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Physical causes of erectile dysfunction

The causes of erectile dysfunction can be both psychological and physical. Physical causes of erectile dysfunction include all of the following except. The causes of erectile dysfunction can be both psychological and physical quizlet. What are the main causes of erectile dysfunction. What are the causes of erectile dysfunction.

Human disease that results in difficulties in the maintenance of an erective medical conditionerectile dysfunctionother namesimpotencocross of a penissspecialtyurologyssymptomsinability of winning or maintaining a disease factorsCardascascular ErectionRisk, diabetes Eristi dysfunction (ED), also called impotence, is the type of sexual dysfunction, in which the heads fails to become or remain erect during sexual activity. It is the most common sexual problem in men. [1] Through your connection with self-image and problems in sexual relationships, erio dysfunction can cause psychological damage. In about 80% of cases, the physical causes can be identified. [2] These include cardiovascular diseases; diabetes mellitus; neurological problems, such as those below prostatectomy; hypogonadism; and Secondary Drug Effects. About 10% of cases are psychological impotence, caused by thoughts or feelings; [2] Here, there is a strong response to placebo treatment. The term olive dysfunction is not used for other assembly distances such as priapism. Treatment involves the approach of underlying causes, lifestyle modifications, and resolution of psychosocial problems. [2] In many cases, treatment is attempted by drugs, specifically PDE5 inhibitors (such as sildenafil), that blood vessels dilate, allowing more blood flow through the spongy fabric of the bonus (Similar to opening an additional valve in order to allow more water to introduce an incent hose). Other treatments, less commonly used, include prostaglandin pellets, inserted into the urethra; smooth-relaxing muscle and vasodilators, injected into the bonus; Penyan implants; Pump bombs; and reconstructive vascular surgery. [2] [3] Signs and Symptoms ED is characterized by regular or repeated disability to achieve or maintain a sufficient erection of rigidity to perform sexual activity. It is defined as the "persistent or recurrent disability to achieve and maintain a sufficient rigidity erection to allow satisfactory sexual performance for at least 3 months." [2] Psychological Ed impact often has an impact on emotional well-being both men and their partners. Many men do not seek treatment due to feelings of shame. About 75% of Ed diagnosed cases are treated. [4] Causes of or contributors to ED include the following: Prescription drugs (for example, ISRSs, [5] beta blockers, alpha-2 alpha-2 recipient agonists, thiazids, hormonal modulators , and 5i A ± reductase inhibitors) [1] [2] Neurogenic distances (eg, diabetic neuropathy, temporal lobe epilepsy, multiple sclerosis, Parkinson's disease, multi-stroke systems) [1] [2] [6] Cavernous distance (for example, Peyronie disease) [1] [7] hyperprolactinemia (for example, due to prolactinoma) [1] psychological causes: performance anxiety, stress, and mental disorders [8] Surgery (for example, radical prostatectomy) [9] Aging: After the age of 40 years, aging itself is a risk factor for ED, despite numerous other pathologies that can occur with aging, such as testosterone deficiency, cardiovascular diseases, or diabetes, among others, appear to have effects GIVING [10] [11] Renal disease: ED and chronic renal disease has common pathological mechanisms, including vascular and hormonal dysfunction and can share other Bidities Comor, such as hypertension and diabetes mellitus It can contribute to Ed [12] life-style habits, particularly smoking, which is a major risk factor for ED in which it promotes arterial narrowing. [13] [14] [15] Covid-19: Preliminary investigation indicates that viral infection Covid-19 may affect reproductive and sexual health [16] [17] the intervention For a number of conditions can remove necessary anatomic structures for erection, damages the nerves, or impair the blood supply [9.] Ed is a common complication of treatments for cancer of the prostate, including prostatectomy and destruction of the prostate for radiation with external beam, although the protest itself is not needed to reach an erection. As far as innuinal huge surgery is concerned, most of And in the absence of supplications, operational repair can lead to a recovery of the sex life of people with sexual dysfunction -operatory, while, in most cases, they do not It affects people with a normal sexual life pronate -operatory. [18] Ed can also be associated with cycling due to neurological and vascular problems due to compression. [19] Increased risk seems to be about 1.7 times. [20] Concerns that the use of pornography can cause ED [21] to have little support in epidemiological studies, according to a review of the 2015 literature. [22] According to winter of Win, a Belgian teacher and researcher Sexual, "Simply put the interviewees who watch 60 minutes a week and think they are more likely to report sexual dysfunction than those who attend careless care for 160 minutes weekly." [23] [24] The penile erection of pathophysiology is managed by two mechanisms: the reflex erection, which is reached directly by touching the penis axis and psychogenic erection, which is reached by etheric or emotional stimulants. The first involves the peripheral nerves and the lower pieces of the spinal cord, while this last involves the lymbic system of the reel. In both cases, an intact neural system is needed for a complete and complete erection. The stimulation of the penis axis by the nervous system leads to the secretogenic secretion (not), which causes the relaxation of the smooth muscles of the cavernosa corpora (the main erythus fabric of the penis), and Subsequently the penile erection. In addition, adequate levels of testosterone (produced by the test machines) and an intact pituitary glory is needed for the development of a healthy eraser system. As can be understood from the mechanisms of a normal erection, impotence can develop due to hormonal deficiencies, neural system distances, lack of adequate penis blood supply or psychological problems. [25] The spinal cord injury causes sexual dysfunction, including ED. Restriction of blood flow may arise from the impaired endothelial function due to the usual causes associated with coronary artery disease, but also can be caused by prolonged exposition to bright light. [Necessary quotation] Diagnosis in many cases, the diagnosis can be done based on the history of the symptoms of the person. In other cases, a physical examination and laboratory investigations are made to rule out more severe causes such as hypogonadism or prolactinoma. [2] One of the first steps is to distinguish between Ed physiological and psychological. Determine if involuntary erections are present is important to eliminate the possibility of psychogenic causes to ed. [2] obtaining complete erections occasionally such as night penile tumescence when asleep (ie when the mind and The psychological questions, if any, are less present), tends to suggest that the physical structures are functionally functioning. [27] In the same way, manual stimulation performance, as well as any situational performance or acute anxiety, may indicate a psychogenic component for ED. [2] Another factor leading to Ed is diabetes mellitus, a well-known cause of neuropathy). [2] ED is also related to physical health healthy, evil eating habits, obesity and more specifically cardiovascular disease, as coronary artery disease and peripheral vascular disease. [2] Trace for cardiovascular risk factors such as smoking, dyslipidemia, hypertension and alcoholism, is useful. [2] In some cases, the simple search for a previously detected hence can be useful because it can affect the sexual functions in men and is relatively curable. [18] The current diagnosis and statistical manual of mental diseases (DSM-IV) List Ed. Cross-cross ultrasonography ultrasound, ventral panel view. Image obtained after the induction of an erection, 15 min after the injection of E1, showing dilated sinusoids (arrows). [28] Penis Ultrasonography with Doppler can be used to examine the erect penis. Most ed cases of organic organic E is related Changes of the sanguÁneo flow into the corpus cavernosum, represented by occlusive arterial disease (where less blood allowed to enter © © nis Pa), most often of atherosclerÁtica origin, or due to a veno-occlusive fault mechanism (that too much blood flowing back out of the penis). Before the Doppler ultrasound, bread © nis must be examined in Method B to identify Possible tumors fibrÁticas plates calcificasÁsApes or bruises and to evaluate the appearance of ARTA © cavernous holiday, which may be tortuous or atheroma. [28] ErecasÁ the E can be induced atravÁ E © s injecÁsÁ of the 10 to 20 .mu.g of prostaglandin E1, with the blood flow avaliaÁsApes five minutes for 25 to 30 minutes (see picture) . The use of prostaglandin E1 to © contraindicated in patients with predisposition for the f priapism (for example, those with sickle cell anemia), deficiÁncia anatÁmica PA © penis, or penile implants. Phentolamine (2A mg) at © often added. Stimulation f visual and tÁtil produces better results. Some authors recommend the use of sildenafil orally to replace injetÁveis Á drugs in cases of counter-nominations, although such eficÁcia medicaÁsÁ E © controversial. [28] Before E injecÁsÁ the chosen drug, the Padra f Á © monofÁsica flow with low velocities and a sistÁlicas ausÁncia diastÁlico of flow. Aft to the E injecÁsÁ, peak speeds sistÁlica and diastÁlica should increase progressively decreasing with the E occluded vein and becoming negative when the bread © nis becomes rÁgida (see image below). The referÁncia values varies between studies, ranging from > 25 cm / s at > 35 cm / s. Values above 35 cm / s ausÁncia indicate arterial disease, values below 25 cm / s indicate blood insuficiÁncia and temperature values from 25 to 35 cm / s sÁ the undetermined because they E f less Á Specifics (see image below). The data must be correlated with the degree of erecÁsÁ E observed. If peak speeds the normal Sa E sistÁlica, diastÁlica final speed should be evaluated, those above 5 cm / s being associated with ED venogenic. [28] Graphics representing the Doppler spectrum at the Padra colors f © ARTA flow of cavernous holiday during the assembly stages. A: phase flow Ánica with diÁstole mÁnimo or absent when the foot © nis hÁcido. B: Increase in sistÁlico and reverse flow diÁstole 25 min the aft injecÁsÁ the prostaglandin E [28]. Longitudinal, ventral ultrasound foot © nis, with pulsed mode and color Doppler. ARTA flow of © holiday cavernous 5, 15, and 25 min the aft E injecÁsÁ the prostaglandin (A, B, and C, respectively). Cavernous flow of debris would ARTA © below expected levels (at least 25 to 35 cm / sec), which indicates ED due to arterial insuficiÁncia [28]. Other mA © all penile nerves workup function tests, such as the reflex test bulbocavernoso sÁ E o á á used to determine if there is enough sensasÁ E nerve in the foot © nis. MA © physician squeezes the glans (upside) PA © penis, which immediately causes the naked Á e contract to the nerve funÁsÁ E Á © normal. An MA © physician measures the latency between the grip and contraÁsÁ atravÁ © E s E observaÁsÁ of the anal esfÁncter or feeling it with a gloved finger in Á e naked. [29] Nocturnal penile tumescÁncia (NPT) Á Normal for a man to have five to six ereÁsApes during sleep, especially during the Fast eye movement (REM). Its ausÁncia may indicate a problem with the funÁsÁ E nerve or blood supply to the penis. There are two mA © f mediÁsÁ for all of updates in the penile rigidity and circunferÁncia during the night erecÁsÁ E: E rush the gauge and the voltage meter E. A significant proporÁsÁ the E [give us the percentage] of the men that does E E sexual tÁm disfunÁsÁ, however, do have the E ereÁsApes regular night. [Citation needed] Penile biothesiometry This test uses the vibraÁsÁ E electromagnÁ © tica to evaluate the sensitivity and E funÁsÁ the nerve in the glans and shaft foot © nis. [Necessary the citaÁsÁ E] Infusion Cavernosometry (DICC) Temporary in which the fluid is pumped for the nis at a known speed and pressure. It provides a measure of vascular pressure in the cavernous body during a Necessary] CORPUS MEDIATION Cavernosometry cavernatraphy of vascular pressure in the cavernous body. Saline solution is infused under pressure into the cavernous body with a butterfly needle, and the necessary flow rate to maintain an erection indicates the degree of venous leakage. Responsible leakage veins á e

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