

Sexual Well-Being

The Newsletter Covering All Aspects of Human Sexuality

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Arterial Disease and Erection Dysfunction

Most men have occasionally experienced erection dysfunction -- the inability to have or maintain an erection -- but it is more likely to occur in men over 50. Physical, rather than psychological problems, may be the cause for the increased frequency of erection dysfunction as men grow older. A recently published study in *Lancet* (January 26, 1985) looked at arterial disease as a possible factor. The study had two major findings: 1) arteriosclerosis of the penis was a probable cause of erection dysfunction in many older men and 2) penile blood pressure was likely to be lower in men with arterial risk factors.

Researchers looked at four arterial disease risk factors: smoking, diabetes, high levels of cholesterol and/or triglycerides, and high blood pressure. The more arterial risk factors a man with organic erection dysfunction had, the more likely the penile blood pressure index was reduced indicating arteriosclerosis. Arteriosclerosis, commonly called hardening of the arteries, causes the artery walls to thicken and lose elasticity. This results in a reduction of blood flow.

Penile blood pressure index is one method to evaluate blood flow to the penis. The blood pressure in the penis is measured and compared to the blood pressure in the arm. Normally, penile blood pressure should be about 91% or greater of arm blood pressure, also known as brachial blood pressure. When penile blood pressure is less than 65% of brachial blood pressure, it is considered abnormally low and can indicate arterial disease in the penis. Penile blood pressure between 65% and 90% of brachial blood pressure falls into a gray zone. The result may be erections that take longer to respond and that may be less rigid.

The study found that as the number of risk

factors increased, the percentage of men experiencing organic erection dysfunction also increased. When arterial risk factors were absent, the cause of erection dysfunction was almost evenly divided between organic and non-organic causes. But of the men who had two arterial risk factors, 96.4% had organic erection dysfunction. And in this study, 100% of the men who had three or four arterial risk factors had organic erection dysfunction.

The researchers concluded that when men have erection dysfunction, arterial risk factors and penile blood pressure index be evaluated. This is particularly true for men over 50. They also recommended no smoking and following good nutrition and exercise programs. These health guidelines are the same as those prescribed for patients with arteriosclerosis at other sites.

Men were selected for this study because they reported having erection dysfunction. It is not known if a random sample of men with the same arterial risk factors would have a similar incidence of erection dysfunction. Additional research is necessary. Nevertheless, as more and more evidence is gathered, the multiple causes of erection dysfunction are being recognized with an increasing number of them identified as organic.

"Safer Sex" Guidelines

By Charles Moser, Ph.D.

The fear of contracting AIDS is a major concern in the gay and bisexual communities. Although few cases have been reported in the general population, AIDS is likely to spread into the straight community. It is not known how fast or how far.

Anyone who has direct sexual contact with more than one partner runs some risk of being infected with AIDS. It is wise for

all sexually active people -- gays, straights, and bisexuals -- to take precautions to reduce the chances of exposure to the virus suspected to cause AIDS.

All the guidelines for risk reduction, including these, are best guesses. They are based on epidemiological data and the transmission patterns of other sexually transmitted diseases. One way to be sure of not being exposed to the AIDS virus is abstinence from all partnered sexual activities. This is considered an overreaction and not seriously recommended. The following guidelines should be read critically. Everyone can make their own informed choices as to how much risk they are willing to take. Keep in mind that guidelines may change as more is learned about AIDS and its transmission.

- 1.) Condoms are probably an effective barrier to the virus thought to cause AIDS, and protect both partners. Condoms have been found to effectively stop the transmission of other viruses similar in size to the AIDS virus. Researchers are currently examining whether condoms are completely impervious to the suspected AIDS virus, but for now, it is an easy precaution to take.
- 2.) Activities that may cause small cuts or tears in the vagina or anus may be unwise. This may be a route for the virus to enter the body.
- 3.) The virus thought to cause AIDS has been found in semen, and it is probable that semen is a vehicle for the transmission of AIDS. Thus, ejaculation into a partner's body is probably unwise. Similarly, ejaculation onto a partner's body may be unwise. There is concern that there may be microscopic breaks in the skin, and this may be another route for the suspected AIDS virus to enter the body.
- 4.) The active ingredient in contraceptive creams and jellies, nonoxynol-9 (pronounced non-ox'-i-nol nine), has been found to kill the suspected AIDS virus when tested in the laboratory. Its effect on the transmission of AIDS in humans is not known, but its use as a lubricant or as a contraceptive during sexual activity could help prevent infection. Although its safety has not been established for the rectum, no negative effects have been reported.

5.) Sharing personal articles such as a toothbrush, razor, or vibrator is possibly unwise. These items may be capable of harboring the infectious agent for AIDS.

6.) Limiting the number of sexual partners, especially new partners, and choosing partners who take similar precautions decreases the possibility of contact with the suspected AIDS virus. It appears AIDS is primarily spread by sexual activity, thus the fewer sexual partners an individual has, the lower the chances for contracting AIDS.

7.) Sexual activity with someone who is ill may be unwise. Some symptoms linked with AIDS are the same symptoms for such common illnesses as a cold or stomach flu. In addition, contracting an illness may lower the body's resistance to AIDS.

8.) Eating a healthy diet, moderate or no use of recreational drugs including alcohol, and avoiding overexertion will probably help the body fight an AIDS infection if exposed.

9.) The suspected AIDS virus has been found in the blood, semen, and saliva of diagnosed AIDS patients. It is expected to be found in all body fluids including vaginal lubrication, menstrual blood, urine, and feces. It is not known if every body fluid can transmit the disease, but any exchange of these fluids presents some risk. Tongue kissing is not considered a likely route for transmission of AIDS.

10.) Stress and anxiety are thought to lower the body's resistance to disease. Do not let AIDS hysteria create so much stress that resistance to diseases, including AIDS, is lowered.

Casual contact does not seem to be a mode of AIDS transmission. Hugging, cuddling, and massage are probably safe. Taking precautions to avoid higher risk activities may reduce the chances of being exposed to the AIDS virus and provide more peace of mind.

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