CONDITION

Male sexual problems

Male sexual problems are ongoing difficulties with desire, erections, ejaculation, orgasm, or pain during sexual activity.

WHAT IT IS
Difficulties with sexual desire, arousal, ejaculation, orgasm, or comfort

BODY SYSTEM
Reproductive, hormonal, nervous, and circulatory systems

MAIN SYMPTOMS
Low desire, erection difficulty, ejaculation changes, orgasm problems

WHAT CAUSES IT
Physical, psychological, medication-related, or mixed factors

HOW IT IS DIAGNOSED
Sexual history, medical assessment, examination, and targeted tests

MAIN TREATMENT
Cause-focused care, counselling, medicines, or sexual aids

CAN IT BE CURED?
Sometimes - reversible causes may be treated

IS IT AN EMERGENCY?
Sometimes - prolonged erection or severe genital injury

LONG-TERM OUTLOOK
Often improves with cause-focused treatment and support

Overview

Male sexual problems are difficulties that affect sexual desire, arousal, erections, ejaculation, orgasm, or comfort. They may happen occasionally or continue over time. They may affect partnered sex, masturbation, or both.

Common examples include erectile dysfunction, which means difficulty getting or keeping an erection; premature ejaculation, when ejaculation happens sooner than wanted; delayed ejaculation; and reduced interest in sex. Some people can have an orgasm without ejaculating, or ejaculate without the usual feeling of orgasm.

An occasional problem is common and may follow stress, tiredness, alcohol use, illness, or relationship tension. It becomes more important to assess when it keeps happening, causes distress, or represents a clear change from your usual sexual function.

Sexual difficulties can be physical, psychological, or both. They may also be the first noticeable sign of another health issue, such as diabetes, blood vessel disease, a hormone problem, or a medication side effect. Seeking help is not only about sexual performance. It can support your wider physical and emotional health.

Male sexual problems are not the same as infertility. Infertility concerns the ability to cause a pregnancy. A person can have normal fertility but difficulty with erections or orgasm, or have no sexual symptoms but reduced fertility.

Symptoms

Symptoms differ according to the type of problem. You may notice one difficulty or several together.

Possible symptoms include:

Erection problems may happen in every situation or only in certain circumstances. For example, erections may occur during sleep or masturbation but not during partnered sex. This pattern can help identify contributing factors, but it does not prove that a problem is purely psychological.

Reduced desire can also affect sexual thoughts, interest in initiating sex, and response to sexual stimulation. Desire naturally changes over time, and a lower level is not a medical problem unless it is unwanted, distressing, or linked to another condition.

Pain, a new curve in the penis, or a firm area under its skin may suggest a separate penile condition that needs assessment.

- Less interest in sexual activity than is usual for you
- Difficulty getting an erection or keeping it firm enough for sex
- Ejaculation that regularly occurs sooner or later than you want
- Inability to ejaculate despite adequate stimulation
- Reduced pleasure, difficulty reaching orgasm, or no orgasm
- Pain during erection, ejaculation, penetration, or masturbation
- Anxiety, avoidance, or distress connected with sexual activity

Causes and risk factors

Sexual function involves the brain, emotions, hormones, nerves, blood vessels, muscles, and

relationship context. A problem in any of these areas can affect sex.

Physical causes can include diabetes, heart and blood vessel disease, high blood pressure, nerve disorders, long-term kidney disease, sleep problems, and conditions affecting the penis or prostate. Pelvic surgery, radiotherapy, or injury may affect nerves or blood flow.

Low testosterone can reduce sexual desire and may contribute to erection problems. However, symptoms alone cannot confirm testosterone deficiency. Testosterone levels must be measured correctly and interpreted alongside symptoms.

Medicines can sometimes affect desire, erections, or ejaculation. Examples include some antidepressants like sertraline or fluoxetine , blood pressure medicines, hormone treatments, opioid pain medicines, and treatments for prostate conditions. Alcohol, smoking, cannabis, and other drugs can also contribute.

Psychological and social factors include stress, depression, anxiety, previous unwanted sexual experiences, concerns about body image, relationship conflict, and pressure to perform. Once a difficulty occurs, worry about it happening again can make arousal more difficult.

Ageing can bring slower arousal, less firm erections, or a longer recovery period after ejaculation. Persistent sexual problems should not automatically be dismissed as an unavoidable part of getting older.

Diagnosis

There is no single test for all male sexual problems. Assessment usually begins with a private conversation about what is happening, when it started, and how it affects you.

You may be asked about desire, erections, ejaculation, orgasm, pain, morning or sleep-related erections, and whether symptoms occur in all sexual situations. Questions about health conditions, mental health, relationships, alcohol, drugs, and current medicines help identify possible causes.

A physical examination may include checking blood pressure and examining the penis and testicles. Other parts of the examination are guided by your symptoms and medical history.

Blood tests may be used to look for diabetes, cholesterol problems, or hormone changes. When low testosterone is suspected, an early-morning blood test is generally used, and an unexpectedly low result may need confirmation on another day. Other hormone tests may be appropriate in some cases.

Specialist tests of penile blood flow or erections are not needed for most people. They may be considered when the cause is uncertain, after an injury, before certain procedures, or when

first-line treatments have not helped.

Treatment and management

Treatment is based on the type of sexual problem, its likely causes, your health, and what matters to you. More than one approach may be used.

Managing diabetes, blood pressure, sleep problems, depression, or another underlying condition may improve sexual function. If a medicine may be contributing, a clinician can review alternatives. Do not stop a prescribed medicine on your own.

Counselling or sex therapy can help with performance anxiety, loss of confidence, relationship strain, and unhelpful patterns that have developed around sex. Therapy may be offered individually or with a partner. It can also support people whose symptoms have a clear physical cause.

For erectile dysfunction, oral medicines called PDE5 inhibitors can improve blood flow into the penis during sexual stimulation. They do not automatically cause desire or an erection. These medicines can be dangerous when combined with nitrate medicines used for chest pain, so a medical and medication review is important.

Other erection treatments include vacuum erection devices, medicines placed into or injected into the penis, and surgically implanted devices. Surgery is usually considered only when less invasive options are unsuitable or unsuccessful.

Treatment for premature ejaculation may include behavioural methods, sex therapy, topical numbing treatments, or certain prescription medicines. Delayed ejaculation is managed by reviewing medicines and health conditions, adjusting stimulation when appropriate, and addressing emotional or relationship factors.

Testosterone treatment is intended for people who have compatible symptoms and consistently low measured testosterone due to a medical cause. It is not a general treatment for sexual performance and may reduce sperm production.

Practical changes can also help. These may include allowing more time for arousal, using suitable lubrication, changing sexual routines, or expanding intimacy beyond penetration. The aim is a satisfying and comfortable sex life, not meeting a fixed standard of performance.

Complications

Sexual problems can affect self-esteem, mood, intimacy, and relationships. Some people begin

avoiding touch or affection because they fear it will lead to expectations about sex. Clear communication can reduce misunderstandings and pressure.

Depression and anxiety may contribute to sexual problems and may also develop because of them. Support is available for both issues.

Persistent erectile dysfunction can sometimes be an early sign of blood vessel disease. This does not mean that everyone with erection problems has heart disease, but it is a reason to review cardiovascular risk factors such as blood pressure, cholesterol, diabetes, and smoking.

Treatments can also cause complications. These differ by treatment and should be discussed before starting. A prolonged erection after erectile dysfunction treatment requires emergency care.

Prevention

Not every male sexual problem can be prevented. Difficulties caused by inherited conditions, necessary surgery, nerve injury, ageing-related changes, or some chronic illnesses may occur despite good health habits.

Protecting blood vessel and nerve health may lower the risk of some erection problems. This includes not smoking, limiting alcohol, being physically active, and managing diabetes, blood pressure, and cholesterol with appropriate care.

Avoiding non-prescribed sexual enhancement products is also important. Their ingredients and strength may be uncertain, and they can interact with medicines.

If a prescribed medicine affects sexual function, ask for a medication review rather than stopping it. Early discussion may prevent the problem from becoming linked with ongoing anxiety or avoidance.

Living with it and what to expect

The course depends on the cause. A short-term problem related to stress, illness, or a temporary medicine effect may improve when that issue settles. Problems related to diabetes, blood vessel disease, surgery, or nerve damage may continue but can often be managed.

Improvement may take trial and adjustment. A treatment that works well for erections may not address low desire, pain, or relationship concerns. Some people need combined medical and psychological support.

Sexual function may change over months and years as health, medicines, relationships, and

hormone levels change. Follow-up is useful if treatment stops working, side effects occur, or your goals change.

A satisfying sex life does not have one required form. Many people adapt by changing timing, stimulation, positions, or expectations around penetration and orgasm. Partners may benefit from talking openly about comfort, pleasure, and pressure.

No treatment can promise a particular result. However, most common sexual problems have options that can reduce symptoms or help you adapt.

When to get medical help

Arrange a routine medical appointment if a sexual problem keeps happening, causes distress, or is a noticeable change from your usual function. You should also seek assessment for reduced desire with tiredness or other possible hormone symptoms, pain during sex, a new penile curve, or a problem that began after starting a medicine.

Mention erection problems even if you do not want treatment for sex itself. They may justify checks for diabetes, blood pressure, cholesterol, or other health concerns.

Seek urgent assessment after a genital injury, especially if there was a cracking or popping sensation, immediate loss of the erection, marked swelling, bruising, or severe pain.

Go to an emergency department for an erection lasting about four hours, particularly if it is painful or unrelated to sexual stimulation. This is called priapism. Delayed treatment can damage penile tissue.

Call emergency services for chest pain, severe breathlessness, fainting, or other possible heart symptoms during sexual activity. Stop sexual activity while waiting for help.

Common questions

Why can I get an erection alone but not with a partner?

Anxiety, pressure, relationship context, and differences in stimulation can affect erections. Physical and psychological factors can also occur together. The pattern is useful information during assessment, but it does not establish the cause by itself.

Does erectile dysfunction mean I have low testosterone?

Not usually. Low testosterone more often causes reduced desire, although it can contribute to erection problems. Diabetes, blood vessel disease, medicines, stress, and anxiety are other common possibilities. Blood testing is needed to diagnose testosterone deficiency.

Can masturbation cause erectile dysfunction?

Masturbation does not generally cause erectile dysfunction. A very specific or intense pattern of stimulation may make partnered stimulation feel different for some people. Changing technique or discussing the issue with a sex therapist may help.

Why do I ejaculate too quickly?

Premature ejaculation may involve sensitivity, anxiety, learned patterns, relationship factors, or changes in sexual circumstances. It is not a sign of weakness or lack of self-control. Treatment options are available when it is persistent and distressing.

Are erectile dysfunction medicines safe to buy online?

Use a regulated pharmacy or health service. Unregulated products may contain undeclared ingredients or incorrect amounts. Even approved medicines need a safety check because they can interact seriously with nitrate medicines and may be unsuitable with some health conditions.

Will a sexual problem go away on its own?

A temporary problem may improve when stress, tiredness, or illness settles. Persistent or worsening symptoms are less likely to resolve without addressing the cause. An assessment can identify treatable physical, medication-related, or emotional factors.

Sources

- National Institute of Diabetes and Digestive and Kidney Diseases: Erectile Dysfunction
- American Urological Association: Erectile Dysfunction Guideline
- American Urological Association and Sexual Medicine Society of North America: Disorders of Ejaculation Guideline
- European Association of Urology: Guidelines on Sexual and Reproductive Health
- Endocrine Society: Testosterone Therapy in Men With Hypogonadism Clinical Practice Guideline, 2018
- NHS: Priapism