

ERECTION DIFFICULTIES EXPLAINED

SELF HELP FOR YOU OR YOUR PARTNER

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Who is this guide for?

It's for you if you're worried about your erections, or if you're the partner of someone experiencing erection problems.

About Petra

I'm a Social Psychologist who has been researching men's erection problems since 1999, and answering men's problems as an advice columnist (Agony Aunt) since 2002. I'm based in the UK and provide health research training worldwide.

How to use this guide

This guide is a stepwise approach to understanding what erection difficulties are, how people react to them, common causes, and suggested solutions you can either try yourself or with professional help. You may want to read through the whole guide or jump to the specific sections that best match your situation. For some people thinking about erection problems can feel very threatening, so there are sources of support listed throughout.

Acknowledgements

This guide wouldn't have been written without the stories shared by men and their partners via places where I've been offering advice including Men's Health, BBC Radio 5 Live, and currently at The Telegraph. I'm grateful to the men and their partners who helped create the BBC Radio 4 '*Impotential*' documentary (aired 30 October 2017) and provided candid insights into living with erection difficulties. Thanks also to Henrietta, Maria, Jo, Alex, Hannah and John at Loftus Media for creating '*Impotential*'. Plus credits for Ronete Cohen, Richard Ma, Verity Sullivan and Justin Hancock who have checked this guide to ensure it is therapeutically, medically and educationally accurate.

Disclaimer

This guide is not a replacement for medical care or therapy. Please see your doctor if you are concerned about your erection problems. The content of websites and resources linked to in this guide are the responsibility of their owners and authors.

1. Erections Explained

What causes erections?

Erections happen when the penis fills with blood and gets longer and thicker, usually when you're thinking about sex or being intimate with a partner; but you may also have them during sleep or wake up with one (aka 'morning wood'). Some erections are very firm, others less so. They may last for a few seconds, or many minutes. You may have heard them referred to as a 'hard on', 'boner', 'getting wood', 'woodie', or 'stiffie'. Or there may be other words you use to describe them.

When blood cannot travel to the penis, because of injury, infection, or blood vessels being clogged or damaged; then it may be difficult to get erections some or all of the time. Being upset, nervous or scared can also stop you feeling like having sex, or being able to get an erection.

What's it called if I can't get an erection?

The most common way of describing erection difficulties currently is 'erectile dysfunction' (sometimes shortened to 'ED'). Other terms you may have heard include erection problems, or the more old fashioned and negative term 'impotence'. Doctors and therapists may also refer to erection difficulties under the wider description of 'psychosexual problems' or 'psychosexual disorders'. You may be more familiar with slang terms like 'can't get it up', 'limp dick', 'Mr Floppy', or 'pilly willy'. Or you may have your own words to describe what's happening with your body.

In this guide 'erection problems' and 'erection difficulties' will be used to cover everything from occasional through to persistent lack of erections.

When should I worry about erection problems?

Not being able to get or keep an erection during sex or masturbation is very common. Indeed it's something most men can expect to happen many times during their lifetime.

Most erection difficulties are due to a lack of sex education, unrealistic ideas about sex, or the pressure to perform.

Not getting an erection occasionally is normally something you can cope with, even if it is awkward or annoying. Usually there is an

underlying cause of the erection problems (see Section 3 for more on this), so it might be a temporary issue caused by first night nerves, drinking too much, or following a bereavement.

Some erection problems are the result of illness, substance misuse, the side effects of surgery or medication, or due to disability. They are a *symptom or side effect* of a *pre-existing problem*. They are considered a *psychosexual dysfunction* if the erection difficulties *cannot be linked to other physical health factors*. It is, however, possible for erection problems to have both a psychological and physical cause.

You may have a good sense of why the problems exist, or have no idea why you can't get or stay hard. Erection problems are more troublesome when they are making you feel very anxious, stopping you enjoying life as normal, reducing your ability to enjoy sex and/or relationships, and where they may be a symptom of an underlying health condition.

There is a difference between *erection dissatisfaction*, where you aren't enjoying sex as much as you would like or would like your erections to be stronger or longer lasting; *erection difficulties* where you sometimes find it difficult to get or stay hard; and the clinically defined *erectile dysfunction*.

To meet the criteria for *erectile dysfunction* (as opposed to dissatisfaction or difficulties) you would have one or more of the following symptoms¹ where you....

- cannot get or keep an erection hard enough for sexual activity with a partner (including during oral, anal, or vaginal sex)
- cannot get or keep an erection hard enough for sexual activity by yourself (masturbation on your own)
- can get or keep an erection, but the rigidity (firmness) is obviously reduced

And that this happens...

- 75-100% of the time during sexual activity
- consistently over a 6 month period or longer

¹DSM-5 (*Diagnostic and Statistical Manual of Mental Disorders*)

²ICD-10 (*10th Revision of the International Statistical Classification of Diseases and Related Health Problems, created/used by the World Health Organisation*). F52.2 'Failure of genital response' includes erection problems defined as a "difficulty in developing or maintaining an erection suitable for satisfactory intercourse".

Plus it....

- causes distress and interferes with the quality of your daily life.

Erectile dysfunction may be²....

- *generalised* (it happens all the time), or *situational* (for example you can masturbate but can't get hard with a partner; or always got hard with ex-partner but can't stay hard with new one).
- mild, moderate, or severe.

When should I seek outside help?

Most of the ideas in this guide are things you can do for yourself and they may work without needing further assistance. Most erection problems are mild to moderate, disappear on their own, and can be overcome with self care. But seek professional support if you:

- consistently don't wake up with an erection
- have erection problems that have persisted for several months, and the ideas set out in this guide have made no difference
- already know (or suspect) a mental or physical health problem or disability is the cause of your erection difficulties
- notice any other physical symptoms that are worrying you (e.g. a discharge, bleeding, or pain in your penis, testicles, stomach or bowels)
- believe past problems that are too difficult for you to address alone (e.g. recovery from abuse) need professional support

You may still want to read Sections 2-5 for ideas on how to care for yourself, while also seeking medical attention.

The science bit – am I the only one with erection problems?

Not everyone cares about who else is affected by erection problems, but if you are someone that gets comfort from knowing you are not alone, here are some UK-based figures about how common erection difficulties are.

When surveyed, 42% of men (aged 16-74) report one or more sexual difficulties in the past 12 months, but only 10% also say they're distressed or worried about their sex lives. This means while things can go wrong during sex, it's often something people understand. Indeed those reporting sexual difficulties note their problems were caused by communication issues, relationship breakups, or sexually transmitted infections (STIs); with 1:6 recording a health problem such as heart disease or diabetes that negatively impacted on their

sexual life in the past year.³ For younger men (aged 16-21) who are sexually active 7.8% reported having erection problems in the past year and of those men 42% were 'fairly' or 'very' distressed about it.⁴

2. How you may be feeling

Reactions to erection problems are varied and you may feel more than one at any given time. Here are some of the most common responses. You might want to note down more about your reactions using this list as a prompt as it may help you focus on where to get further help; or when talking to a partner, your doctor, or a therapist (see Sections 4 and 5).

Acceptance – you know it's a temporary difficulty, or can pinpoint exactly what the cause is. You may not feel overly concerned, or recognise there is little you can do to fix the issue and are concentrating on other ways to experience pleasure. You can communicate to a partner (if appropriate) what's going on without any major problems.

Embarrassment – you feel flustered and foolish about not being able to get or keep an erection and worry that your partner may judge or mock you. You may feel ashamed that you can't have sex in ways you believe is possible for most other people or that you aren't a 'real man'.

Guilt – feeling that you're not able to satisfy a partner, or aren't living up to their expectations because of unreliable erections. Guilt can also occur if you've had been abused, relationship problems in the past; or have previously cheated or are currently involved in a physical or emotional affair.

Fear – is my partner going to leave me? What if other people find out? Nobody will want me if I can't stay stiff! Is this a problem I'm going to have for life? How are we going to get pregnant if I can't

³ Mitchell KR, Mercer CH, Ploubidis GB, Jones KG, Datta J, Field N, Copas AJ, Tanton C, Erens B, Sonnenberg P, Clifton S, Macdowall W, Phelps A, Johnson AM, Wellings K (2013) *Sexual function in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3)*. The Lancet, 382 p.1871-1829. <http://www.natsal.ac.uk/media/2102/natsal-infographic.pdf>

⁴ Mitchell KR, Geary R, Graham C, Clifton S, Mercer CH, Lewis R, Macdowall W, Datta J, Johnson AM, Wellings K. (2016) *Sexual Function in 16-21 Year Olds in Britain*. Journal of Adolescent Health. 59 p. 422-8. <http://natcen.ac.uk/blog/the-naked-truth-about-young-peoples-sex-lives>

get hard? Is there something really badly wrong with me? All of these fears (and more) are common when erection difficulties are present and can be overwhelming.

Anger – not being in control of your body and feeling like it is doing the exact opposite of your desires, along with the pressure of not being able to perform sexually as you might like can lead to feeling enraged or unfairly afflicted. The anger may be directed towards yourself, or outwards towards others – a partner, healthcare providers, or those who may have hurt you in the past. You may experience it as being short tempered and snappy, feelings of overwhelming rage, crying, shouting, numbness, self-harming, or lashing out verbally or physically.

Despair – if you don't feel you can talk about your worries; if there are few places to get help; if it is a problem you know cannot be fixed (for example following surgery, injury or some medical treatments); or if you believe it is going to either harm a relationship you are in or prevent you from ever being in a relationship then it is very difficult to view your situation positively. You may find yourself feeling tearful, withdrawn, or struggle with sleeping, eating or concentrating.

Deflection – brushing off erection worries or pretending they aren't a major problem can sometimes be the right thing to do. If your problem is only occasional and/or caused by being anxious then noting it's an issue you can cope with and will overcome if you don't make it into a big drama can be the fix you need. However, some people deflect by pretending the problem isn't an issue and ignoring other symptoms when they should be seeking medical help. Or they downplay how much the problem is upsetting them or interfering with their ability to enjoy life.

Frustration – understandably if you can't have sex the way you want you can feel like you're missing out on pleasure. Partners usually understand, but they can share in your frustration – particularly if it means all forms of intimacy and affection are avoided. You may also feel irritated that there are few solutions available to you. When thinking about other people you may be irked your sexual life and relationship isn't like theirs. Messages from mainstream media about sex and romance may add to this. You may also feel annoyed if your partner, doctor or therapist either doesn't seem to understand your situation, or offers solutions that are either not suitable or acceptable to you.

Denial – pretending there isn't a problem, or suggesting it's just a blip (when in fact it happens a lot), or blaming it on other things (tiredness, one drink too many etc.) are all ways of saving face. But it can mean opportunities to talk about what's going on or seek help are missed. And you can't keep pretending the problem isn't there if it keeps repeating.

Defensiveness – you may find thinking about erection problems upsetting, so try and avoid dwelling on them or if other people ask what's going on you may react in aggressive or challenging ways. It might include suggesting it isn't your problem, but it's actually the fault of your partner. While sometimes relationship problems and sexual boredom can cause difficulties, being defensive means you solely blame your partner for your erection difficulties.

Remoteness – having erection problems can leave you questioning many aspects of your health, wellbeing, and desirability. Some people shut themselves off from a partner or from forming new relationships. Others find they can't engage in life (with family, friends, hobbies etc.) as much as they would like or have done in the past. Because sex may be frustrating and reveal your erection difficulties you may avoid any kind of intimacy, leaving partners wondering what they have done wrong and all concerned craving affection. You may also feel lonely and vulnerable.

Regret – this may be over relationship breakdowns, problems in your past, current health problems (including STIs) or disabilities, or opting for treatments that have led to persistent lack of erections. You may miss feeling in control of your body or the physical pleasure of a fully hard penis, penetrative sex, and ejaculating (which may also not be possible, or only happens with a partial erection or soft penis where the intensity of orgasm may be reduced).

As you can see, some of these reactions are similar, and many of them interact. It's possible to feel embarrassed, fearful, angry and despairing at the same time. You can also have some times and situations when you are more bothered than others – for example you may feel more worried if you're in a new relationship, but less concerned if you speak to a sympathetic partner. Some people experience these reactions as fleeting and not particularly intense; but for others they may be overwhelming leading to more chronic problems. Relationship avoidance, separation and divorce, and feeling suicidal are all reactions that have been noted when erection problems become a crisis (see Sections 3 and 5).

Many people are also conflicted over how much they should be allowed to worry about erection problems. They may be distressed themselves, but note there are worse problems in the world, or feel they are somehow being unreasonable or frivolous getting upset over not being able to get hard. They may find if they do try and ask for help from a partner or healthcare provider they are met with platitudes or being told their problem isn't as much of an issue as they think it is.

It is vital to note that if a part of your body isn't working in the way you want it to and that is causing you both to miss out on pleasure and to participate in life as you would like to; along with increasing your distress and potentially being a symptom of another health issue this is a perfectly valid thing to be bothered by.

If it bothers you, it's a problem. And if it's a problem then you have every right to try and fix it.

Often people feel so confused or anxious they do not know where to start with thinking this through clearly, or talking about it to others. You may have reacted very strongly to some items on the list above, or have noted reactions you've had that aren't included. For some people simply noting these reactions are understandable is reassuring enough that they feel able to cope with their unreliable erections. For others this is the start of noting there is a problem and thinking further about what is causing it and how you might try and overcome or live with erection difficulties.

3. What can cause erection difficulties?

There are numerous causes of erection problems, some are more serious than others. And as with the reactions to erection difficulties it's common for causes to co-exist or interact. Below is a list of things that cause or worsen erection problems. It briefly introduces topics, then signposts to places where you can get additional help.

You may want to note how many of these match your situation, identify whether you've already tried to address these issues (and what the outcome was), or where you might be able to either help yourself or get professional support.

As with the previous section on reactions to erection difficulties, thinking about what might have caused yours could be potentially upsetting so you may want to work through this list in stages, or skip

to the categories that match your situation, or talk about this list with someone you trust. You may find that some of the reactions listed above in Section 2 come to the fore when you are reading about causes, so pausing and noting those reactions can help you work out what's going on, how you feel, and what you want to do next.

Anxiety - Erection problems most commonly happen in a cycle that begins with either worrying you won't get hard, or losing an erection during sex or masturbation. When this happens either consistently during masturbation on your own or when a partner's present it can be stressful and upsetting. It means every subsequent sexual experience you have is tinged with fear the problem will repeat. These worries make it difficult to relax and experience pleasure. And in turn make it far more likely you won't be able to get and keep an erection. This can quickly build up a pattern where erections don't occur or happen rarely, frustration builds, as does fear and shame.

Anxiety disorders can also cause or worsen erection problems, while coping with erection difficulties and the additional stressors this can bring to one's life can also impact negatively on managing anxiety (see 'Mental Health' in this Section for more support resources). Simply telling people to relax or not worry isn't helpful. Not everyone recognises their problems are caused by worrying, but many do. Indeed, trying not to think about the problem often makes it more of a focus. Section 4 has a number of practical suggestions you can use to address anxiety, and break the cycle of worrying so much that erections disappear.

Age - Young men are very likely to struggle with erections because of nerves, novelty, and inexperience. They may also be affected by peer pressure and misinformation about sex and masculinity (see later in this section). Older men tend to report erection difficulties due to physical health problems relating to age. However, men of all ages can struggle with erections if they have pre-existing physical or mental health problems or disabilities; or when facing social or relationship problems. Younger men (under 25) may find Brook <https://www.brook.org.uk> and The Mix <http://www.themix.org.uk> useful, while older men may want to visit the Men's Health Forum <https://www.menshealthforum.org.uk>

Alcohol - It's common to struggle with erections if you've had too much to drink. It can be a temporary reaction to occasionally overdoing it. But if you drink excessively and consistently it can affect your ability to get or stay hard. Drinking too much can also

affect your desire for sex, fertility, and lead to riskier sexual activity and arguments. If you are worried about your own drinking there's help available from Club Soda <https://joinclubsoda.co.uk> while if you're concerned about a partner's drinking Al-Anon may be useful <http://www.al-anonuk.org.uk>

Abuse - Childhood sexual abuse may cause problems in adulthood that include problems with attachment, body image worries, relationship and trust issues, and psychosexual problems that include erection difficulties. While childhood sexual abuse may be expected to contribute to adult sexual problems, physical or emotional abuse and neglect also have a similar impact. Talking about past sexual abuse is commonly extremely difficult for men and survivors may be unsure where to seek help. If you have been affected you can get support from NAPAC (National Association for People Abused in Childhood) <https://napac.org.uk>. Or you may want to read Nina Burrowes' *The Courage to be Me* <https://ninaburrowes.com/books/the-courage-to-be-me>. Rape or abuse in adulthood – either currently or in a past relationship also affects sexual desire, confidence, and erections. This may be exacerbated if part of the abuse was sexual in nature; or if an abusive partner mocked your penis size, sexual performance, or struggles with erections. It's important to note relationship violence does not have to be physical – financial and emotional abuse are a problem too.

If you are living with domestic abuse or are a survivor of relationship violence, or have been raped or sexually assaulted (including by someone you know, or a stranger) you can get support from Survivors <https://www.survivorsuk.org> and Men's Advice Line <http://www.mensadvice.org.uk> both help men who've experienced rape, sexual assault or relationship abuse. GALOP offers support to gay, bi and Trans people affected by relationship violence <http://www.galop.org.uk> All of these services are confidential. You may also find these books reassuring *Healing Sex: a mind-body approach to healing sexual trauma* and *The survivors guide to sex: how to create your own empowered sexuality after childhood sexual abuse* – both by Staci Haines (Cleis Press), plus *Coming Home to Passion: restoring loving sexuality in couples with histories of childhood trauma and neglect* by Ruth Cohn (Praeger).

Asexuality - Asexuality refers to a person that doesn't experience sexual attraction. It is recognised as a sexual orientation and some asexual people who are aware of their sexuality call themselves 'ace'. It isn't the same as being anxious or afraid of sex or hating

sex, but instead is where there is little or no sexual or romantic association (Aromantic). Many people that are Asexual are not aware their sexuality has a name, so feel anxious, guilty or ashamed they don't experience desire as others do. Or may feel pressured to have sex when they do not want it, resulting in erection problems. Some Asexuals who don't usually experience attraction may sometimes be troubled if they find themselves getting erections (although it is normal, you can be Asexual and still have sexual feelings). Negotiating Asexuality can be difficult if you feel pressured to be in a sexual or romantic relationship. Learning more about what Asexuality is, talking to other aces and seeing how you fit within the range of ways of being asexual could help you both understand your sexuality and address any erection worries (either the lack of erections, or unwelcome ones). AVEN (The Asexuality Visibility and Education Network) can help <http://www.asexuality.org>

Arranged marriage - All marriages can have relationship and sexual problems, and arranged marriages are not necessarily prone to more issues. However, in cases where there is a lack of sex education combined with pressure to get pregnant, erection problems may occur either due to inexperience, or a partner not enjoying sex or experiencing pain. Shame and pride may make it difficult for spouses to communicate, and there may be fears from husbands they'll be mocked or shamed, or wives who believe they are the cause of the problem and fear their marriage may end as a consequence.

It's important to differentiate between arranged and forced marriage, but in cases of forced marriage erection problems are especially common due to a lack of attraction, being in love with someone else you've been forbidden to marry, or being gay and potentially hiding your sexuality to avoid harm but having to marry a woman and again the expectation of getting pregnant. There is more help on overcoming sexual difficulties in the later category of education in this section, and in Section 4. If you've been forced to marry or have accepted an arranged marriage but are struggling with sexuality issues, there is help from Stonewall <http://www.stonewall.org.uk/help-advice/criminal-law/forced-marriage>

Autism - There are aspects of autism that can make erection difficulties more likely; including anxiety, communication barriers, self-esteem issues, or the side effects of medication (if used). You may also find navigating relationships can be complicated, and struggle to discuss with partners how you are feeling or how your erection problems are affecting you. Living in an ableist world can

be exhausting, while sensory issues can mean some of the suggested solutions for dealing with erection difficulties may not be appropriate.

Identifying if your erections have a psychological or physical cause is important, and some of the ideas suggested in Section 4 (particularly around relaxation, or learning more about your body) may be useful. The National Autistic Society has a range of resources about sex, relationships and sexual problems that start with guides for young people and include information for adults. Some of these are aimed at parents or carers of people with autism, but the linked materials are also suitable for adults who have autism. This includes their top tips on sex education <http://www.autism.org.uk/about/communication/sex-education/top-tips.aspx> and sex education and puberty advice <http://www.autism.org.uk/sexeducation> (the resources linked at the end of this page are the most useful for adults). Books and resources for younger men with erection problems who want to know more about sex and relationships can be found at <https://www.autismsexeducation.com>. If you're a member of an autism support or advocacy group, you may ask them to organise a speaker to talk about what to expect during sex, and how to enjoy relationships, which may reduce worries that can cause erection difficulties. You can also ask to see a GP or nurse who is aware of diversity to assist you if you need clear and calm explanations about erection difficulties and treatment options (see Section 5).

Body Image - Worrying you are too fat or thin, that you aren't muscly enough; or being unhappy with your skin, face, hair etc. can leave you feeling undesirable and in turn affect your ability to get turned on or stay hard. Penis worries (see later in this section) also have a damaging effect on your ability to be intimate with someone else. While body image worries are often dismissed as frivolous, their impact can be far reaching and affect your mental wellbeing and limit what you do to enjoy life (for example you avoid particular hobbies or social activities because you don't like how you look). Media pressure to look built, young and conventionally handsome adds to this. If body image worries are affecting your erections you may find confidence building and self care resources help you (see Section 4) and if it remains an acute problem you can speak to a therapist (see Section 5). If your worries are related to disability or disfigurement you can get advice from Outsiders <http://www.outsiders.org.uk> and Changing Faces <https://www.changingfaces.org.uk> or if they're related to eating disorders, speak to BEAT <https://www.beateatingdisorders.org.uk>.

Bisexuality - Stereotypes about bisexuals often unhelpfully and prejudicially suggest bi people are hypersexual. This can put pressure on bi men to 'perform', and partners may be less sympathetic if erection problems occur as they were expecting someone who would want lots of sex and last for hours. For bi men who aren't out, or men who have sex with men, guilt and shame about their sexuality could affect their erections. Bisexuals tend to have worse mental health than other sexualities that in turn can both affect desire and erections and the quality of relationships more generally. If you want more information about bisexuality you can visit

Bisexual Index <http://www.bisexualindex.org.uk>

BiUK <http://www.biuk.org>

Bisexual Resource Centre <https://biresource.org> and

Bisexual.org <https://bisexual.org> while Section 5 has details of therapy services.

Boredom - Most erection problems have a psychological, physical, or social cause. However, in some cases erection difficulties happen because sex is not enjoyable. It may be due to not being able to communicate desires with a partner, or not feeling able to explore desires or kinks (see later in this section). Or it may be that sex has become routine or dull, or you feel other people have a more exciting time than you do. Section 4 has more information on how to enjoy pleasure and communicate with your partners about what you'd like to do. You may want to read *CPR for your sex life: how to breathe life into a dead, dying or dull sex life* by Mildred L Brown and Stephen L Braveman (Book Surge).

Bereavement - Following the death of a family member, friend, or loved one it's common to lose interest in sex or to struggle with erections. This may be due to overwhelming sadness and grief; having to attend to lots of time consuming and practical issues following a death; or feeling numb and disconnected. For people who have lost a partner or spouse, erection problems may happen in a new relationship due to feeling guilty or disloyal about being with someone new – or conflicted feelings over still missing a partner. If you think your erection problems are linked to loss, there's more support via

CRUSE Bereavement Care <https://www.cruse.org.uk>

Sudden <http://www.suddendeath.org>

Lullaby Trust <https://www.lullabytrust.org.uk>

Cancer - The stress of a cancer diagnosis, fear about the future, and the side effects of on-going treatments or surgery can affect erections in two ways. This may be temporary due to feeling afraid, unsexy, or the side effects of medication, radio or chemotherapy. Or permanent due to pain following radio or chemotherapy, or after some cancer surgeries (prostate, bladder and bowel in particular). For some people sex is not a priority during or after cancer treatment, but for others it remains something to connect with a partner and enjoy. Finding new ways to explore sex can be vital here, particularly if there is no opportunity for erections to ever happen again. Therapy can help you address the frustrations and distress this can cause, as may cancer support groups. You may find doctors don't necessarily explain what can happen to your sexual life, either because they're focusing on treating the cancer, or because they fear if they discuss the potential loss of erections men won't agree to life saving/prolonging treatment. You can get more information on finding wider ways to experience pleasure even if erections are no longer possible in Section 4, and treatment ideas in Section 5.

The following charities can offer you information and support
Macmillan has lots of useful advice on living with cancer, and specific resources about cancer and sex

<http://www.macmillan.org.uk/information-and-support/coping/relationships/your-sex-life-and-sexuality>

Marie Curie Cancer Care <https://www.mariecurie.org.uk>

Prostate Cancer Foundation <https://www.pcf.org>

Baggy Trousers (testicular cancer advice service aimed at younger men) <http://baggytrousersuk.org>

Orchid <https://orchid-cancer.org.uk>

Cancer Index links to worldwide cancer support groups

<http://www.cancerindex.org> and the book *Intimacy with Impotence: The couple's guide to better sex after prostate disease* by Ralph and Barbara Alterowitz (Da Capo Press).

Culture - You may have problems with erections if you've been raised in a culture or community where pre or extra marital sex, masturbation or sexual pleasure is forbidden, frowned upon or not openly discussed. If sex is associated with shame, fear, immorality or dirtiness sexual desire may conflict with feelings of guilt or self-disgust.

Condoms - You may find putting on condoms interrupt or distract you so your erection goes down, or you dislike the feel of them so can't stay hard. Ensuring you have a condom that fits you properly, using

condoms while you masturbate (so you know you can get/stay hard with them on), and putting some condom-friendly lubricant into the condom before use can enhance the experience of using them. Or you could switch to the internal/female condom. You can get condoms free from your GP, via your Family Planning/Reproductive Health clinic, Genito Urinary (GU clinic), or buy them in supermarkets and pharmacies, or online via
Freedoms Store <https://www.freedoms-shop.com>
SH:24 <https://sh24.org.uk>

Chronic Illness - Pain, exhaustion, the side effects of medication, and the effort needed to live with a chronic illness can affect the desire to have sex or the ability to get and stay hard. There are more resources listed to help with this in the next category ('Disability').

Disability - Erection problems are common with disabilities, for a number of different reasons. It may be that your disability prevents erections completely (for example in the case of spinal injury), or that spasms or the effects of drugs either sometimes stop you getting hard or means you lose erections. Body image worries (see above); catheterisation or ostomy bags; anxiety over intimacy or a lack of sex education as related to your physical and emotional needs can make sex stressful and it difficult to relax, enjoy intimacy or meet partners. If you have mobility problems then masturbation or sex with a partner may be physically difficult to manage, making erections more difficult to maintain. A lack of privacy and infantilisation and desexualisation of disabled people, access to contraception, or the sheer exhaustion of everyday living can affect erections due to tiredness or internalised negative messages and ableism. There's more information in Section 4 on ways to enjoy pleasure and Section 5 on treatment options, but you can also find information via Outsiders <http://www.outsiders.org.uk> Leonard Cheshire <https://www.leonardcheshire.org> and Enhance the UK <http://enhancetheuk.org/enhance/sex-and-disability>
The book *The Ultimate Guide to Sex and Disability: For all of us who live with disabilities, chronic pain and illness* by Miriam Kaufman, Cory Silverberg and Fran Odette (Cleis Press) has lots of ideas on exploring sex and pleasure; while Scope have produced the A-Z of Sex and Disability <https://www.scope.org.uk/awkward/a-z>

Depression - If you're depressed you may lack the desire to have sex, you may want sex but can't get hard when you try, or lose erections during masturbation or sex. Fears about forming or maintaining relationships can worsen your depression, and some

people may avoid relationships because their depression makes it impossible to focus on being with another person. Frustratingly, while anti depressants may help you feel better, the side effects can also lead to erection loss or ejaculatory problems. Therapy may help with some aspects of depression. Some people feel they can't tell their doctor that depression is affecting their erections, relationships or intimate lives because they worry their doctor won't take them seriously. Talking to your doctor about this is important as erection problems may signify other health issues, and it's completely reasonable to want help to address them. If you worry your medication is affecting erections always discuss this with your doctor, never stop taking it. Don't try self-medicating with products you buy online as they can cause more harm than good (see Section 5). This includes alcohol (see above) and recreational drugs (see below), see the later information on 'Mental Health' in this section for more support resources.

Drugs - Medication for physical and psychological problems (e.g. opioids or antidepressants) can affect your ability to get or stay hard. There are medications that can help some men get erections (see Treatments Table at the back of this guide). Drugs including amphetamines, barbiturates, cocaine, marijuana, heroin and legal highs can either reduce sexual interest, or increase it but impair the ability to get an erection. It's common, therefore, to combine drugs to increase arousal, decrease inhibitions, reduce pain, and make erections possible (including combining recreational drugs with erection medications, see Section 5). Dependency or long periods of overuse can lead to permanent erection loss and potentially injure the penis. This may be a particular issue for anyone involved with ChemSex where combining drugs and sex for long periods both affect erections in the short and longer term, but also increase risks of exposure to STIs (including HIV and syphilis), and risk of being exploited, abused, or overdosing. If you are concerned about your drug use or that of a partner you can get advice from Frank <http://www.talktofrank.com>
Turning Point <http://www.turning-point.co.uk/substance-misuse.aspx>
Club Drug Clinic <http://clubdrugclinic.cnwl.nhs.uk/club-drugs>
Turning Tina <http://theinstituteofmany.org/index.php/home/turning-tina> and FridayMonday <https://www.fridaymonday.org.uk>

Education - Poor sex education, bad sex coverage in the mainstream media, pressure to have a perfect and regular sex life, and a lack of access to approachable and informed practitioners all serve to create/maintain atmosphere where difficulties thrive. This can mean that men don't really have problems but believe they do because

they're living up to impossible standards. Or have no idea why they're experiencing erection difficulties nor clue where to go for help. If a partner isn't enjoying sex then this can also affect the ability to get erections. While not knowing what excites you and/or how to convey this can leave you feeling frustrated or insecure. Learning about how your body works, what turns you on, how to talk about your desires and find out what partners like can all reduce sexual worries. It can also make it easier to work out if you need help with the problem (see Section 5) or if you can solve it yourself (see Section 4). You can also get information about sex, relationships and pleasure from the following websites, many of which are in multiple languages and some offer direct advice/counselling services or have additional support networks on social media:

Bish <http://www.bishuk.com>

Meg-John and Justin <http://megjohnandjustin.com>

Cyndi Darnell <http://cyndidarnell.com>

Scarleteen <http://www.scarleteen.com>

Sara Nasserzadeh <http://www.sara-nasserzadeh.com>

Joan Price <http://joanprice.com>

Love Matters Africa <https://lovematters.co.ke>

Love Matters India <https://lovematters.in/en>

Love Matters China <https://lovematters.cn>

Culture of Love (Arabic) <https://lmarabic.com>

Hablemos de Sexo Y Amor <https://hablemosdesexo.com>

Embarrassment - This is a common reaction to sexual difficulties (see Section 2) but it is also a barrier to enjoying sex. Feeling self-conscious, embarrassed or afraid of losing your erections or disliking your body can all lead to not being able to get or stay hard. Or if you have a long-term erection problem, meeting new partners and telling them about it may be so upsetting to consider you avoid intimacy. Confidence resources or therapy may help you, as may the ideas in Section 4 on self care.

Fatigue - All of us experience periods of tiredness in our lives, and at such times it's understandable that you either won't desire sex, or don't have the energy to get or keep erections. Fatigue may be particularly pronounced if you are exhausted due to coping with disability or chronic illness; living with pain; or if you're from any minority group experiencing prejudice; or from being a parent or carer; overwork, and the stress of looking for a job (see 'Work' later on in this section). Taking steps to address underlying problems or creating ways to save time and energy (if possible) are all-important. As is noting that sex doesn't have to be energetic, novel

or acrobatic. Slow, quiet and relaxed intimacy may suit you if you are tired but want to experience pleasure, and there's more information on exploring that in Section 4.

First time sex - If you haven't had sex before you may be looking forward to experiencing excitement, but also may be anxious about what will happen. Will you do it right? Will you please your partner? Will they like your body? A lack of sex education (see above), pressure from peers and the demands of masculinity plus messages from porn (see below) may leave you feeling like you won't measure up. Worrying about sex can make it difficult to get or keep an erection with a partner, and frequently young men fear there's something uniquely wrong with them - incorrectly believing erection problems only affect older men. Partners may also be equally inexperienced and fear they're the cause of the difficulty. Young men may be worried others will find out about their problems or they will lose relationships over it. The fear may create a cycle of anxiety and subsequent erection loss that is difficult to change. While these worries are more acute for young men who've not had sex before, adults who've not had sex for a while or are with a new partner they like a lot may find this is a problem for them also. A key way to overcome first time sex worries is learning more about your body and what to expect during sex, while Section 4 outlines practical steps you can take to relax and enjoy sex more. Noting, also, that you don't have to be expert and do everything to a partner. They play a role too. Asking what they like, sharing pleasure together, and not being afraid to say if you're experiencing erection problems (see Section 4) are all good ways to enjoy sex and reduce worry-based erection problems.

Fertility worries - For those who want to get pregnant, regular sex throughout the month (rather than just on fertile periods) is recommended. However, this can change what might be a pleasurable experience to something that is a pressurised chore, one that may be tinged with sadness or despair if despite trying conception doesn't happen or where pregnancies end in loss (see later in this section). It is understandable in such circumstances it may be difficult to get erections, but frustrating for all concerned. It can easily lead to resentments and relationship problems and is difficult to stop given the pressure to be erect is based on wanting a baby. While it may seem counterproductive, avoiding sex that has to end in ejaculation may reduce the pressure to perform (see Section 4). Using self-insemination with DIY home insemination kits, or a sterile cup and turkey baster may also avoid having regular intercourse. The organisations below have information on ways to

get pregnant, and advice on what to do if this doesn't happen. If you've been trying consistently to get pregnant for over 6 months (without using contraception) and you're aged over 35, and for over a year and you're aged under 35 you should see your doctor. You can get more support from

Fertility Network UK <http://fertilitynetworkuk.org>

Patient <https://patient.info/health/infertility-leaflet> and NHS Choices

<http://www.nhs.uk/Livewell/Fertility/Pages/Fertilityhome.aspx>

For those whose fertility worries are about *not* getting someone pregnant, practising using condoms (see above) is a good way to reduce worry-based erection problems. It isn't unusual to struggle to get/stay hard if you or your partner is anxious that unprotected sex might end in pregnancy. You can find out more about contraception choices here <https://www.fpa.org.uk/sites/default/files/your-contraceptive-choices-chart.pdf> (via the Family Planning Association), and speak to your GP, Young People's Clinic (for under 25s) or Genito Urinary Clinic (GU Clinic).

Faith - While not all faiths focus on childbearing, many do place importance on avoiding sex or having children until after marriage. This can increase guilt and anxiety for those having pre-marital sexual experiences, and depression and fear for those who don't get pregnant after marriage. Some faiths also disapprove of masturbation, homosexuality, and restrict sex education and access to contraception. This may also increase guilt and fear. For those who are no longer practising their faith, the impact of past messages may be difficult to shift. While those who are observant may struggle to find information that can help address erection problems and also fits their religious requirements. Alerting your GP or therapist to these needs is important and they should be able to accommodate you. The resources in Section 4 may not match all aspects of all faiths but the core ideas of communication, respect for your own body and your partner, and finding ways to relax and care for yourself are all acceptable if you are religious.

Gay - For men who are out about their sexuality, expectations and stereotypes about being gay may lead to a number of anxieties around physical attractiveness, penis size, sexual preferences (particularly for gay men who don't enjoy anal), and sexual stamina. For some gay men a solution is to use drugs but this can bring additional risks (see 'Drugs' above). Gay men who are not out (see also 'Bisexuality' above) may encounter other risks to their physical and emotional wellbeing and personal safety which in turn may

make it difficult to be excited or reduce the ability to get or stay hard. Not everyone is out to their healthcare provider about their sexuality and not all therapists are sympathetic nor evidence based with some advocating 'gay cures' (which are cruel and useless). In some countries being open about one's sexuality is dangerous due to anti-gay laws, or provision of services for Gay, cis and Trans men is absent. You can get more information on your sexuality, safer sex and pleasure from

GMFA <https://www.gmfa.org.uk>

Terrence Higgins Trust <http://www.tht.org.uk>

Stonewall <http://www.stonewall.org.uk>

GLADD <https://www.glaad.org>

Is Anyone In Africa? <http://www.isanyoneinafrica.com>

There is also a list of global LGBT organisations here

https://en.wikipedia.org/wiki/List_of_LGBT_rights_organizations And if

you need spiritual advice and support visit The House of Rainbow

<http://www.houseofrainbow.org>

Gender - Getting and keeping erections is common for those who are questioning their gender identity, or who wish to transition. For those who have little information about gender identity, they may feel terrified or isolated – and may have few opportunities to seek help. Others may know help is available but not yet be at a place to access it. This can lead to anxiety that in turn affects sexual desire and the ability to get/stay hard. Alternatively disliking ones genitals or feeling they don't belong to your body can lead to a lack of erections or avoiding situations where erections may happen. Mixed feelings of pleasure and disgust can make arousal stressful. If you are Intersex you may have lacked adequate sex education, or have had intrusive and painful genital treatments, leading you to fear and dislike your body; you may be anxious about how partners will react to your genitals.

If your erection problems are linked to questions or concerns about your gender you can talk to your GP or contact the following organisations

GIRES (Gender Identity Research and Education Society)

<https://www.gires.org.uk>

The Beaumont Society <http://www.beaumontsociety.org.uk>

All About Trans <http://www.allabouttrans.org.uk>

Mermaids supports young people <http://www.mermaidsuk.org.uk>.

While there is support for Intersex people via OII-UK <http://oiiuk.org>

InterACT <https://interactadvocates.org> and Intersex Society of North

America <http://www.isna.org>. Plus you can read *Understanding your*

gender: a practical guide for exploring who you are by Alex Iantaffi and Meg-John Barker (Jessica Kingsley Publishers).

Guilt - If sexual pleasure is associated with guilty feelings – perhaps due to infidelity; being raised to view sex as bad or dirty; or negative attitudes about your gender, sexuality or sexual desires; it is common to lose erections (see Section 2). This can also happen following bereavement or after disasters or surviving conflict. Therapy can help address the reasons for feeling guilty and coming to terms with it, perhaps also making changes elsewhere in your life (see Section 5).

Health problems - Persistent erection problems that are not predominantly anxiety related are usually caused by health difficulties – and these increase as you get older. Heart disease, stroke, dementia, high blood pressure, diabetes, multiple sclerosis, epilepsy, arthritis and sickle cell anaemia are common culprits that either affect the flow of blood to the penis and in turn lead to erections being less firm and more difficult to get and keep; or they cause other problems with body image, mobility or the side-effects of medications that impair erections. Medications to treat these conditions can also affect erections.

If you can rule out erection problems because of anxiety, if you have tried to reduce erection problems yourself and it's not helped, or if you are unwell generally then seeing your doctor to ensure there's no underlying physical cause of erection problems is a good idea (see Section 1 and 5). Erection problems are often a symptom of other health problems that urgently need treating. Section 5 explains how to talk to your doctor about erection worries, and the following organisations offer support for specific health difficulties
Diabetes UK <https://www.diabetes.org.uk/guide-to-diabetes/life-with-diabetes/sex-and-diabetes>

British Heart Foundation <https://www.bhf.org.uk/heart-health/living-with-a-heart-condition/sex-and-heart-conditions>

Stroke Association <https://www.stroke.org.uk/resources/sex-after-stroke>

Blood Pressure UK

<http://www.bloodpressureuk.org/microsites/u40/Home/daily/Sexproblems>

Sickle Cell Society <http://www.sicklecellsociety.org>

MS Society <https://www.mssociety.org.uk/what-is-ms/signs-and-symptoms/sexual-problems/sex-and-relationships>

Epilepsy Action <https://www.epilepsy.org.uk/info/daily-life/sex/men/sex-life>

Arthritis Research UK <https://www.arthritisresearchuk.org/arthritis-information/daily-life/sex-and-arthritis.aspx>

Alzheimer's Society

https://www.alzheimers.org.uk/info/20029/daily_living/12/sex_and_intimate_relationships

You can also get general health information from:

NHS Choices <http://www.nhs.uk/pages/home.aspx>

Net Doctor <http://www.netdoctor.co.uk>

Patient <https://patient.info>

Infidelity - People who are cheating on their partner may struggle with erections – either with their long-term partner or the person who they are cheating with, or both. Feeling guilty about sex or relationships issues more generally can also impede erections. For those who discover their partner has been cheating, feelings of jealousy, resentment and rejection may lead to sex being a point of tension and sadness – a place where erections may either not occur or may not sustain to enjoy sex. Therapy can help you either end a relationship where infidelity has happened and enable you to recover to enjoy future relationships (if wanted), or rebuild your relationship after an affair. It is important to note that the lack of erections isn't a diagnostic that someone is automatically cheating – suspicious reactions from partners can often increase distress for those whose erection problems have entirely different causes. If infidelity is an issue in your relationship the therapy organisations and resources in Section 5 can also help, as can these books
Mating In Captivity by Esther Perel (Hodder and Stoughton)
Not 'Just Friends': Rebuilding Trust and Recovering your Sanity After Infidelity by Shirley Glass (Atria Books)
Relate - After the Affair: how to build trust and love again by Julia Cole (Relate Relationships)
Rewriting the Rules by Meg-John Barker (Routledge)
The New Monogamy: Redefining Your Relationship After Infidelity by Tammy Nelson (New Harbinger Publications)
The State of Affairs: Rethinking Infidelity by Esther Perel (Harper Collins).

Ill-wished or cursed - Such is the frustration and upset caused by erection difficulties, people understandably look for causes. While the main reasons are always psychological or physical, in many cultures and communities there is a belief erection problems are due to witchcraft, spells, or cursing. That may be believed to be from an ex-partner, business rival, or family member. Others might also believe 'karma' has led to them losing erections, for example as payback for having an affair or previously treating a partner

abusively. It's important to note that while people may cast spells or ill wish others, this has no power to cause erection difficulties. However, a belief that spells and charms have caused erection problems can be powerful and creates the self-fulfilling situation where fears that someone is seeking to harm your body stops your body doing what you want. Approaching this as you would anxiety-based erection problems (see 'Anxiety' above and Section 4) is one solution, but it may not be sufficient if wider problems of threats and abuse exist that also need tackling. There are people who make a lot of money by offering to lift spells or provide charms or medicines that will give you strong erections. Again, a belief in this may restore your erections because it's tackled your anxiety, but you could do this for yourself without wasting money or putting your health in danger (if you're taking herbs or drugs, see Section 5). Assuming your erections are due to a curse or spell may also mean you miss other crucial underlying health problems that are the real cause. Seeing your doctor is always advised where you've got persistent erection difficulties, and if you are being threatened or harassed speak to the police or National Stalking Helpline <https://www.suzylamplugh.org/Pages/Category/national-stalking-helpline>

Jealousy - Jealous and controlling behaviour can be toxic for any relationship, but may also affect the ability to get or keep erections. This may be because of intrusive thoughts about a partner's past partners or imagined infidelities; or due to a lack of confidence that otherwise undermines your ability to enjoy your body and relax with a partner. Jealousy can often intensify and it may be erection problems, rather than being noted as part of a person's own issues, are blamed on their partner. All of which can either lead to increased relationship problems, or relationships ending. Jealousy may also extend to other men you assume are more attractive, better endowed, and able to enjoy sex. Some people can address jealousy issues by addressing their self-confidence. Others find therapy helpful (see Section 5), particularly if the jealous thoughts are intrusive, cause distress or are accompanied by other emotional, financial or physical abuse towards a partner. If this is you, the Respect Phonenumber can help <http://respectphonenumber.org.uk>

Kinks and fetishes - While we're often encouraged by media and peers to explore kinks and fetishes with a partner, not everyone feels comfortable or safe doing so. This may be due to feeling you're the only person who has a particular kink or fetish, fear of rejection by a partner, or guilt over your desires. If you're unable to explore (consensual and legal) sex in ways you wish then it may be difficult

to become aroused or get or keep an erection. Some people whose sexual desires are illegal or non-consensually harmful may also struggle with erections if they know their attractions are wrong and feel shame or guilt. While in some cases erection problems can be masked or hidden within kinks where a person is either deliberately denied erections as part of sex, or can give pain or pleasure to others as part of sex play but without their penis being seen or touched (see Section 4). If you are troubled by sexual desires you believe could harm others, you can get advice from your GP or <http://respectphonenumber.org.uk> and Circles <http://www.circles-uk.org.uk>. If you have consensual and legal desires you feel unable to act upon but would like to explore Cleis Press <http://cleispress.com> and Greenery Press <http://www.greenerypress.com> specialise in frank and clear sex guides.

Long distance relationships - If you are apart from your partner for long periods of time due to work, study, incarceration, or travel you may find when you are together it is difficult to get erections. This may be particularly the case if you've been very much looking forward to being together, if you experienced trauma while apart, if there's a lot of pressure on you to fulfill other commitments when you're together, or if the relationship is in difficulties due to distance. Noting that sex can happen in different ways, finding ways to share intimacy while you're apart, and focusing on closeness while you're apart or together; along with accepting this may happen sometimes and is something you can work around may reduce the performance pressure you're under.

Students can get support from The Student Room <https://www.thestudentroom.co.uk>

There's a free chapter from Paul Joannides about sex for armed forces <https://www.guide2getting.com/wp-content/uploads/2015/11/Sex-in-the-Military.pdf>

Seafarers have advice for seafarers and families

<http://www.seafarers.uk>, and there's advice for prisoners and detainees from Inside Time <https://insidetime.org> and Partners of Prisoners <http://www.partnersofprisoners.co.uk>

Learning Difficulties - It can be difficult to find out about erection problems if you have learning difficulties. You may need to ask for easy-read advice or have someone help you read books or when you see the doctor. There are lots of easy read booklets about sex and love here: [http://www.easyhealth.org.uk/listing/sex-and-relationships-\(leaflets\)](http://www.easyhealth.org.uk/listing/sex-and-relationships-(leaflets)) that you can buy yourself or ask someone to

get for you. If you want to meet someone you can get help from dating service Love 4 Life <https://www.fitzroy.org/love4life>
The British Institute of Learning Difficulties has many easy read guides explaining all about sex and relationships
<http://www.bild.org.uk/resources/relationships>

Mental Health - The effect on erections from mental health can be threefold. Firstly, some symptoms of mental distress – particularly anxiety, depression and disassociation may leave people lacking any interest in sex, or unable to connect during intimacy and reduce opportunities to get or keep erections. Secondly, the side effects of medications can stop you getting hard. And thirdly, the daily stigma and stresses of living with mental illness (particularly if your friendships, relationships, work and finances/benefits are affected) can be exhausting and debilitating. Seeking support for mental health problems and the side effects of medication may help you enjoy or navigate relationships more easily. It's important *not* to stop taking medication because you believe it is causing erection difficulties, instead you need to discuss this with your GP – it is a perfectly valid side effect to flag up and have addressed. Mental health charities are there to help you online and with support groups. You can get more support from
MIND <https://www.mind.org.uk>
SANE <http://www.sane.org.uk>
Time To Change <https://www.time-to-change.org.uk>
All of these charities have subsections about specific mental health problems including anxiety, depression, hearing voices, personality disorders and more.

Miscarriage, stillbirth, and infant loss - The impact of baby loss on relationships can be significant. While for some people it can bring them closer, for others it can put considerable strain on them. Feelings of anger, guilt, shame and sadness are common; and partners of women who have miscarried may not always feel able to talk about it, nor know what support to offer. They may feel guilty trying to have sex again, but also pressured to do so if they want to conceive (see 'Fertility' above). Which, in turn, can affect getting or staying hard. Support for those who've experienced baby loss can be found via:
The Miscarriage Association
<https://www.miscarriageassociation.org.uk> SANDS
<https://www.sands.org.uk>
Pregnancy After Loss <https://pregnancyafterlosssupport.com>

Masculinity - The role of masculinity in causing erection problems is significant but frequently ignored. 'Real men' are expected to be super sexual; sexually literate and experienced; they should be able to make partners orgasm with ease; and erections should be massive, long lasting, and always end with impressive orgasms and ejaculating copious amounts of semen. Mix these myths with the pressures that 'real men' don't have problems, rarely cry, and don't talk about their feelings - ideas that are drummed into men from infancy - and you have a recipe for disaster. Men get misinformation about masculinity, sex, and relationship from their peers, from mainstream media, porn and even self-help guides; and these messages are difficult to resist. Noting that the ideas of what 'being a man' means within your culture and community and how it may negatively impact on your ability to enjoy sex is important. Unlearning all you think you know about sex (see 'Education' above) and reinventing for yourself ways to experience pleasure that aren't all based on performance, achievement and goal based activities (see Section 4) can all help undo some of the damage caused by toxic masculinity. This may be particularly important for gay men and disabled men (see above) and Black men (see 'Stereotypes' below).

Medication side effects - While physical and mental health problems can cause erection difficulties, some erection problems are caused by medication. This may be a shock to men who believe their health is being taken care of via medical treatment - particularly if their doctor does not explain the side effects in advance. Checking the information leaflets for your medication may show erection difficulties listed in the side effects section. If you are worried always speak to your doctor rather than stopping your medication so they can address what you are taking or offer additional treatments for erection problems (see Section 5). Don't self medicate with drugs you see online or can buy from friends or acquaintances as this can have an adverse effect on your overall wellbeing or interfere with the drugs you've already been prescribed. If the erection difficulties are going to last the duration you'll be taking the medication, finding more varied ways to experience pleasure and talking frankly with a partner (if appropriate) so they know what is going on (see Section 4) is also important.

New relationships - Any new relationship can be both exciting and a bit scary. If you've not had sex with someone before, particularly if you haven't had sex for a long time or have only been with one partner for a long period of time, then you may feel particularly anxious that you'll know what to do. Which, in turn, can lead you to

lose erections. And that may make you feel embarrassed or upset with someone you're still getting to know. The advice on enjoying sex (and talking to a partner (see Section 4) can help you feel more in control. Some people self-medicate with erection drugs they buy online or are given by a friend in order to stave off 'first night nerves'. This can be a bad idea if you don't know what you're taking, or if you have undiagnosed health conditions that could be harmed by erection drugs (see Section 5). If you feel you need medication (having tried the advice on self help in this guide) then speak to your GP. If you need erection medication you will be prescribed it, it isn't reserved for those in relationships.

Not being turned on enough - This may be one of the most obvious but rarely talked about causes of erection problems. If you aren't excited then it is difficult to get or stay hard. This could be due to not being able to express yourself as you wish (see 'Bisexual', 'Gay', 'Gender' and 'Kink' above). Or that you are upset or distracted by other issues. Or it may be the way you've been having sex no longer works for you, or that intimacy with your partner has become dull (see 'Boredom' above). There are countless sex guides out there talking about how to revive sex lives, and massive media pressure to encourage us all to have frequent, novel and acrobatic sex. Noting that you are bored with sex rather than feeling you're just not measuring up to impossible standards is a good idea. If you do feel you want change talking to your partner (see Section 4) about it in ways that aren't blaming or shaming is necessary. Together you may want to look at the resources recommended in Section 4 on enjoying sex to find out what might turn you on or what changes you might bring to your relationship overall so you can better enjoy intimacy.

New parents - Following the birth of a baby you'll be tired, busy, and focused on the baby your partner and any other children you might have. Understandably for many people sex is not a priority. However, when you do wish to be intimate there may be several things that stop you getting or keeping an erection. You may feel worried about hurting your partner (particularly if they are finding sex uncomfortable or sore); distressed if the birth was traumatic; or concerned you might wake the baby. Worries about your role – including concerns about finances and your job, along with whether you're being a good enough parent can also be overwhelming. This may be more acute if your baby is premature, unwell, disabled, high or special needs, or has a life-limiting illness. Solutions to make parenting easier include supporting each other; talking about your feelings and parenting worries; getting support from your midwife, GP or health visitor; and using parenting support groups (on and

offline). You may agree that sex isn't going to be something you do for a while, and focus either on intimacy that doesn't require an erection, or avoid any kind of sex but focus on kindness and companionship. For those who are traumatised by birth or feel they have postnatal depression (PND) there is support included below, alongside parenting support groups.

National Childbirth Trust <https://www.nct.org.uk>

Family Lives <http://www.familylives.org.uk>

Homestart <https://www.home-start.org.uk>

Gingerbread (for single parents) <https://gingerbread.org.uk>

PANDAS (PND) <http://www.pandasfoundation.org.uk>

Orgasm problems - Unfortunately erection worries don't always happen on their own. It's not unusual for other psychosexual problems to occur alongside them. For example you might not feel desire, which in turn stops you getting hard. Or you may orgasm before you've got hard or been able to penetrate a partner. You may find your erections keep appearing and disappearing during sex but that orgasms are impossible. All of this can be really upsetting and frustrating. The problems with desire and orgasm, as with erection difficulties, can have physical or psychological causes and some are persistent while others occasional. Experiencing multiple sexual problems together can be especially difficult to address. The solutions offered in Section 4 may help but if you can't fix it yourself see your doctor about medical and/or therapeutic care (see Section 5). You can get support for psychosexual difficulties via The Sexual Advice Association <http://sexualadviceassociation.co.uk> and NHS Choices <http://www.nhs.uk/livewell/goodsex/pages/malesexualdysfunction.aspx>

Penis and foreskin worries - Many men are anxious about the size and shape of their penis. Is it long enough? Thick enough? Does it look good when soft as well as hard? Are your balls the right shape and size? Is your foreskin too floppy? Too tight? Many of these worries are deep-seated and come from peer pressure, a lack of sex education (see 'Education' above) and porn (see below). Most of these worries are invasive but inaccurate – you believe you don't measure up and it's your anxiety about how you think you compare with other men that makes you so anxious you can't get or stay hard. You may also obsessively search online for information about penises, making yourself feel inferior because sites that want to sell you stuff have an interest in overestimating the 'average' size (which is 2-4 inches/5-10cms when soft; and 5-6 inches/13-15cms long with a girth of 4-5 inches/5-10cms when erect). You can learn

more about penis size/shape via the Kinsey Institute

<https://kinseyinstitute.org/research/publications/penis-size-faq-bibliography.php>

Phimosis (where the foreskin can't pull back) or paraphimosis (where the foreskin can be pulled back but not forward again) are both conditions that can be embarrassing or painful. They can lead to additional infections and irritations to the penis and the pain associated with them can make erections uncomfortable or impossible to get or keep. Worries over what partners will think of your genitals, or how they may react to you avoiding intimacy can also lead to people avoiding relationships altogether. Or where a person has phimosis or paraphimosis and erection difficulties it can cause tensions in existing relationships. Additionally, some men are anxious about whether their foreskin looks 'right' – is it too floppy, too long, or too short? Anxieties about penis hygiene or body image also lead to anxiety which in turn makes erections disappear. If you are worried about foreskin problems, see your doctor. Tight or painful foreskins can be treated with creams or surgery, and using condoms and lubricant during sex also helps. There's more information here courtesy of NHS Choices

<http://www.nhs.uk/conditions/phimosis/Pages/Introduction.aspx>

Men with very large penises may notice it can take them a while to get hard, and their erection may lose firmness during sex. This can be made worse if partners are commenting on your body, or you feel having a bigger penis means you're always expected to be ready for sex and have erections that last for far longer than reasonably possible.

Micro penises are where the penis is considered less than average (usually 2 inches or less when stretched) and may get erect but is still very small once hard. Small penises or diverse genitalia as experienced by Intersex people are poorly understood and often a source of shame and embarrassment. Being anxious about how a partner might react, not knowing how to explore pleasure with a partner, or being worried or angry about your body can both stop erections from happening or lead to you avoiding relationships or intimacy. The resources in Section 4 give a wide range of ideas about ways to get/give pleasure that neither require erections nor large penises. Therapy may also be beneficial if you've internalised self-hatred about your body, or this podcast from Meg-John and Justin on small penises <https://player.fm/series/meg-john-and-justin/small-penis>

If you are catheterised there can be additional worries about enjoying intimacy, body image and personal hygiene concerns that may make it difficult to relax and get or stay hard (see 'Disability' above).

If you spot any unexplained or sudden changes to the penis – like size, shape, any bends when you get hard or lumps on your penis or balls, plus any discharge, or stinging when you pee – all of that needs checking with the doctor right away.

Pain - Pain during or after sex should never be ignored. However many men endure it out of embarrassment or fear. It can include a painful foreskin; painful penis when trying to get erect or during an erection; stinging when you pee or ejaculate; or an ache in your penis, stomach, lower back or balls during or after sex. Sometimes pain can be due to trying to get yourself hard (particularly if you use injections, pellets or a pump, see Section 5). But it may be due to injury or infection. If you have pain, particularly if you also notice discharge or bleeding, see your doctor right away.

Vaginal pain is also very common. Occurring during first time sex, where people lack sex education, due to vaginal dryness and/or where a partner isn't willing or able to arouse their partner enough so they can enjoy sex. Vaginal pain can also be a difficulty due to injury or infection, after pregnancy loss or birth, during peri menopause and menopause, or following chemotherapy, or genital or bowel surgery. If you know your partner is in pain, if sex is interrupted because of discomfort, or you fear hurting your partner it can make it difficult to get or keep erections. Noting pain is a symptom never to be ignored is important, and forcing yourself to try and get erect in order to have sex with someone in pain is a really bad idea. Learning about pleasure (see Section 4), using a lubricant, and treating underlying causes of pain by seeking medical advice are all useful strategies. You can get more support via The Vulval Pain Society <http://www.vulvalpainsociety.org>
NHS Choices advice on vaginismus
<http://www.nhs.uk/Conditions/Vaginismus/Pages/Symptoms.aspx>

Pregnancy - While pregnancy is represented in all cultures as a happy event, the experience of a partner being pregnant can affect your erections. It may be that you're scared of hurting your partner or the growing baby (particularly if you have a history of miscarriage), unresolved trauma from witnessing a previous distressing birth; conflicted feelings about your partner being both sexual and mother-to-be; your partner experiencing pain or mobility

problems (for example due to pelvic pain/SPD); your partner desiring sex far more than you do; not being attracted to a pregnant body; ambivalence or anxieties about future parenthood and how you'll cope. Evidently talking about these things can be difficult or distressing – or potentially hurtful to a partner if they feel you are rejecting them at a particularly vulnerable time. The resources for new parents (see above) can help, as may having a sense of humour and noting erection difficulties, while taboo to talk about, are very common in pregnancy and finding other ways to share pleasure (see Section 4) may be a better compromise.

Porn - Pornography presents men's erections as large, always hard, and able to stay that way for long periods of time, prior to copious ejaculation. It doesn't account for diversity of penis sizes and shapes, and rarely does it show flaccid penises. This can create unhelpful ideas about what's 'normal', particularly for men with little access to sex education who may use porn as a source of information.

Some theories have suggested erection difficulties are caused by using porn – either because people feel inadequate in relation to porn actors, or because using porn for masturbation leads to sexual dissatisfaction. However, more recent research suggests porn use and erection problems are not directly linked. That said, it is common for men experiencing erection problems to withdraw from intimacy with a partner or avoid sexual relationships entirely. They may still be able to get and stay hard for masturbation on their own with porn (although not necessarily consistently), so porn may be a means of avoiding difficult sexual contact with other people and keeping erection problems hidden. Unfortunately in relationships where this occurs, especially if erection problems haven't been discussed, partners may believe they are undesirable, or feel rejected and confused where a partner is avoiding intimacy with them, but is discovered masturbating and using porn. Clearer communication and more effective ways to approach erection problems (see Section 4) and therapy (see Section 5) may help address worries about porn use, erection difficulties, and relationship problems; alongside these guides to understanding porn from Bish <http://www.bishuk.com/porn>

Recently the phenomena of revenge porn has also been associated with erection difficulties. Either where men have been filmed not being able to get or stay hard, or where they've been filmed having sex. In either case blackmail and threats have been made to expose images online, or this threat has been carried out. Which evidently

will worsen or cause psychosexual difficulties and leading people to live in fear or shame, and frequently too terrified to tell others of their predicament. Some have considered self harming or died by suicide as a consequence. If this has affected you, there is support at the Revenge Porn Helpline <https://revengepornhelpline.org.uk>

Privacy - It's difficult to get/stay hard if you lack privacy or fear being overheard. If you're in shared accommodation, have lots of neighbours, poor soundproofing or are worried your kids will hear you; then relaxing enough to enjoy sex, having to stay quiet, and a limited amount of time on your own can all reduce your chances of getting an erection. Finding ways to be alone, turning up music to hide noise or having sex in another room (for example in the bathroom not your bedroom or bedsit) may be an alternative.

Partner's psychosexual problems - If your partner finds sex painful (see 'Pain' above), or they lack desire or don't appear to enjoy sex, then being intimate with them can become stressful and upsetting; which in turn can affect your erections and create a cycle where all concerned feel anxious and unable to enjoy intimacy. The solutions outlined in Section 4 along with therapy (see Section 5) may help. If your partner is experiencing pain during or after sex, any unexplained discharge or bleeding they should see their doctor right away.

Relationship problems - Erection problems can increase the strain on relationships, particularly if there are additional communication barriers. Relationship problems can also create erection difficulties if there's arguments, resentment, rejection or neglect. Where a relationship is in difficulty it may not feel possible to open up and talk about your feelings or worries about erections; or there may not be a sympathetic response if you do. Finding ways to communicate more effectively, reconnect, and share affection (see Section 4) can benefit relationships that are otherwise positive but going through a rocky patch or struggling because of erection difficulties. Where there are more complex and long-term relationship problems therapy for yourself and with a partner may help you express how you feel and what you want to happen (including separation). If the relationship is abusive (see 'Abuse' above) then couples therapy isn't advised but seeing a therapist on your own to work out how to keep yourself safe is advised.

Rejection - A major fear with erection problems is they will lead to you being rejected or ridiculed. Reassuringly most partners are accepting of erection difficulties, and understanding if told about

them, but can struggle if they feel it's their fault. However, if someone is rejecting of you – either in a relationship or specifically once they discover the erection problems – this can be distressing and make erection difficulties worse. In relationships where someone with erection refuses to talk about it or seek help, or where they avoid any kind of intimacy, then partners can feel shut out. While some people struggle to form relationships due to past rejection, and this stress leads them to lose erections when with a new partner. You can find more information on rebuilding your confidence in Section 4, while therapy may help you reconnect within relationships (see Section 5).

Stereotypes - Unhelpful ideas about masculinity (see above) can both cause and maintain erection difficulties. Additional stereotypes can have a number of negative impacts on men and their sexual lives. Disabled people (see above) may experience prejudice around forming relationships, meeting partners, or being infantilised and assumed to be sexless. The pressures on disabled people to navigate life in an ableist society can cause additional problems with depression, isolation, and distress. The issues of gay and bi men or men who have sex with men have been outlined above. Black men may be under particular pressure to be hypersexual and well endowed – comments about not measuring up or criticisms about body size can be especially hurtful; while living in racist societies may lead to numerous toxic daily pressures that leave black, Indigenous, Gypsy, Traveller, and men of colour feeling overwhelmed or in many cases at risk. Accessing therapy and health care may be difficult for all these groups. However, a therapist or clinician that is supportive and understanding of diversity can make a big difference. As can joining support networks, and activist, advocacy or awareness groups.

Sexually Transmitted Infections (STIs) - Some men struggle to get or keep erections because they are anxious about getting an STI. Using condoms (see above) can reduce this worry and allow you to relax and enjoy sex. If you have an STI, stigma and anxiety about can cause erection problems; as can worries about symptoms; or feeling upset following treatment (particularly if this coincides with a relationship breaking up). Men with HIV often have erection difficulties either due to rejection from others, having to hide their status, or the side effects of medication. Ignoring STIs can affect future fertility and worsen existing erection problems. So if you have symptoms including pain when you pee, discharge or a sore penis or balls (see above) or notice any sores on your genitals or around your anus then see your GP or Genito Urinary (sexual health) clinic.

Remember many STIs are symptomless, so if you've had unprotected sex and are also struggling with erection difficulties, both can be addressed by seeking medical help. Some medications for STIs can interact with erection drugs (see Section 5) so speak to your doctor if you need both kinds of medication. You can get condoms and other contraceptives plus STI testing kits from:

Freedoms Store <https://www.freedoms-shop.com>

SH:24 <https://sh24.org.uk>

And advice about your sexual health (including HIV) from

Naz <http://naz.org.uk>

Sexual Health Scotland <http://www.sexualhealthscotland.co.uk>

or find your nearest sexual health service (UK)

<http://www.nhs.uk/Service->

[Search/Sexual%20health%20services/LocationSearch/1847](http://www.nhs.uk/Service-Search/Sexual%20health%20services/LocationSearch/1847) (see also 'Gay' and 'Drugs' sections above for more specific sexual health advice).

Smoking - A key contributor to erection problems is smoking as it harms your lungs, heart and arteries; which in turn affects blood flow to the penis. If you're a heavy smoker you may notice your erections aren't as strong as they used to be. Or that you can't get or stay hard whether you're with a partner or during masturbation on your own. Quitting smoking is good for your overall health but particularly good if you have erection problems. You can get support online, from your GP, via quit clinics, or with the help of friends or family. There's more advice from the NHS here

<http://www.nhs.uk/livewell/smoking/Pages/stopsmokingnewhome.asp>

[X](#)

Shame - If you've been raised to view sex as bad or dirty then it may be difficult to relax and enjoy sex with a partner. It can also lead to conflicted feelings over desire and self-disgust, so you want to do it, but you feel you shouldn't. This can be more acute if you want a partner to be sexual but feel simultaneously disgusted if they turn you on. Or worry that learning about sex is somehow rude or sinful. It may be that you don't see sex negatively but your partner does, which in turn makes it difficult to share intimacy together and makes sex so fraught you cannot get or stay hard. These feelings can either cause erection difficulties or make them worse, and also stop you being able to talk to your doctor. The information above in 'Education' has lots of resources aimed at improving your understanding of sex and your body and your relationships. You and your partner may find therapy (see Section 5) helps you unlearn negative messages about sex. And it is okay to talk to your doctor who should never judge you (see Section 5).

Surgery - It is normal to experience temporary erection difficulties following genital, stomach or bowel surgery. These may be due to worries about sex being painful, trauma after surgery, or still being exhausted from recovery. In some cases surgery means you will never get an erection again, or will struggle to keep one firm enough to enjoy sex. Your doctor should explain this to you prior to having any surgery, but it is not always explained (for example if time doesn't allow in an emergency, or where the doctor believes the knowledge would stop you having lifesaving care). There are some treatments that can still be used (implants, strap ons, or pumps, for example, see Section 5). And therapy can help you cope with the distress and anger that can follow surgery that leaves you unable to enjoy sex as you would truly wish. It is common to feel disappointed or depressed about not being able to get an erection, and you may miss the feelings of being very hard, thrusting during penetration, or a strong ejaculation. You can find other ways of experiencing pleasure for yourself or your partner in Section 4; and specific advice on coping when you will never have an erection again in Section 5.

Transgender - Erection issues are rarely talked about for Trans people, and can be upsetting and confusing as a result. For some Trans Women who dislike having a penis or feel disassociated from their genitals, the presence of erections can be stressful and as a consequence erectile dysfunction may follow. Those who are using hormones may notice their erections are either less firm, or more difficult to achieve. Again, this may be welcomed if a woman isn't connected to her penis; but for Trans Women and gender queer people who enjoy erections it may be an unpleasant and unanticipated side-effect. Trans Men who have used hormones but not surgery may not always get strong erections that can be upsetting, particularly if they were hoping for more pleasure from their genitals or if, frustratingly, they have a higher desire for sex but a reduced genital response. Alternatively Trans Men may experience stronger genital sensations but still be dissatisfied with the size and shape of their genitals. For those who've had a penis implant, adjusting to using this or negotiating it with a partner can be stressful (see Section 5). For both Trans Men and Women, gender queer and Intersex people, worries about how others may react to their genitals; navigating relationships; the experience of Transitioning (if taken); and living in a Transphobic society can leave people feeling isolated, ashamed or depressed. You can get more ideas about experiencing pleasure in Section 4, and (see 'Gender' above for support organisations).

Trauma - Surviving abuse, conflict, accident or injury can leave people struggling with flashbacks, anxiety, depression and guilt. These can lead to a lack of sexual desire, or it may be you want sex but cannot get or stay hard when you try it. Some physical injuries acquired through trauma can lead to mobility and balance problems that make sex more difficult and therefore erections less strong; or prevent erections happening completely. Intrusive memories following trauma can also impact on work, relationships and increase substance abuse. Therapy that tackles PTSD (post traumatic stress disorder) can also include dealing with erection problems. You can get more support from PTSD UK <http://www.ptsduk.org> Birth Trauma Association <http://www.birthtraumaassociation.org.uk> Trauma Survivors Network <http://www.traumasurvivorsnetwork.org> Mitch Tepper's Love After War http://www.drmitchelltepper.com/making_love_after_making_war And my multi-age, multi-language resource on giving/getting psychological first aid <http://nostartoguideme.com/psychological-first-aid>

Terminal Illness - If you or a partner has a terminal illness then you may experience erection problems for a number of reasons. Your illness or medication associated with it may inhibit erections; anxiety and distress about your condition may make it difficult to feel desire or relax enough to enjoy sex and get or keep an erection; or you may feel while you are facing end of life that sex shouldn't be a priority and thus feel guilty for wanting intimacy or getting erections. This may also be the case if your partner is terminally ill and you are unsure if you should be wanting sex with them at this time. If you want to experience pleasure, and to have penetrative sex (if possible) look to reduce anxiety and increase ways to explore intimacy (see Section 4). Sex doesn't have to include erections, but it can make you feel more connected, happy, and relaxed. Some people avoid relationships or casual sex because they believe their terminal condition will put people off, however, you can seek relationships and sex while terminally sick if you want to. Equally, if you prefer to focus on other pleasures and avoid any kind of sexual activity, that is fine too.

If you want to have sex you may need to time it so you've used pain relief beforehand, noting some medications can reduce erections or increase tiredness. Adapting positions and using support from pillows can make you feel balanced and comfortable. If you're catheterised or have an ostomy bag there's advice in 'Disability' about having sex with these in place. You may want to rest before and after sex, and note you may not be as energetic as in the past.

If you're using a hospice, staff there may be able to help answer questions about erection concerns, or create opportunities where you and your partner will not be disturbed. There are resources to explore a variety of ways to enjoy pleasure via Marie Curie <https://www.mariecurie.org.uk/help/support/terminal-illness/wellbeing/sexuality>

Unrealistic expectations - Very often men don't have any erection problems at all – they just believe they do because of unrealistic expectations about sex, erections, and their body. For example, if you've already had sex with a full erection, but a couple of hours later you can't get hard you might self diagnose as having 'erectile dysfunction' whereas it's just your body recovering. Or you may see images in porn (see above) or hear peers talking about sex and feel you're missing out or should be having sex in more dramatic ways or that your penis should be bigger, thicker and harder. All of which makes you feel your perfectly normally sized penis, completely adequate erections, and orgasms are not 'good enough'. Learning about sex and pleasure (see 'Education' above and Section 4) can all reduce these very real worries that you've created for yourself.

Urological problems - Alongside fertility difficulties (see above), incontinence and other bladder problems, prostate cancers and inflammation, and urinary tract infections can all impact on men's ability to get or keep erections. Or create stigma, anxiety and other side effects (e.g. pain) that reduce desire. If you are struggling to urinate or ejaculate, are urinating far more than usual, or have any other symptoms that bother you, speak to your doctor. They can arrange for tests and treatment, or, if appropriate, refer you to a urologist. More information can be found via The Urology Foundation <https://www.theurologyfoundation.org>

Virginity - If you haven't had sex before, you may be excited about being intimate with someone. But you may also be anxious (see 'First time sex' above). If your partner has not had sex before and they are worried, or experience pain (see above), you may struggle to get or stay hard due to fears of hurting them or not giving them pleasure. Or if you are from a culture or community that values virginity highly, and you are anxious that you are not a virgin or are jealous or suspicious about your partner's virginity that can create a stressful and upsetting situation. Finding out more about sex and your body (see 'Education' above) or ways to enjoy intimacy (see Section 4) can help reduce virginity worries. This previous advice column of mine explaining virginity may also be reassuring

<http://www.telegraph.co.uk/women/sex/how-do-i-know-if-im-a-virgin/amp/>

Work and financial worries - Jobs that are overly busy; precarious, short term or zero hours contracts; unemployment or financial concerns are all stressful and at some times overwhelming. If you are fearful of your own security or your family's wellbeing it is understandably going to impact on your desire to have sex and ability to get or keep an erection. Not all of these problems are easy to fix, but if you are able to get financial advice or support, change your employment circumstances, or find ways to cope with uncertainty and overwork it may make life easier. There's information and support on your rights and finances via Citizens Advice <https://www.citizensadvice.org.uk> National Debtline <https://www.nationaldebtline.org> Money Advice Service <https://www.moneyadviceservice.org.uk/en> Poor As Folk <https://poorasfolk.com>

4. How to help yourself

Along with reactions and causes, people cope with erection difficulties in many ways. Some may try more than one approach concurrently, or may attempt to find numerous solutions if previous attempts to fix things have failed.

As you read through the list below, it's a good idea note what you have tried (and whether it worked for you or not), what you'd consider doing, and what is either unsuitable for you or just doesn't appeal.

Find your new normal - Having read through this guide and thought about your erection problems you may note there are really good reasons for your erection difficulties (relationship breakup, bereavement, first time sex, unrealistic expectations) and accept this is part of your life right now. If anything needs fixing urgently, address the underlying causes (e.g. sorting finances, finding a new job, leaving a toxic relationship) rather than trying to have more sex only concentrating on sorting your erections.

Get other people on your side - Seek help through support groups/charities, helplines, online forums or websites, advice columns etc. There are lots listed above in Section 3 you can turn to.

Keep a sense of humour - While it isn't for everyone, being able to laugh at situations you're finding difficult can make them less intimidating. Some people make a joke with partners, or when seeing the doctor.

Take control - Finding ways to enjoy life more widely can help you feel stronger and better able to approach this as a nuisance you can deal with rather than an overwhelming crisis that controls you. This might be done by spending more quality time with a loved one, friends, family or enjoying hobbies, volunteering or other activities that bring you joy.

Think critically - Note how many places try and tell you what's 'normal' sex (frequent, performative, penetrative) and other lifestyle myths (great apartment, fantastic physique, amazing relationship). Advertising (including from pharmaceutical companies), media and porn all promote messages about our lives. Spot them, notice how they are both unhelpful and unrepresentative, and use them to resist and reimagine how you want your life to be.

Confidence, kindness, and self care - If you are feeling down about yourself or overwhelmed with worries about your erections and wider life issues, it may be difficult to find the strength to make changes or seek help. Finding ways to care for yourself (cooking a meal you enjoy, bathing, or seeing a film); taking courses or reading books on confidence or assertiveness; or exploring ways to connect with a partner and build closeness can all leave you feeling better about yourself. Blaming, or being angry with yourself is not going to help you overcome or live with erection difficulties, it is okay to have these feelings, but it's also a good idea to be gentle with yourself. If that is difficult, imagine how you might support a friend in a similar situation – then apply those actions to you. The following books and websites may help:

Unlock Your Confidence: How to be More Confident With Confidence Karma by Gary Wood

Action For Happiness <http://www.actionforhappiness.org>

The Reading Agency's Books on Prescription
<https://readingagency.org.uk/adults>

Kissing It Better <http://www.kissingitbetter.co.uk>

Get healthy - Erection problems can be caused by psychological or physical causes, both of which can be made worse by smoking, excessive drinking, poor diet and a lack of exercise. Often people misinterpret this advice in needing to be in the gym all the time, or eating so-called 'superfoods'. Not to mention needing to be mobile

and wealthy, with lots of free time. In reality a balanced diet, avoiding large portion sizes, and regular physical activity is what's needed. Your doctor can advise about what would suit you, and if there are any dietary or exercise concerns refer you to a dietician (see <https://www.bda.uk.com>). If you have financial or mobility problems that would affect exercise you can see if there are free or low cost fitness clubs at your community centre, or via your doctors surgery. This may also have the benefit of additional motivation, the chance to make new friends, and the ability to take your mind off other worries. If you have pre-existing health conditions then a more healthy lifestyle may bring wider benefits.

Often men believe that overeating particular foods (for example fish or red meat), or having vitamin or mineral supplements will restore erections. This can be done because of a genuine belief it will fix things (often reinforced by food and supplement advertising and misleading media coverage), or as a displacement activity. It's easier to buy some supplements and hope they work, than having to talk to a partner about something that frightens or embarrasses you, changing your lifestyle more widely, or seeing your GP (see 'Alternative Therapies' in Section 5).

You can find more ideas via Patient on healthy eating <https://patient.info/health/healthy-eating> (includes links to recipes) and exercise <https://patient.info/health/physical-activity-for-health> Plus the British Heart Foundation has a recipe finder to suit all dietary needs, budgets, and lifestyles <https://www.bhf.org.uk/heart-matters/healthy-eating-toolkit/recipe-finder>

While there is advice on fitness and disability from the English Federation of Disability Sport <https://www.bda.uk.com> and the Couch to 5K challenge from NHS Choices <http://www.nhs.uk/LiveWell/c25k/Pages/couch-to-5k.aspx>

Practise relaxation, meditation and mindfulness - Erection problems can be caused by being anxious about sex (see 'Anxiety' and 'Mental Health' in Section 3 above), but they can also make you more anxious about your body, relationship and life in general. Being able to switch off and not think about sexual problems is easier said than done. But being able to relax and refocus your energies in non self-destructive ways may not necessarily stop erection problems, but it may reduce them, and give you a greater sense of control. Some libraries, community centres, gyms and adult education centres offer free or low cost relaxation, meditation or mindfulness classes. Or you can find resources online to guide you. These may

also be useful if you have wider anxiety difficulties that are impacting on your life (including your erections).

Instructions on how to practice mindfulness can be found at <http://bemindful.co.uk>

Moodjuice has a number of guides on relaxation, audio guides on coping with a variety of mental health issues, and mindfulness resources:

<http://www.moodjuice.scot.nhs.uk/relaxation.asp>

<http://www.moodjuice.scot.nhs.uk/asppodcast.asp>

<http://www.moodjuice.scot.nhs.uk/mildmoderate/MindfulnessDownloads.asp>

If you've experienced past or recent abuse, trauma, have PTSD or are currently having a mental health crisis, then these approaches may be insufficient or can cause more harm than good. Speak to your doctor, mental health team, or therapist before trying them.

Go back to school - Knowledge is power, and often erection problems are caused or worsened through feeling like the problem owns you, not vice versa. Learning more about how your body works (see 'Education' in Section 3), how to enjoy intimacy (see below), and focusing on caring for yourself are all ways to understand what may be going on and work out how best to help yourself. It also means should you need additional help from a doctor or therapist you are better prepared to talk about what is going on and follow any recommended treatment plans.

How to talk to a partner

Ideally talking to your partner at the time when you're struggling to get or keep an erection is a better approach than pretending it isn't happening or just stopping having sex without giving any reason. This doesn't have to be a big deal, you can keep it light and be honest *'I'm a bit tired now, but I'd like a hug'*, *'I've had too much to drink, let's try again in the morning'*, or *'I really fancy you but I'm not going to stay hard, what can I do to turn you on?'*

If it's a new partner

If you know you're probably not going to be able to get or stay hard because of anxiety or an underlying health cause you may want to forewarn a partner in advance *'I've got diabetes so sometimes I can't get it up'*, *'After my cancer surgery I use a pump and a cock ring to help me keep hard during sex'*.

If you are not going to get erections at all due to injury or disability then being up front about this is better than letting them find out when you're being intimate. A frank description of the problem, what you might do instead, and how it doesn't affect how you feel about them is a good approach: *'I really enjoy being with you and want to take you to bed. My spinal injury means I won't get hard but I can turn you on in other ways'*. You can either let them discover what those other ways might be, or tell them *'I'm great with my tongue'* or *'I'd love to use a sex toy on you, perhaps you could use it on yourself while I watch too'*.

If they know what to expect partners are far less likely to judge you and also won't blame themselves. It also means if they react in any way that's not supportive you don't have to take the date further.

If it's an existing partner

It may be you've always had erection problems but it's never really been talked about, or they may have started being an issue more recently. If your relationship is otherwise positive you can build on the security of knowing and trusting your partner to tell them what is going on. This might be during sex, or on another occasion where you've time and privacy to talk. It doesn't have to be a serious chat, you can say there is a problem, why you think it's happening, what you're going to do about it, and by when. For example, *'since I lost my job I've really felt down. I still love you but I can't get hard. I'm looking for work, but I really need to know you're on my side'*, or *'I really thought I'd lose you when we had our daughter. I can't stop thinking about it or worrying about you both. Whenever I touch you I'm reminded of it and blame myself. I'm going to see the doctor as these feelings don't seem right'*.

It's okay to acknowledge this is upsetting you. Partners will want reassurance it's not their fault - and that you still desire them. You can tell them how you feel, what they mean, and also what would and wouldn't help. *'I still want to be close to you, can we just enjoy pleasure where it doesn't matter if I'm not hard?'* or *'I know you feel frustrated and worried but please stop asking me if I'm going to leave you and when this will be better. It makes me more sad and stressed and that affects my erections'*

If erection problems continue to be a barrier in your relationship or you have wider relationship difficulties therapy may be suitable (see Section 5).

Talking about sensitive issues can be daunting. Some people prefer to prepare in advance, perhaps writing out what they want to say, or talking it over to themselves. They may pick a particular time and place to talk to a partner. Others don't want to talk face-to-face so have the conversation over the phone, or via email or letter. It might be you want an escape route or limited time to talk, so pick a car journey or walk during which time you can explain what's going on, then have space on your own after. Sometimes you just blurt it out. And partners may be the ones who begin the conversation – if they do, take advantage of it. Either right then, or shortly after. It doesn't have to be a big deal unless you make it so, and most people who open up to their partners about what is going on are pleasantly surprised by their reactions and how relieved they feel afterwards.

If you're the partner of someone with erection problems

Do

- Recognise this is embarrassing, distressing and frightening for them.
- Understand it is most likely not about you, indeed the more they fancy and care for you, the more pressure they may be under to keep erections, and the more difficult that may be.
- Ask them how they are feeling and what you can do to help
- Listen to what they ask of you.
- Be clear about what help you can offer – if they need a therapist or doctor, encourage them to go.
- Find other ways to explore pleasure (see next part of this Section).
- Have clear boundaries yourself, if it isn't working then it is okay to end the relationship, particularly if they are turning their problems onto you, or refusing to deal with them.
- Learn more about what causes problems and how partners may feel (see Sections 2 and 3).
- Reassure them that you care, want to be with them, and what you do enjoy about the relationship.
- Get support for yourself if a partner's erection problems are worrying or upsetting you.

Don't

- Mock, belittle or threaten them.
- Push them to try solutions that are physically difficult or impossible, or make them very distressed.
- Assume it's just because they're not turned on enough, so try doing lots of very sexual things (dressing up, using sex toys, encouraging them to try a threesome) without discussing with them first or noticing this is increasing the pressure on them.
- Tell other people about their problem without their consent (you can tell their GP if you really are fearful about their health, although their doctor will not reveal anything about their health to you).

- Buy them 'erection enhancing' products online and give them with or without your partner's knowledge.
- Arrange 'interventions' where you and others confront them to deal with their problems.
- Cheat on them.
- 'Ghost' them (disappear from their life with no reasons given and no further contact).
- Expect dramatic changes overnight, while some erection difficulties may be solved swiftly, for others it can take time and effort.
- Stay in a relationship that is making you miserable.

You may find the following guides on better communication helpful *Communication Miracles for Couples: Easy and Effective Tools to Create More Love and Less Conflict* (3rd Ed) by Jonathan Robinson (Conari Press) and *Man Talk: the gay couple's communication guide* by Neil Kaminsky (Harrington Park Press). Plus these guides on positive relationships *The Secrets of Enduring Love: How to make relationships last* by Meg-John Barker and Jacqui Gabb (Vermillion), *The Heart and Soul of Sex: Exploring the Sexual Mysteries* by Gina Ogden (Trumpeter) and *Make your own relationship user guide* by Meg-John Barker and Justin Hancock available via <http://megjohnandjustin.com/product/make-your-own-relationship-user-guide>

If your partner won't communicate, or if you're currently in a sexless relationship because of erection problems, you may find the book *My Husband Won't Have Sex With Me* by Dawn Michael (Pillow Book Media) comforting.

Reconnect with your body - A consequence of erection problems is self-neglect. Men often feel there's no point in touching themselves if erections aren't going to happen. This can increase feelings of frustration, loneliness or self-hatred. A bubble bath is never the answer to complex problems, but doing things that are sensual can reconnect you with your body in ways you'd previously not explored. Taking time over a shower or bath and touching all of your body, and using massage oil or lotion afterwards if preferred can feel comforting or arousing.

Don't discount feelings of arousal or desire simply because you don't have an erection, or your erections are not as strong as you would wish. Noting what other parts of your body feel good can be an important alternative to penis-centred pleasure. Your eyelids, mouth, ears, neck, nipples, stomach, bum and feet may all be places that feel good to be touched – by you or someone else. This may be particularly useful if you are unable to feel your genitals and

want to relocate pleasure to other parts of your body where you have sensation.

You can also masturbate without an erection, your penis can feel good while soft. Typically when erections don't happen men avoid touching their penis, or get so frustrated trying to get hard they give up. Allowing yourself to enjoy stroking or rubbing your penis, using a lubricant, and experimenting with different positions and breathing while touching yourself can all feel sexy. If, however, touching your penis is too upsetting at this time, then focusing on other parts of your body that do feel nice, or non sexual kinds of pleasure (see 'Self Care' above) may work better.

Change how you have sex

Our sexual scripts usually run something like this – you start with kissing, touching and talking dirty. Perhaps moving on to oral sex or mutual masturbation. Followed by penetrative sex where your partner has an orgasm, before it finishes when you come. This pattern's pretty much what people learn as 'normal' – it's what we see in self-help books, mainstream media sex articles, and very commonly in porn. It's what peers talk about (perhaps during youth with preoccupations of which 'base' you got to), indicating a goal focus of eventually ending up with penetrative sex. Because of these messages it can be really difficult to imagine different ways of enjoying pleasure. And it may also mean if other ways are suggested, your initial reaction is to dismiss or feel threatened.

If you struggle to get or keep erections because you're anxious, then removing a core aspect of the anxiety can make a big difference. That means shifting the script. So you expand what brings pleasure thinking about how many things you can do that do not require you to have an erection. This may feel scary if you worry it'll draw more attention to the problem, or means you're giving up on having penetrative sex forever. But the more you explore pleasure with no pressure or expectation you have to get hard or penetrate your partner with your penis, the more opportunities you have to relax, to focus on what feels good, and ensure your partner is satisfied.

As erections are seen as so central to sex, it may be you feel you don't need to make an effort if you can't get hard. Or the awkwardness or sadness around sex means either sex is avoided or it is started and abandoned. It may seem counterintuitive as doing anything sexual draws attention to your lack of erections, but it can make you see (and feel) sex differently.

Can you list all the things that bring pleasure? Here is a list compiled by people who've been experiencing erection difficulties about what they discovered they enjoyed doing:

- touching, kissing, massage, hair brushing, stroking, cuddling
- sharing fantasies, using erotica, dressing up
- using blindfolds, having sex in different rooms/locations, having sex in the light, dark, or candlelight
- bathing or showering together
- masturbation – either doing it to your partner or watching them masturbate
- using sex toys – either on your partner or on yourself, or watching them use a toy
- giving or getting oral sex
- reading sex manuals and working out what you know you like doing, what you might like to try, and how to adapt advice to maximise pleasure with minimal need for erections
- exploring as many ways to experience sensual pleasure that do not involve touching your genitals at all.

Another downside of our limited sexual script, is that 'great sex' must always be spontaneous. However, for many of us this isn't possible, nor realistic. Instead sex can be reactive, or responsive. So you become turned on by the stuff you do, rather than feeling turned on and then doing stuff. Giving and receiving pleasure where there is no expectation to get an erection may feel strange at first, but also reminds you that you can enjoy intimacy and make your partner happy in a less pressured environment.

Some people set themselves a time limit where they will explore sex without the need for an erection, and note even if you do get partially or fully hard in that time zone you will do nothing about it. This means even if you have an erection, you don't try for penetrative sex. Again, this may feel counterintuitive since the main thing you want is erections and penetration. But if you agree to widen what pleasure is and not try penetrative sex, you can build your confidence and reduce the situation where you are feeling good, get hard, but lose your erection.

Alternatively, this may feel frustrating, or you may not want to lose the opportunity to enjoy penetrative sex. In which case you might want to attempt it. Returning to the non-erection options of pleasure and sensuality above if your erection goes down.

Using this approach, where erections are no longer the goal of sex, can mean your erections return for some or all of the time. But if they do not, you haven't stopped having sex. A soft penis can feel good when touched, kissed or sucked, or where sex toys are used (see 'Reconnect with your body' above).

Some people adapt their sex lives further to make a lack of erection a key part of pleasure. Orgasm denial (so your experience as much pleasure as possible but deliberately refuse yourself the chance to have an orgasm); BDSM (where you either adopt a dominant role where you do things to a partner but they have no sexual contact with you; or where you're submissive in ways that include your penis is not touched, you are denied orgasm, or chastity/celebrity is enforced) (see resources in 'Fantasy and Kink' in Section 3).

If you have an underlying physical cause of your erection problems then again shifting how you have sex is a good idea. It allows you to explore what feels good, and what your body is and isn't capable of. This may be particularly relevant if your erection difficulties are likely to be permanent due to the side effects of physical problems or medication, or following surgery. All of the above suggestions can still work for you.

Knowing you can give and receive pleasure, broaden out what 'sex' is for you and your partners, and not feel any pressure to have an erection can be liberating. However, it is worth noting for some people this option isn't what they want to hear. They don't want to try and have sex that doesn't need an erection. Many men and their partners understandably want erections back! Section 5 provides ideas on treatments to try, but it is worth noting the script-changing idea recommended above may still be encouraged if you are exploring other treatments, and particularly if they do not work some or all of the time.

Many men incorrectly believe that if they can't get hard their partner won't want them, or they will automatically become bad in bed without a hard-on. It's often a pleasant surprise to discover partners aren't as upset about the lack of erections as expected (once they understand what the cause is and can offer help if needed). If you don't have an erection and focus instead on many more ways to give your partner pleasure they may appreciate your efforts and find you a far better lover.

Alternatively in some relationships people agree not to have sex at all, focusing instead on other means to share affection and pleasure, enjoying hobbies and other things that make them happy.

The following resources are recommended to work through on your own or with a partner and expand on the suggestions for a more diverse sex life recommended here:

Enjoy Sex (How, when and if you want to): A practical and inclusive guide by Meg-John Barker and Justin Hancock (Icon Books) – this text contains activities and reflection tools to help you create the sex life you want, and communicate with a partner. There's also a regular podcast from the authors here:

<http://megjohnandjustin.com/tag/podcast> and an easy to use *Make your own sex manual* <http://megjohnandjustin.com/product/make-your-own-sex-manual> Plus this guide on enjoying non genital sex <http://megjohnandjustin.com/sex/enjoy-non-genital-sex/>

Come as you are: the surprising new science that will transform your sex life by Emily Nagoski (Scribe).

Guide to getting it on: Unzipped by Paul Joannides and Daerick Gross Sr (Goofy Foot Press).

Great Sex: A man's guide to the secret principles of total body sex by Michael Castleman (Rodale)

Assisted Loving: The journey through sexuality and aging by Ginger T Manley (Westview).

Opening up your relationship - A big fear for people with erection difficulties is how it may impact on their overall relationship. Sex varies in importance to different people, and for some coping with erection difficulties is solved by agreeing not to have sex any more, or adapting how they share pleasure (see above). For other people, penetrative sex with a penis remains a core pleasure and the lack of this a source of discontent. One option here is to end the relationship, and to look for a new partner who doesn't have erection problems. Which can be devastating for all concerned. Another choice some people make is to open up their relationship, consensually, so a partner can have sex with another person (or people) who can get erections, while remaining in their existing relationship with the person who has erection difficulties. This isn't an easy choice, and as with shifting your sexual script can be met with anxiety or resistance. It does not mean cheating, or further tormenting someone with erection difficulties. It means finding ways for all involved in a relationship to be fulfilled. It isn't a choice for you if you're doing it just to stop someone leaving or against your will. But if you are interested, discuss it with your partner, and talk to

other people who've tried it. You can also read more on how it might work via:

The Ethical Slut: A practical guide to polyamory, open relationships and other adventures (2nd Ed) by Janet W Hardy (Celestial Arts)

Opening Up: a guide to creating and sustaining open relationships by Tristan Taormino (Cleis Press)

Designer Relationships: a guide to happy monogamy, positive polyamory, and optimistic open relationships by Mark A Michaels and Patricia Johnson (Cleis Press).

See a sex surrogate - Erection problems may be partner-specific, as in you are so desperate to please your partner your anxiety increases and erections are more difficult to get. Seeing a surrogate may help you explore pleasure in a non-threatening way, which in turn can boost your confidence that you are able to get hard, and latterly repeat this with your partner. If you've been avoiding relationships because of your erection difficulties, or otherwise struggle to be with a partner due to disability or mental health problems, a surrogate can help you experience pleasure that may or may not be genitally focused. It may again help you feel better able to explore relationships with other people.

A surrogate shouldn't push you to do things you don't feel physically or emotionally comfortable with, and they will have clear boundaries about what they will want to do that you will have to respect. That includes always practising safer sex. You can find out more about surrogacy from the TLC Trust <http://tlc-trust.org.uk>

Take your own sexual history

Alongside trying new ways to improve your wellbeing, health, and relationships you may want to take your own sexual history to see if you can pinpoint what is causing your difficulties and find potential solutions. If you see a GP or therapist they will ask you the following questions, and you may want to note your answers so they can read them to your doctor, or have them read your responses.

- How old are you?
- How would you describe your sexuality? (straight, gay, bi, queer, questioning, asexual, man who has sex with men)
- Do you have any questions or worries about your sexuality?
- What's your gender? (man, Trans Man, Trans Woman, gender queer/non-conforming, or Intersex)
- Is your gender presenting any worries or concerns for you?
- What ethnic group are you from?
- What's your relationship status at the moment? (single; dating (one person or several); in a relationship (open or closed);

cohabiting or married (including open/closed marriages); separated or divorced; widowed)

- How is your physical health? Do you have any diagnosed physical health conditions? Any symptoms you'd like to talk about?
- What is your mental health like? Do you have any diagnosed mental health problems? Any symptoms that are troubling you?
- Are you taking any medication at the moment? (include supplements or products you've self-prescribed/bought yourself).
- If you are a smoker how much do you smoke per day? Do you smoke cigarettes or vape?
- How much alcohol you drink per week on average?
- Any recreational drugs used?
- Are you working? Describe your job, any issues related to it. If you're unemployed, how long has this been the case and are there any issues relating to unemployment or benefits that are troubling you?
- Can you describe your erection problems? What happens when you try and have sex or masturbate? How often do you wake up with an erection? How long has this been a problem for you? What, if anything makes it worse or better? How do you feel about it? What have you tried to do to fix it?
- Are there any causes you can think of that might be partly or wholly responsible for your erection difficulties? (e.g. past sexual abuse, recent relationship violence, infidelity, unhealthy lifestyle, pre-existing health conditions, disability).

5. Other people who can help you

Seeing your doctor

Your doctor can help you with diagnosis and treatment (if available/appropriate). This might include treating pre-existing mental/physical health problems; or prescribing treatments for erection problems (see Treatments Table). If further investigations or care is needed your doctor will refer you.

Before you book your appointment you should:

Take your own history (see above) and note any questions you would like to ask the doctor (including the things you are most afraid of hearing the answers to). It will help you prepare for your appointment, and if you don't feel able to talk you can give the doctor your written answers to read.

Think about if you want to go alone, or with a friend or partner for support. It may be better to go on your own if you need to reveal

things you are not (yet) ready for your partner to hear. If you need someone with you, you can take a friend, partner, carer, or advocate. They can wait for you while you have your appointment. Or they can come in with you when you see your GP if you need help remembering things, or with interpreting, or dressing/undressing or mobility assistance. They can always step outside if you want to speak privately to the doctor.

You don't have to tell your employer why you are seeing the doctor, but if organising seeing the doctor in with your work/shifts is difficult talk to the receptionist to see what they can do to help. If it means you have to use holiday or spare time to see the doctor, use that even if it's less than ideal (and unfair). Don't use being busy or finding it difficult to make an appointment as an excuse not to get checked out.

When making your appointment

- You do not have to say what it is about to the receptionist, just that you want to see the doctor.
- You can request a double appointment so you have time to talk.
- Request to see a male or female doctor, depending on who you find easier to confide in. It may not always be possible to have your choice, but you can ask. If you previously saw a doctor that was unsympathetic or you didn't feel able to trust, ask for another in the practice. This may be particularly important if you are from a minority group and need to speak to a practitioner that is confident in dealing with diversity.
- Let them know if you need an interpreter (if you don't speak English fluently, or are deafblind or D/deaf); or a chaperone (if you don't have anyone to come with you but feel the need to have another person present). You can mention it's a sensitive issue so they can find an appropriate interpreter/chaperone to suit your needs.
- Some medical practices train medical students. If you do not want them present you can mention this either when booking your appointment, if it is requested by the receptionist, or by your GP when you arrive for your appointment.
- If you are aged 25 or younger you can use a young people's service like Brook.
- Alert the practice if you have any accessibility needs. If you have learning difficulties and need any visual aids or easy read information you or your carer/advocate can ask for this.

On the day of your appointment

In case the doctor wants to examine your genitals you should shower, bathe, or wash your genitals and bum, and wear clean underwear plus clothes that are easy to remove. Unless otherwise

instructed, try not to wee an hour before your checkup and if you do need to pee ask the receptionist or doctor if you need to give a urine sample. Your doctor will need a sample to test for glucose levels (checking for possible signs of diabetes or kidney problems) and STIs like chlamydia.

When you see the doctor

Remember everything you say will be treated in confidence. The doctor should treat you with respect and compassion. It is important to be completely honest with the doctor so they know how best to help you. They won't judge you and they will have seen many other people with similar problems.

You can use whatever words you like to describe your body and other symptoms. If it's easier to use medical/biological terms that's fine, or you can use words you might consider silly or rude if it means you can speak frankly about yourself. Again, the doctor will have heard these all before and will not be offended.

If you feel worried, embarrassed, or upset at any point during the consultation, tell your doctor. They will be used to people reacting in a variety of ways when talking about erection problems, including becoming distressed, clamming up, or tearful - and they know it can take a lot of courage to ask for help.

During the consultation there may be times when you are talking about your symptoms, or other aspects of your life, or during a physical exam when you want to stop. You can say so at any point, or if you have a partner, carer, chaperone or assistant with you, you can signal to them that you need to pause (for example you might tell them if you squeeze their hand they need to indicate you need space).

The doctor will talk you through the kind of questions listed in your sexual history – answer as accurately as you are able. But if you aren't sure it is okay to say so. Some of the questions may seem personal, but the doctor will only ask them to find out what might be causing the problem so they can treat you better.

If there is a physical exam

It may be the doctor only wants to talk about your symptoms, but they may want to check you physically as well. If that happens the doctor will tell you they want to examine you.

Usually exams take place with you either standing, or lying on the couch. You can let the doctor know if you have any preferences (particularly if you have any mobility issues). You will be asked to remove your clothing below the waist, including your underpants. If you need help un/dressing you can take someone with you to assist or ask for a chaperone or the doctor to help you.

If you are lying on the couch the doctor may pull a curtain around you for privacy. If you have a partner, carer, or chaperone with you they will sit by you. If it helps you relax you may want to hold their hand or have them rest their hand on your shoulder.

The doctor will usually wear gloves for the exam. They may shine a light on your genitals. The doctor will look at your genitals carefully before touching them. They should tell you when they are going to touch you, but they may not. If it reassures you to know what is happening, ask them to inform you at each step of the exam.

They may ask you additional questions while checking your genitals, or they may do the exam and talk to you afterwards.

Sometimes the doctor may want to swab your urethra (in your pee hole) and/or check your prostate gland (which involves inserting a finger into your rectum/bum). They will tell you about this beforehand, and if it is likely to upset you, you can ask for this to happen at another time. If any of these exams is liable to trigger you, relaxation techniques can help, or you may want to ask if you can be prescribed a relaxant to take prior to the appointment.

They may want to take a blood sample to screen for cardiovascular problems, diabetes and hormone levels.

Once the genital exam is over the doctor will let you get dressed. They will remove their gloves and wash their hands. If you have any questions you can ask the doctor.

They may be able to tell you what can be done to help you right away. Or they may want you to come back for other tests, or refer you to a urologist, psychosexual therapist or other specialist who can assess and treat you.

After the appointment you may feel relieved, awkward, upset, or exhausted. You may want to distract yourself with work, friends, sport or other hobbies. Or reward yourself with a treat. Or go home and rest.

Remember, many people avoid seeing the doctor because they fear they will be told there's something seriously wrong with them. Or are too embarrassed to talk about or show their genitals. Delaying seeking help can mean you struggle for longer with something that may be easily fixed. But if it is a serious problem the sooner you're checked out the quicker any testing and treatment can happen.

What medical treatments are available?

See the Treatments Table at the end of this guide.

What erection treatments CAN do

Alongside the obvious of helping you get an erection, these products are useful in terms of boosting your confidence and helping you enjoy intimacy. For some men who are anxious about erections, a one-off prescription of an erection boosting pill or cream could show them erections are possible; breaking the anxiety cycle they're currently stuck in where they can't get hard and fear it'll be a long term problem. For other men who struggle to get or keep erections, the security of knowing a penis pump or strap on is an option can either reduce the amount of anxiety-based erection problems or lead to more pleasurable sex when erections can't happen.

If you opt to use these products your GP will explain them to you, there will be details on how they work in the product packaging and on stockist websites (see Treatments Table) and it's worth reading all this carefully. You may have to experiment with products to see how they work for you (for example if you use a drug to see how long it takes to work and plan whatever kind of sex you're having around that). Your GP may not mention all of these options, particularly strap ons, so you may need to ask them what is available and suitable for you.

Sometimes your doctor may explain you don't need medication, but they might recommend some of the self care ideas suggested in Section 4, or therapy. If you are offered medical treatment, don't be surprised if your doctor only prescribes a small quantity at first, this is so you can try the product and see how it works for you. If you qualify for free prescriptions you may get products on the NHS. Otherwise prescription charges may be applied and your doctor might recommend you purchasing products from a pharmacy or reputable online stockist. If you are a private patient or outside the UK you will have to pay for treatments, and again may purchase from other reputable stockists but only after seeing your doctor to ensure you are safe and have had a full health MOT.

There are some online medical services that offer erection medication following an over the phone diagnosis. This isn't a replacement for seeing your GP and my advice would always be to see your doctor in person. Some online drug stockists use shame, blame and fear to make men purchase expensive treatments – which in turn can make their anxiety and distress far worse. Others sell products that are not safe, tested or properly licensed and could cause you a lot of harm. For more information about the dangers of buying products online, read this NHS guide <https://www.nhs.uk/chq/Pages/882.aspx?CategoryID=61>

What erection treatments WON'T do

It's common for men to believe these products are magic solutions – which can leave them feeling even more anxious, depressed, or less manly if they don't work. It's worth noting they don't all work for all people, all of the time. And everyone has preferences. You may have to adapt your choices based on other factors outside your control (e.g. whether pre-existing health conditions or medication rule out certain treatments).

These treatments will NOT increase the length of your penis (although the pump can extend it slightly, but not by great amounts. This can be reassuring for men who've lost some penis length following surgery). They are not aphrodisiacs, they won't make you a better lover. If you are not happy in your relationship, are struggling with anxieties or insecurities, or are not turned on, many of the options above will not have any effect. They won't protect you against pregnancy or STIs; and they can't increase your fertility.

For men who're already angry or frustrated, the need to use products can make them feel even more upset. In cases where products don't work or where they're distressing to use, or where there are wider relationship or body image problems (see Section 3) therapy is a good alternative (see later in this section).

A word about alternative therapies

Many men are attracted to alternative therapies – reflexology, herbal medicine, acupuncture and hypnotherapy, because they believe they will solve their erection problems. Advertising, and word of mouth positive experiences often reinforces this.

There's some evidence hypnotherapy may work, primarily in terms of reducing anxiety (see Section 3 on 'Mindfulness'). While there are

studies making claims that acupuncture and herbal products are effective, these generally have a conflict of interest (so they are funded/run by people who want to sell these therapies). In general alternative therapies either are completely ineffective, or have a small placebo effect (you believe they'll work, and that confidence helps you overcome erection worries). Or they would have resolved themselves anyway, but you incorrectly attribute the change to the alternative therapy. In this regard they may have a small impact on anxiety-based erection, but none on erection difficulties with a physical cause.

Many herbal products appear to work because there are hidden generic erection drugs in them, so it's not the herbs working, but medication. Which, if you see the side effects in the Treatments Table above, gives you a sense of what could go wrong if you take something without knowing what's in it. Particularly if you are already taking other medication, or have underlying health problems or undiagnosed conditions.

Another reason why alternative therapies are popular is they may be easier to access than a doctor (you can buy them online or on the high street and you don't have to wait for an appointment); and may be seen as less embarrassing or awkward. Particularly for people who are concerned about confidentiality or having erection problems on their health record. Where doctors are rushed, having an alternative therapist who'll give you time and attention may be more appealing. There's a lot of misinformation about what medication is available, and what therapy does, which can leave men feeling afraid of medicine – so they pick an alternative solution instead.

Ultimately alternative therapies are not going to help your erection problems. If you have erection difficulties you can try the self-help strategies outlined in Sections 3 and 4. Or you can see a doctor or therapist. Using alternative treatments will at best waste your money, but at worst could have side effects that damage your body and cause your erection difficulties to worsen.

The stigma and secrecy around erection problems can make men easy targets for exploitation, extortion and abuse. Sticking to established modes of treatment isn't a guaranteed cure but certainly reduces your chance of losing money or getting hurt.

Medicalisation

Erection problems have been noted for centuries, but very little could be done about them, particularly if the underlying cause was a physical illness that had no effective treatment. In the past 100 years, therapy showed some promise, at least in dealing with worry-based erection difficulties and helping people recover after trauma. However, with the advent of Viagra in the 1990s and similar erection drugs that followed (see Treatments Table) the number of treatment options appeared to increase.

Viagra and other erection enhancing drugs promised many things in their advertising (which in many countries is direct to consumers, something that is not permitted in the UK). Not only could they transform people's sex lives, they could make them better lovers, reinvigorate relationships, give a new lease of life. Playing on stereotypes about masculinity, virility and attractiveness, advertising and medical education suggested these drugs would change lives forever. Pharmaceutically funded research indicated high numbers of men suffering with erection problems, all of whom could now be offered a 'cure'.

For many men who had chronic anxiety or erection problems with a physical cause (disability or illness), erection medication can be a solution. But it does not work for everyone. Despite the grand promises of advertising, and worrying prevalence figures cited in pharmaceutically funded research, not all men were able to use these erection drugs. And for those who did, they were not always effective. Leaving men feeling despairing and distressed.

The trickle down effect of advertising and drug company claims have entered into the mainstream media, influencing the way we talk about sex and masculinity. Which in turn creates unrealistic expectations about sex – with the promise there is now a cure – even if one is not needed. Being aware of this, noting that you should explore other options of self care first (see Sections 3 and 4), and take advice from your doctor rather than self diagnose and prescribe (see above) is a necessary defence against pressure to see any erection difficulties as a chronic dysfunction that always and only needs a clinical fix.

How can a therapist help you?

Therapy can be for you on your own, or with a partner, or a mix of individual and couples therapy. It may be focused purely on your

erection difficulties/psychosexual issues, or on other factors that have caused the problem. Things like anxiety, depression, self-esteem, abuse, or wider relationship issues.

How can I find a therapist?

You can ask your GP to refer you. If they feel it appropriate they can refer you to a psychosexual therapist on the NHS. However waiting lists can be long and the availability of services vary widely across the UK. Counselling for mental health issues can also be referred by your GP, but for this wait times are even longer and availability may be even more limited. You can also refer yourself to a therapist whether or not you've seen a doctor. If you feel your problems are more psychological a therapist may be a good place to begin, but if you have additional physical symptoms a therapist may refer you back to your GP, so it makes sense to see both if you feel you have physical and psychological causes for your erection difficulties.

In the UK you can find a therapist via <https://www.bacp.co.uk>. Search within your area and look for practitioners qualified to offer therapy on psychosexual and relationship problems. I would also recommend London Sex and Relationships Therapy <https://www.londonsexrelationshiptherapy.com>, particularly if you are seeking a therapist who understands gender, sexual and relationship diversity (GSRD) for gay, bi, Trans, gender queer, non-monogamous, kinky or sex worker clients. Or consider Rainbow Couch <http://www.rainbowcouch.com> Pink Therapy <http://pinktherapy.com> and Counselling in Northumberland <https://counsellinginnorthumberland.com>

Details of therapists in other countries can be found via the European Association for Psychotherapy <http://www.europsyche.org> the World Council for Psychotherapy <http://www.worldpsyche.org> and this list of counselling organisations <http://www.counselling.nl/internationalorganisations.html>

Therapists see clients in person (face-to-face), but some also offer counselling over the phone, via Skype, or on email. You can pick a means of communication that suits you best. In some countries there is limited access to therapy, so you may want to use the services of a practitioner in another country via email or Skype.

Therapy can be expensive, but many therapists offer a sliding scale of fees. The charities and support groups listed throughout Section Three are also good places to get free information and details of local support groups.

It is absolutely fine to speak to several therapists before committing to one. Counsellors expect this and won't be offended. You need to find someone you feel comfortable opening up to. And you can ask them what they will do during therapy sessions to again see if this suits your needs. When talking to prospective therapists you can ask about any accessibility requirements you have (wheelchair access, interpreters etc.).

What happens in therapy?

Therapy sessions are usually time limited – for example 40 minutes to an hour of a face-to-face or phone consultation, or a set period of time to exchange emails back and forth. The therapist may decide with you how many sessions you need before you begin, although that may be reviewed as you progress through therapy depending on what's being revealed.

The therapist will take a similar history to one the doctor would. So you can use your sexual history as a guide. You may want to give this to them to read, or refer to it in case you forget anything. However they may want to ask you about other issues that don't seem to be related to your erection problems.

It is fine to ask the therapist, at any point, why they are raising particular issues or asking questions. The therapist is not there to instruct you and you should feel valued, empowered and in control throughout the counseling process.

They will ask you what you want to get from therapy, and they may focus on a number of goals you want to reach in the time you'll be their client. Having described your symptoms and yourself initially, the therapist may suggest some key issues they feel it's worth focusing on – or you may know what things you'd like to address.

You may have a number of sessions each building on the past, and tackling different topics. The therapist may ask questions that are probing or challenging, or they may leave you to talk with little direction. If you feel you need more or less input you can let them know.

Some therapies are very directive – the therapist will have clear goals for you to work through in a time-limited period. CBT (cognitive behavioural therapy) works like this and is particularly useful if your erection problem is occasional and mainly linked to performance worries. Other psychotherapies may be less structured

(although not always so) but will explore a wider range of issues and potential causes of erection difficulties.

During your therapy session

In face-to-face therapy you usually sit facing the therapist in a room that is quiet and relaxed. There is normally a table by you with water and tissues. In some therapy sessions you may feel emotional and upset. You can be angry, sad, frustrated, bitter, grief stricken and many other emotions within the therapy room. As with seeing the doctor, it is important to be open with your therapist, and you may find yourself revealing things you hadn't expected to share. Again, remember you decide what you want to talk about and where your boundaries are. So if you want to stop talking about something, or wish to return to it another time, tell your therapist. While some aspects of therapy may be upsetting, a therapist should never push you into discussions that are distressing or make you feel violated. If you are feeling anxious or exposed, tell your therapist. If they do not appear to listen or keep pushing your limits when they have been told it is causing you distress then find another therapist.

For Skype or video consultations the therapist will be in their home or office, and you will be in yours. You need to ensure you've tissues, a drink, and no interruptions; and are dressed and seated comfortably.

Email consultations take place wherever you feel able to communicate and may run over a few hours so there is time to have a back-and-forth exchange with your therapist where there's time to both reflect on answers and write them.

Although you are talking about erections, you and your therapist will always remain clothed whether the therapy session is face-to-face or online. Your therapist will not touch you or look at your genitals, nor show you any part of their body. If you want physical contact then a sex surrogate (see Section 4) is more appropriate.

If you see a therapist with a partner they may invite both of you to answer questions – either directed at the therapist or towards each other. They may pick up on points either or both of you make and ask you to expand on them. Couple therapy can help you both deal more effectively with your erection difficulties, or address wider relationship problems that are either caused or worsened by erection issues. In some cases therapy is used to mediate a separation. Couple's therapy is not suitable if there is abuse in the

relationship. And the therapist is not there to take sides, detect lies, or referee.

While a doctor may focus more on your symptoms, the therapist will look more closely at what possibly caused your erection problems, and how it feels to live with them. They may suggest activities to try after therapy sessions. That might include books or websites to read, strategies to try (such as relaxation or mindfulness), or techniques to attempt with your partner – for example exercises in better communication, or exploring sexual pleasures that do not require erections (see Sections 3 and 4), or keeping a diary or notes on how you feel, or expressing yourself more creatively through writing or poetry.

It is normal to feel wobbly, emotional or uncertain after some therapy sessions, while others may leave you feeling elated, confident and that even if things aren't changing as quickly as you like you have far more insight into your situation. You may need recovery time after to gather your thoughts, or you may prefer to be with friends or family, to distract yourself with a hobby, or just carry on with life as usual.

Therapy isn't a magic bullet, the therapist can't do the work for you, it will require emotional and personal investment on your part, and that could include thinking about things that you don't initially want to address.

There are a number of free factsheets explaining what different therapies involve, how to choose a therapist, and what will happen at your first session via It's good to talk
<http://www.itsgoodtotalk.org.uk/useful-resources>

What happens if I can never get an erection again?

While many erection problems can be addressed with education, self care, therapy or medication, there are some situations where erections are never going to be possible. That is usually when the penis or surrounding blood vessels are damaged; or following spinal cord injury. In these situations it may be possible to use an implant (see Treatments Table above). However, this may not be feasible.

Accepting you will never get an erection again can be devastating and partners, clinicians and therapists often underestimate how

distressing it may be. The reactions described in Section 2 can all be experienced, and it's common to feel completely alone and grief stricken when thinking this part of your life and something that has brought you pleasure is not for you. Allowing yourself to be angry, to grieve, to be upset and to talk about it if you need to is important. You don't have to pretend it's okay, or bottle up your feelings. It's a major change to your life and perfectly normal to be very upset about it.

For some people who've survived trauma, injury, surgery or life threatening illnesses, there is the expectation that you should be grateful for being alive, and you and others may be surprised to find you're still resentful or upset that you survived, but without erections. Alternatively you may be glad to still be here and accept that erections are just not part of your life as a survivor.

Therapy, support from charities (see Section 3) and advice from your doctor or specialist can help – although it is worth noting not all practitioners are good at talking about permanent erection loss and may not give you practical advice on moving forward. The ideas set out in Section 4 may be of use, but you may find yourself feeling conflicted over your options – as may your partner. If you are in a relationship working through this together can be beneficial.

Some people are so distressed they consider suicide, there is more advice below (see 'In an emergency') on services who can support you if you are feeling like you cannot cope.

For audiences outside the UK

This guide is primarily written for a UK-based audience, although much of the self-help information can be used wherever you are in the world. If you are outside the UK you may need to see a private practitioner (family doctor or therapist). Or you may find there are few services available – particularly if you're on a low income; in a rural area; are disabled; or are bi, gay or Trans. If there is no doctor easily available to you, the multi-language resources from Hesperian may help <http://hesperian.org>

In an emergency

If you are feeling suicidal because of erection problems or related issues (job loss, relationship breakdown etc.) then you can speak to

your doctor, go to Accident and Emergency (the ER); or contact the following organisations via their helplines, social media, or email Samaritans <https://www.samaritans.org>
National Suicide Prevention Lifeline (US) <https://suicidepreventionlifeline.org>
Lifeline (Australia) <https://www.lifeline.org.au>
Suicide Prevention (Canada) <https://www.suicideprevention.ca>
There are links to other suicide prevention organisations via Befrienders Worldwide <http://www.befrienders.org/directory>

If you've been given something by a friend or partner, or had your drink spiked and you aren't sure what you've taken you can telephone 111 (in the UK). Or go to Accident and Emergency (A&E, the ER).

If you've taken medication (either prescribed from your GP or something you bought yourself) and your erection will not go down (has been present for several hours) you can try flicking the end of your penis. Or get a bag of ice or frozen vegetables, wrap them in a towel and place them on your penis. A cool bath or shower may help. As may gentle exercise (e.g. walking). If that doesn't work, if you are in pain, or have other symptoms (see Treatments Table) seek medical treatment immediately (go to A&E/the ER).

What NOT to do

So far this guide has given ideas about what you should do to help yourself if you have erection problems. However, there are some key things to avoid – either to stop you making the situation worse, or to avoid harming yourself or others. The 'don't' list includes:

- accepting medication or other products from peers or casual contacts (e.g. 'that bloke in the pub')
- avoiding any kind of previously enjoyed intimacy with a partner so the problem cannot be spotted (including withdrawing any kind of affection/closeness)
- refusing to talk about it with a partner
- blaming, belittling or accusing a partner of being the one causing the issue
- making excuses or deflecting the blame elsewhere ('this has never happened to me before')
- believing it'll go away in time, and refusing to discuss or accept any help
- creating situations where intimacy can be avoided (going to bed at different times, altering shift work so not at home together much)
- delaying or avoiding seeing the doctor out of fear you've something seriously wrong.

Remember

You can help yourself, and there are support services available that can assist

You don't have to be embarrassed

You can live with erection difficulties

You don't have to go through this alone.

Treatments Table

Brand name	Product name	Made by	What is it, and how does it work?	Where can you get it?	Would suit you if	Side effects If you get any of the side effects see your doctor, call 111 (UK) or go to A&E (the ER). You can report adverse reactions to https://yellowcard.mhra.gov.uk (UK) www.fda.gov/medwatch (US)
Viagra	Sildenafil citrate	Pfizer	Pill (taken orally). It blocks the enzyme that breaks down the substance that helps maintain erections. Increases blood flow to the penis. Take as prescribed and do not exceed the recommended dosage (this applies	Your GP. Once prescribed you can also purchase from reputable stockists online and some pharmacies . Your doctor will advise.	You want to get erections during times that are convenient to you and a partner. You don't mind taking tablets, and your overall relationship is positive. You will need to get turned on for the drug to work.	Heavy meals can interfere with the absorption of the drug into the body. Side effects include headaches, cold symptoms, flushing, blue-tinged vision, visual and hearing disturbance, nausea, diarrhoea or indigestion, persistent erections (priapism). Men using drugs containing any form of nitrate (like nitroglycerin for heart pain) should not use Viagra. A dangerous drop in blood pressure could result. Viagra also should not be used within 4 hours of taking an alpha-blocker, a drug used to treat benign prostate conditions. You should not drink alcohol with this

			to all medications listed here). Takes around 30 minutes to work and can give erections over a 2-4 hour period.			medication. https://www.viagra.com
Levitra	Vardenafil	Bayer and Glaxo SmithKline	Pill (taken orally). It's an enzyme-blocker that increases the blood flow to the penis. Takes around 30 minutes to work and can give erections over a 3-5 hour period.	As above	As above	Side effects include flushing, cold symptoms, dizziness, back pain, nausea, diarrhoea or indigestion. Should not be used by men taking nitrate drugs for angina, or medication for prostate problems. You can drink alcohol in moderation (advised by your doctor). Can cause a drop in blood pressure and should not be used by men on nitrates, with poppers, or Riociguat. Tell your doctor if you are taking HIV medications; products with Ketoconazole (Nizoral); antibiotics like Erythromycin or Clarithromycin; alpha-blockers; medication for abnormal heartbeat. http://www.levitra.com

Cialis	Tadalafil	Eli Lilly	Pill (taken orally). Blocks an enzyme called phosphodiesterase-5, or PDE-5 so allows more blood to enter the penis. Takes between 30 – 60 minutes to work and can give erections over a 36 hour period.	As above	As above	Not suitable for men taking nitrates. Side effects include headaches, dizziness, nasal congestion and indigestion, visual and hearing disturbances. You can drink alcohol in moderation (advised by your doctor). https://www.cialis.com
Spedra	Avanafil	Vivus Inc	Pill (taken orally), takes 15-45 minutes to work, and can give erections over a 4-5 hour period. Is another PDE-5 inhibitor.	As above	As above	Headaches, feeling dizzy, flushed/red face, nasal congestion or a runny nose, stomach ache, constipation or diarrhoea, increased blood pressure, joint pain, cold or flu-like symptoms. May also cause visual problems, reduced hearing, erections that won't go down. Not suitable for men taking Nitrates, Anti-hypertension drugs, Alpha-blockers, Antibiotics,

						Retonavir, Amlodipine, Ketoconazole. You shouldn't drink alcohol with this medication.
MUSE	Alprostadil	Vivas	Pellet placed in urethra. It takes around 10+ minutes to work and can give erections for up to an hour.	Your GP	Some men prefer using this instead of taking a pill orally. MUSE may work on the penis without you necessarily having to feel very turned on first, although it helps to think about arousing things to get excited. You'll need to walk or move around to get it to take effect.	Side effects in men include light-headedness, dizziness, fainting, rapid pulse and swelling of the leg veins. Some discomfort in the penis when first used, and possible bleeding. Priapism. Partners can experience discomfort and itchiness in the vagina, mouth or anus (condoms are suggested to overcome this, and also where a partner is pregnant). Men with abnormally formed penises (e.g. peyronies), or diseases that might result in prolonged erection (e.g. sickle cell anaemia or trait, leukaemia, multiple myeloma) should not use MUSE. May be tricky to insert if you have balance or mobility problems. Drinking alcohol can make it less effective. This 13 minute long video explains how to use MUSE https://www.youtube.com/watch?v=G041a2MO89Y

<p>Caverject Impulse</p>	<p>Alprostadil</p>	<p>Pfizer</p>	<p>Drug that's injected into the penis when you want to have sex. Takes 5-20 minutes to work and can last for up to an hour.</p>	<p>Your GP (who will also need to show you how to inject, prior to you doing this yourself at home)</p>	<p>Useful if other medications aren't suitable or where erections are limited or impossible following surgery.</p>	<p>Side effects can include pain, tingling or bleeding at injection site. Pain in urethra (pee hole), penis and balls (testicles). Penile discharge and/or rash. Headache, cold symptoms, dizziness. Your penis may feel itchy, numb, or warm after injection.</p> <p>Not suitable for men with peyronies or other bends to the penis, who are using an implant (see below), have sickle cell anaemia or trait, leukemia, or multiple myeloma. And may not be suitable for men with low blood pressure or heart disease. Ask your doctor if this applies to you.</p> <p>More information including a video about using the injection can be found at http://www.caverject.com/how-inject-caverject-impulse</p>
<p>Vitaros</p>	<p>Alprostadil</p>	<p>Ferring</p>	<p>A cream that is rubbed on the penis prior to having sex. It takes 5-30</p>	<p>Your GP</p>	<p>Works for men who have mild to moderate erection problems, particularly for those who</p>	<p>You may notice stinging, itching, tenderness, tingling, throbbing or pain in your penis after application. Your penis may swell up (not an erection), the head of the penis may be inflamed or</p>

			minutes to work, and lasts up to 2 hours. Can only use once in a 24-hour period and no more than 2-3 times per week.		have anxiety-based erection difficulties. You need to use condoms for oral and anal sex if using this cream. With a regular partner you don't have to use condoms for vaginal sex – unless partner is breastfeeding or pregnant.	sore. Partners may experience itching or pain in their vagina (or bum or mouth if you use this without a condom). Can also cause dizziness, headaches, fainting, or priapism. More details are here (you need to indicate you are a patient on the website to access relevant information) http://www.vitaros.co.uk
Penis Pumps and rings			Pumps are placed over the penis and create a vacuum that pulls and stretches the penis. A ring (aka a 'cock ring') is placed over the base of the	Your GP can prescribe or you can buy yourself from sex shops. You'll need to keep it clean.	Is a good option if you wouldn't suit other medications (see above) due to side-effects/pre existing conditions. The act of pumping can feel good, and some	May be fiddly to use and difficult for men with mobility problems. Some men find it painful either to pump, or to use the cock ring, or discomfort after use. You can drink alcohol with this product, but it may be more difficult to manage the pump and ring if you aren't sober. Mixing a pump with other medication (see above) is only recommended for men who have been prescribed

			penis to keep the penis erect.		partners like watching or helping you to pump or put on/take off your ring.	this by their GP. The Porterbrook Clinic (Sheffield NHS) has a guide on how penis pumps work https://shsc.nhs.uk/wp-content/uploads/2014/06/Vacuuum-devices.pdf
Penile Implant			A prosthesis is inserted into the penis that can either be extended by you when you want a penis that's harder for sex; or inflated with a pump that fits inside your body to enlarge the prosthesis for an erection. Is fitted by surgery under a general or spinal	Your GP would refer you to a urologist for surgery.	If you are unable to get erections due to injury or surgery this may be a more reliable option than others outlined above. You don't have to be feeling turned on when you start having sex to use the implant, you make the penis rigid when you want to.	There will be bruising and swelling following surgery. Occasionally people will experience bleeding, infection, nerve damage or a defective implant. Rare side effects include injury to other organs (bowel and bladder), or the implant breaks and needs replacing. Some people find the implant difficult to get along with psychologically. Providing you have no other reasons for not drinking, you can drink alcohol. The British Association of Urological Surgeons have this leaflet on penile implants including information about surgery, use, and side effects http://www.tsft.nhs.uk/media/45053/Penile_prostheses.pdf

			anaesthetic			
Strap on			You wear a harness that fits around your bum and hips that you can place a dildo into. You can pick different coloured, textured and sized dildos to suit you and your partner's preference.	Sex shops. You will need to buy it yourself, and keep it clean.	If you can't get an erection good enough for sex and your partner still wants the feeling of being penetrated. Your partner can also use it on you for anal sex (if desired). You don't have to be feeling turned on to use it, but you may feel more aroused when it is on (or when you see your partner getting off on it).	Some people find this makes their erection problems seem more obvious; or feel threatened, embarrassed or ashamed of having to use a strap on instead of what they want – their penis. May be difficult to use if you have mobility problems. You can drink alcohol while using a strap on, but it may be more difficult to manage strap on sex if you aren't sober. For those wanting to use strap ons, you may find Violet Blue's <i>The adventurous couple's guide to strap on sex</i> and <i>The Ultimate Guide to Strap On Sex: a complete resource for women and men</i> by Karlyn Lotney (both Cleis Press) useful. You can purchase condoms, strap ons, harnesses, cock rings, lubricants and other sex toys at: FPA Pleasure https://www.fpa.org.uk/fpa-pleasure Sh! Women's Store

						https://www.sh-womenstore.com Good Vibrations https://www.goodvibes.com
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There are more details about drugs, interactions, effectiveness and side effects at the BNF website <https://bnf.nice.org.uk> Details correct at time of publication. Not a replacement for medical advice, take this table to your doctor if you want to discuss treatment options.

For further help and advice please visit
www.nostartoguideme.com

Petra Boynton 2017