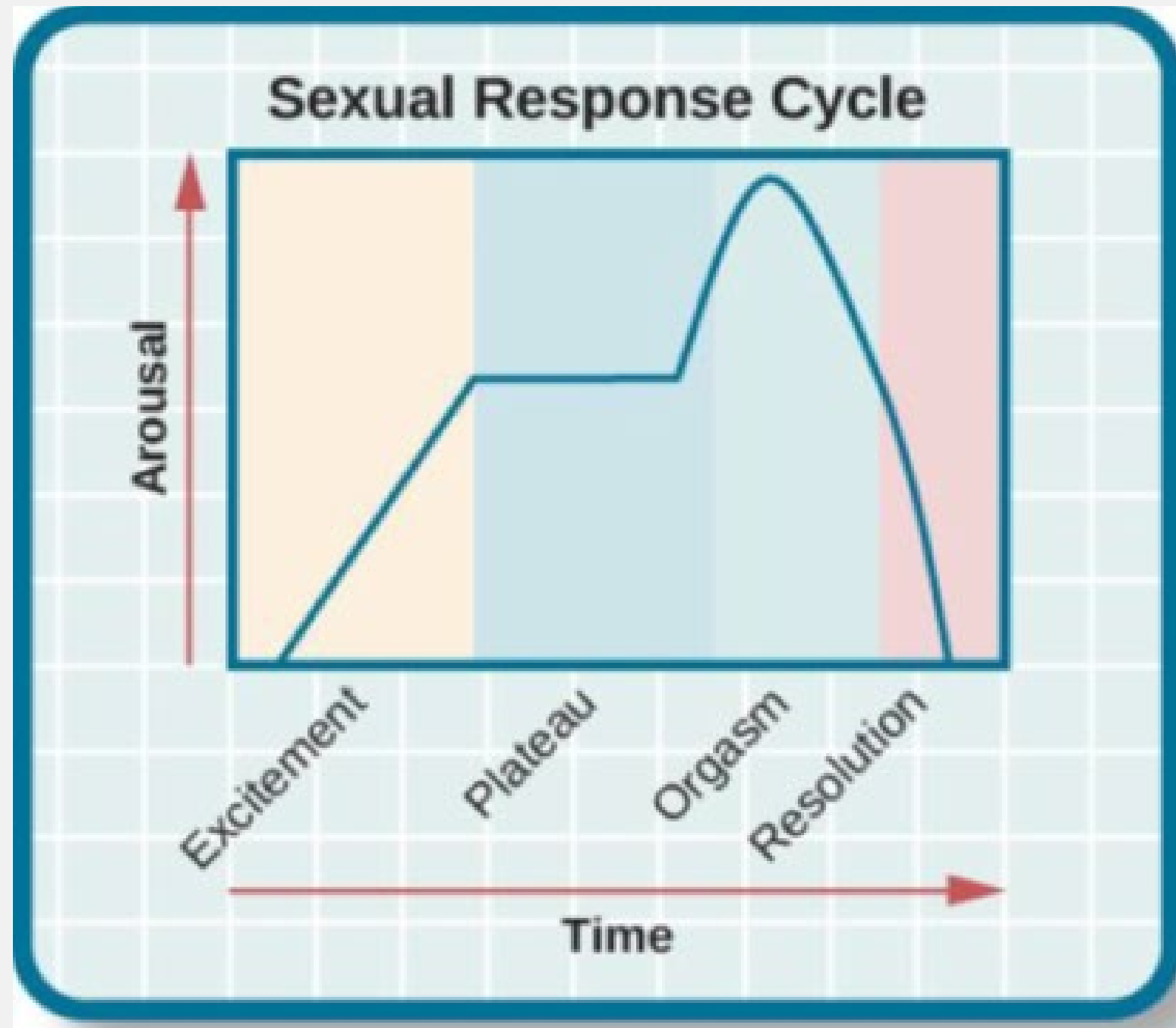
- Cardiovascular exercise. Vigorous cardiovascular exercise for at least 45 minutes three times per week may help reverse some cases of mild ED. Cardiovascular exercises may include brisk walking, jogging, swimming, bicycling and jumping rope.
- Quitting smoking. For men with mild ED, quitting smoking can lead to improvement after several months.
- Talking to a sex therapist
- Oral medications that help increase blood flow to your penis, including sildenafil (Viagra®), [vardenafil](#) (Levitra®), tadalafil (Cialis®) or avanafil (Stendra®). Oral medications start to work within an hour.



- Penile low -intensity focused shockwave therapy (LiSWT). This noninvasive treatment improves blood flow by using sound waves. It can take two months to see improvement.
- Medications you inject directly into your penis to create an erection, including alprostadil (Caverject®).. Injectable medications start to work within 10 minutes.
- Vacuum constriction device (penis pump). Penis pumps start to work almost immediately.
- Testosterone replacement therapy, which is available as a gel, injection, patches and pellets. Testosterone replacement therapy starts to work within four weeks.
- Penile implant procedure. A penile implant is a procedure in which a surgeon places a device into your penis to make it hard. The device doesn't affect sensation, peeing or orgasm.

Sexual Response Cycle (Physiological)

Masters and Johnson 1966



Excitement Phase

- Start of sexual arousal
- Physical signs: increased heart rate, blood flow to genitals, muscle tension
 - Mental signs: feeling turned on or interested

Plateau Phase

- Arousal continues and intensifies
- Breathing quickens, muscles tighten
 - The body prepares for orgasm

Orgasm Phase

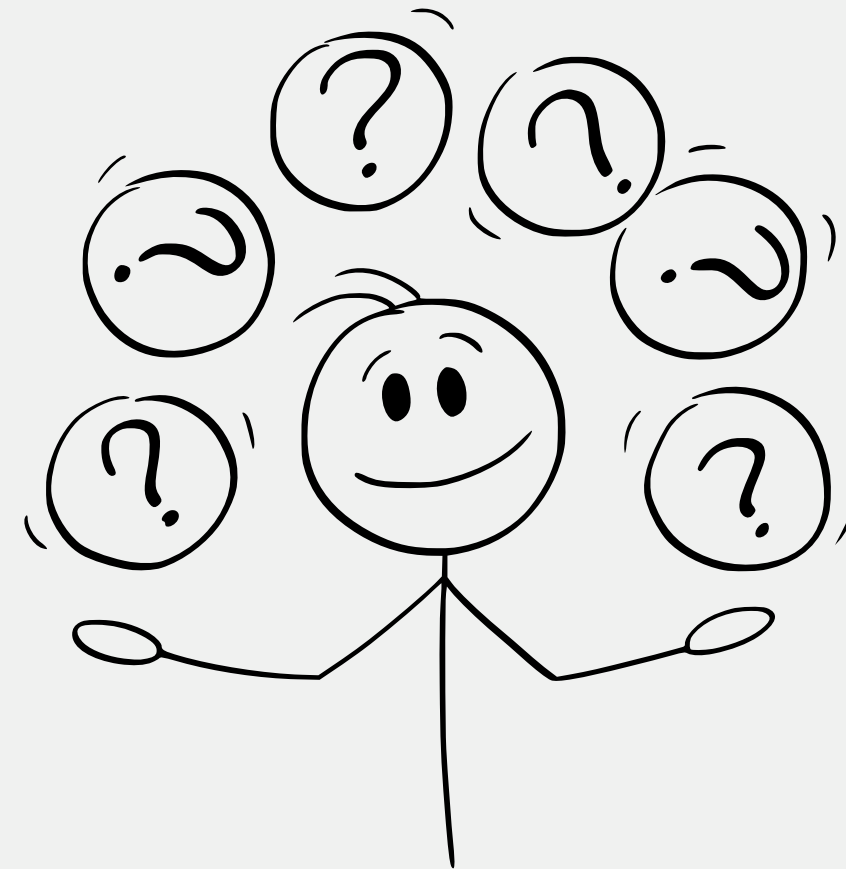
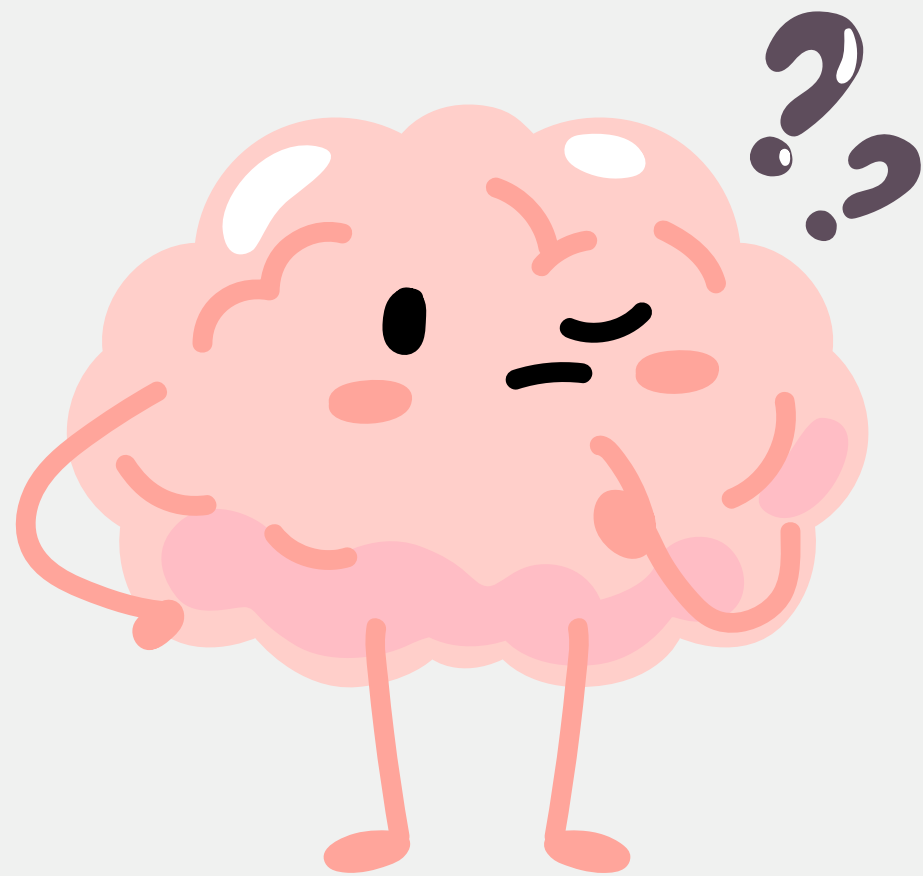
- Climax of sexual pleasure
- Involuntary muscle contractions
- Ejaculation in men; rhythmic contractions in genitals for all sexes
 - Shortest phase

Resolution Phase

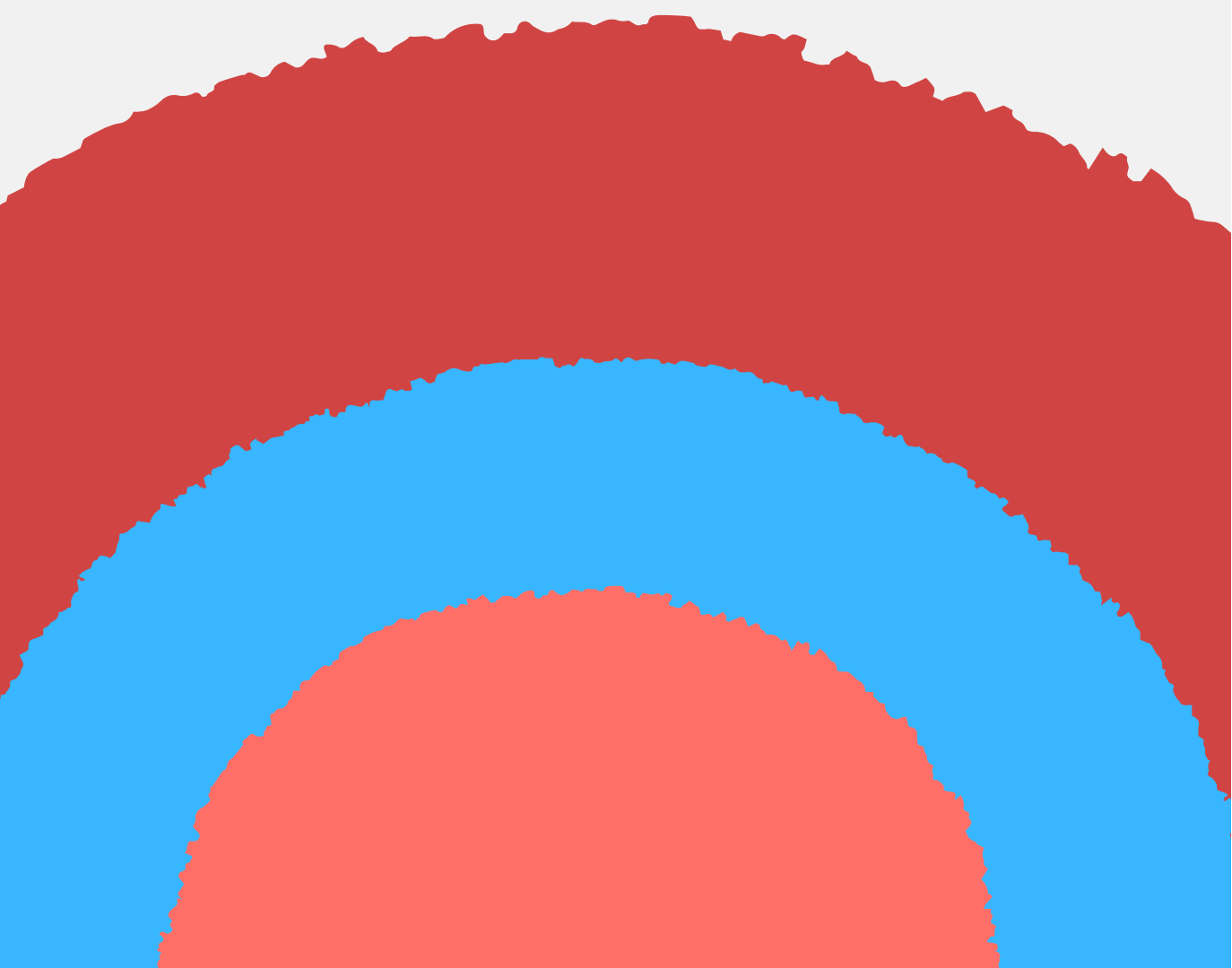
- Body returns to a relaxed state
- Feeling of release and well-being
- Men typically enter a refractory period (time before possible arousal again)



Where did you learn about
sex?



Erectile Dis o r d e r a n d M a s c u l i n i t y M y t h s



01 Men are always ready, willing, and able to have sex

Many factors, such as diet, sleep, stress, illnesses, and relational satisfaction affect one's desire and ability to become aroused enough to get an erection.

02 A bigger penis makes you a real man and sex more satisfying.

75 % of women require direct clitoral stimulation to bring them to orgasm so that vaginal or anal penetration is not as high on their desire list as oral, manual, or sex toy stroking and licking. Some men who have sex with men prefer nonpenetrative sex.

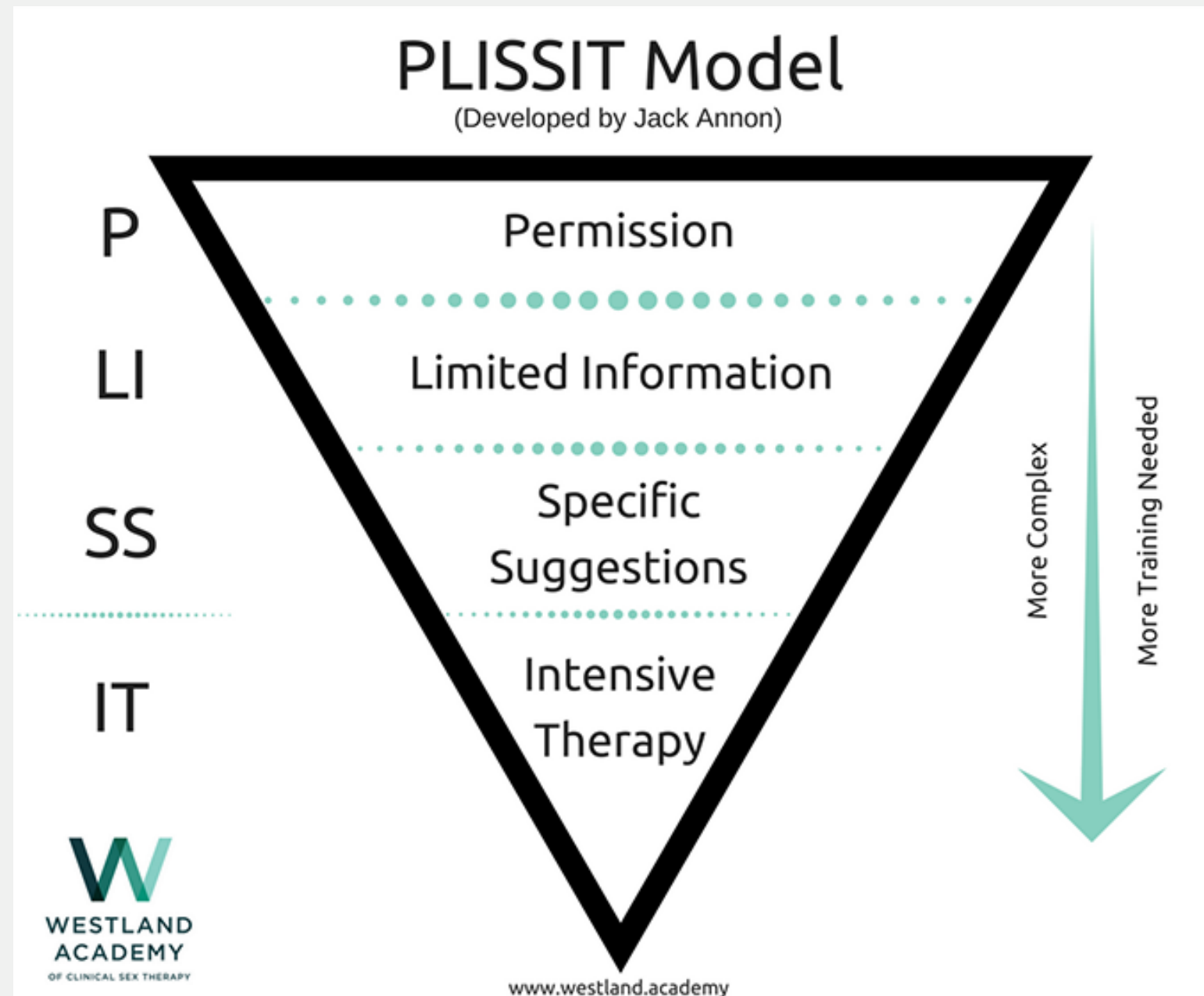
03 Porn is a realistic depiction of sexuality

The actors are just performers who are chosen for their physical looks including what their genitalia look like in a close up.

04 Sex needs to include ejaculation

It is more important to focus on what each person desires and defines as a pleasurable and satisfying experience

Plissit Model (1974) of addressing sexual functioning



Permission:

- Establishing a comfortable environment where individuals feel safe to discuss their sexual concerns.

Limited Information:

- Providing general information about sexual health and related issues.

Specific Suggestions:

- Offering targeted solutions or strategies for addressing specific concerns, such as exercises or communication techniques.

Intensive Therapy:

- Involves in -depth exploration and treatment of complex or chronic sexual problems, often with a therapist

Ref: Matocha L, Waterhouse J. Current nursing practice related to sexuality. Res Nurs Health. 1993; 16:371 -378

Let's Get It On!

SEXUAL HEALTH INVENTORY FOR MEN (SHIM)

PATIENT NAME: _____ TODAY'S DATE: _____

PATIENT INSTRUCTIONS

Sexual health is an important part of an individual's overall physical and emotional well-being. Erectile dysfunction, also known as impotence, is one type of very common medical condition affecting sexual health. Fortunately, there are many different treatment options for erectile dysfunction. This questionnaire is designed to help you and your doctor identify if you may be experiencing erectile dysfunction. If you are, you may choose to discuss treatment options with your doctor.

Each question has several possible responses. Circle the number of the response that **best describes** your own situation. Please be sure that you select one and only one response for **each question**.

OVER THE PAST 6 MONTHS:

1. How do you rate your confidence that you could get and keep an erection?		VERY LOW	LOW	MODERATE	HIGH	VERY HIGH
		1	2	3	4	5
2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?	NO SEXUAL ACTIVITY	ALMOST NEVER OR NEVER	A FEW TIMES (MUCH LESS THAN HALF THE TIME)	SOMETIMES (ABOUT HALF THE TIME)	MOST TIMES (MUCH MORE THAN, HALF THE TIME)	ALMOST ALWAYS OR ALWAYS
	0	1	2	3	4	5
3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?	DID NOT ATTEMPT INTERCOURSE	ALMOST NEVER OR NEVER	A FEW TIMES (MUCH LESS THAN HALF THE TIME)	SOMETIMES (ABOUT HALF THE TIME)	MOST TIMES (MUCH MORE THAN, HALF THE TIME)	ALMOST ALWAYS OR ALWAYS
	0	1	2	3	4	5
4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	DID NOT ATTEMPT INTERCOURSE	EXTREMELY DIFFICULT	VERY DIFFICULT	DIFFICULT	SLIGHTLY DIFFICULT	NOT DIFFICULT
	0	1	2	3	4	5
5. When you attempted sexual intercourse, how often was it satisfactory for you?	DID NOT ATTEMPT INTERCOURSE	ALMOST NEVER OR NEVER	A FEW TIMES (MUCH LESS THAN HALF THE TIME)	SOMETIMES (ABOUT HALF THE TIME)	MOST TIMES (MUCH MORE THAN, HALF THE TIME)	ALMOST ALWAYS OR ALWAYS
	0	1	2	3	4	5

- Ensure privacy and confidentiality
- Explain why you are asking personal questions
 - Don't appear judgmental or embarrassed
 - Never assume
- Give time to explain – modify questions to a person's gender identity, race/ethnicity,
- Avoid medical language and heteronormative language
 - Active listening
- Be honest – open disclosure, manage expectations
 - Show empathy and understanding
 - Be sex positive

Validated Screening Tool

Prevention is better than Cure

Certain lifestyle changes can help lower your risk of developing erectile dysfunction, including:

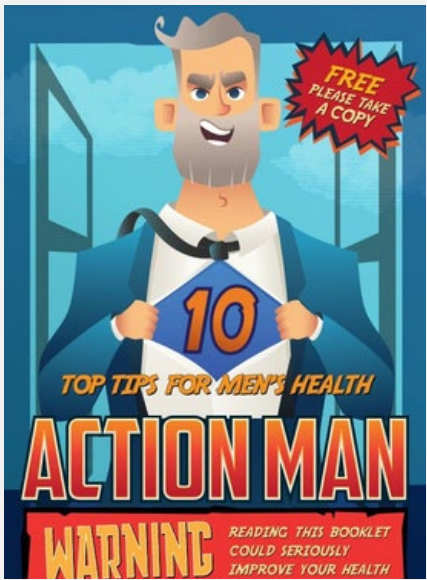
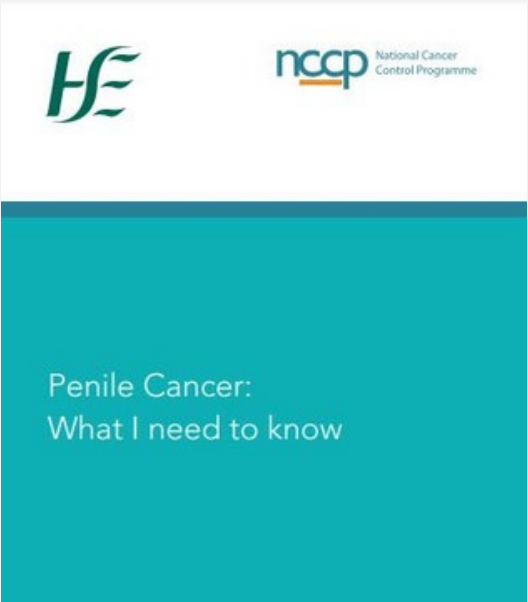
- Reducing your cholesterol.
- Being more physically active, especially doing cardiovascular exercises like running, jogging or bicycling.
- Maintaining a healthy weight for you.
- Getting high -quality sleep.
- Eating healthy foods with low saturated fats, such as fruits, vegetables and whole grains.
- Stopping smoking.
- Reducing or stopping drinking.





- Take back control with free support to quit smoking:
- Call, chat or create a Quit Plan for personalised advice.
 - Get free nicotine replacement therapy (NRT) through our stop smoking advisors.
 - Get in -person support at a clinic or quit group.
- We know quitting can be hard. Our team will support you every step of the way. If you're not sure that you're ready to quit, you can still call us for advice.

Take the first step to a nicotine -free life: [freephone 1800 201 203](tel:1800201203).



Foundation Programme in Sexual Health Promotion (FPSHP) KILDARE SEPTEMBER 2025

About the Programme

The newly revised 6-day FPSHP is a comprehensive, capacity-building training programme for service providers. It aims to develop their competence, skills and knowledge in the area of sexual health promotion, with a view to incorporating sexual health promotion in their work.

Who is the programme for?

The FPSHP is for service providers from the health, education, community and youth sectors who have the potential and capacity to undertake sexual health promotion within their organisation. Previous experience of group facilitation and/or one-to-one work is desirable as this is not a general skills training.

Programme Aim

To enhance participants' capacity to incorporate sexual health promotion into their work through the development of their competence, knowledge and skills in relation to sexual health.

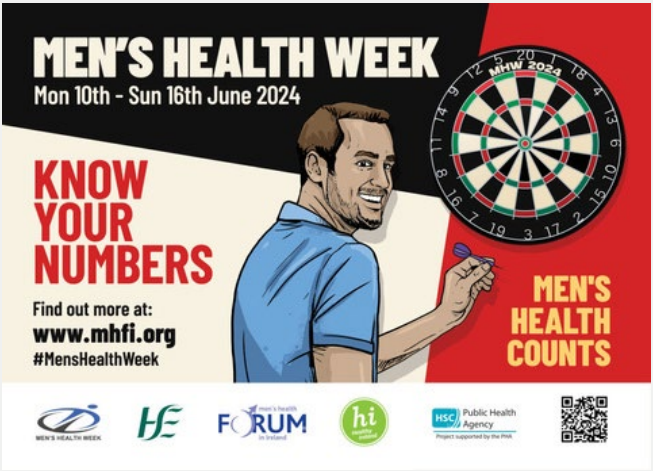
Course Dates

- Tuesday & Wednesday 1st & 2nd September
- Tuesday & Wednesday 30th September & 1st October
- Tuesday & Wednesday 5th & 6th November

Location

Kildare Education Centre, Friary Road, Kildare, R51, KN66
Contact Aoife aoife.obrien7@hse.ie for enquiries

<https://www.smartsurvey.co.uk/s/8QQIG3/>



Speakeasy + Speakeasy Plus is an eight week training programme designed to give parents of children with a disability the skills and confidence to talk openly about growing up, relationships, sexuality and keeping safe.

