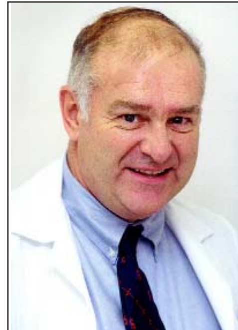
MGH Online News

House Calls:

Male Sexual Dysfunction

by Dr. Michael Lacombe



In making the distinction between physical and psychological causes of sexual problems in a man, it is useful to remember some very important differences.

Psychological causes usually occur abruptly and are related to some specific cause which can be found, such as stress, marital difficulties or the initiation of a certain drug or medicine. Physical causes are usually insidious in onset; the man cannot precisely define when the problem occurred; they persist and get progressively worse. Psychological causes to be intermittent, transient and episodic.

Men who have psychological problems with impotence or loss of libido generally have a normal erection during the night when sleeping or on first awakening in the morning. Those with physical causes for their dysfunction usually do not.

In the usual medical practice, a male patient most commonly has preserved sexual desire but loss of potency. He rather reluctantly admits to a decreased ability to achieve erection, but readily admits to normal desire. Most commonly, sexual dysfunction in a male is because of impotence and most of that can be related to physical causes such as drug therapy. The most common drugs causing male impotence are those used to treat high blood pressure.

Pharmaceutical companies repeatedly claim their drug never causes sexual problems in the patient. Don't believe it! I have yet to find a high blood pressure drug that does not cause some degree of impotence. Whether the medication is a beta-blocker such as metoprolol or a diuretic such as hydrochlorothiazide, if you are man taking high blood pressure medication and experience problems of impotence, mention it to your physician. He will first want to alter your medications to help restore your sexual performance and get rid of your problem.

Consumption of alcohol even without intoxication suppresses a man's ability to achieve erection. Taken to this degree, alcohol produces a reversible effect on male potency; in eliminating the drug, the problem goes away. But chronic alcohol consumption can affect both libido and potency. This happens when direct toxic effects of the alcohol damage the testes and liver. The resulting high levels in the male bloodstream of naturally occurring female hormones can no longer be removed and "detoxified" by the alcoholic's damaged liver.

I once treated an irate patient who was convinced that his previous physician had caused his impotence by prescribing certain high blood pressure medication. In his early sixties, this man had a normal sexual desire, but could not achieve an erection, nor did he experience any erection at night while asleep or on first awakening in the morning. He stopped taking his blood pressure medicine because he assumed it caused his problem. That done, his problem still did not go away. He was so convinced the medication had robbed him of his sex life that he was considering a lawsuit. Physical examination disclosed marked atrophy of the testes in this man, commonly found in chronic alcoholics. Alcohol — and not blood pressure medication — had irreversibly shriveled his testes. At this point, the patient admitted to a long history of alcoholism, although he had been sober for several years.

The effect tranquilizers have on sexuality is complex. Where anxiety causes sexual dysfunction, minor doses of tranquilizers such as Xanax may enhance sexual performance. Conversely, if sexual function was normal before the start of such drugs, and abnormal after taking them, the drugs themselves may well be the culprit. Other psychoactive drugs such as antidepressants (imipramine, amitriptyline, Elavil and others) may also produce sexual dysfunction.

Drugs used to treat gastrointestinal disorders sometimes produce sexual dysfunction in both sexes. Certain medicines used to treat bowel spasms in patients with colitis or ulcer disease can cause both impotence and loss of libido in both sexes. With these drugs, women may experience a decrease in vaginal lubrication as well as a problem with sexual arousal; men may experience difficulty in achieving erection. Cimetidine or Tagamet — a drug used to treat ulcer disease — is a recognized cause of impotence.

Antihistamines can depress libido and — through decreased vaginal lubrication and inability to achieve erection — interfere with sexual excitement. Digitalis (digoxin, Lanoxin, others) used in heart disease can cause male impotence as well as occasionally causing male breast enlargement.

Whether cigarette smoking causes sexual dysfunction is debatable. But there is no question that chronic marijuana use is associated with impotency and, in some male smokers, breast enlargement as well. Some very good scientific studies show a decrease in male hormone (testosterone) in frequent marijuana users.

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