

# Introduction

Impotence may be defined as the inability to obtain or sustain a penile erection for the purpose of coitus (Morgan and Pryor, 1980).

Age and marital status can affect potency . Schmidt, (1983) found that among 454 impotent patients, 59% were between 40 and 59 years of age, 28% were 39 years of age or younger, and 13% were 60 years of age or over. He also found that over 50% of the patients were unmarried, and 25% were separated or divorced.

Impotence is categorised into organic, psychological, and mixed types based upon the etiology of erectile disability. Organic impotence is not subclassified but rather is identified by the specific etiology causing the symptom ( Schmidt, 1983).

In 1950 , Strauss had stated that 90% of the cases of impotence are psychogenic, however, Shrom et al., (1979) said that there is an ill defined group of men who have an underlying organic reason for their erectile disability . On the other hand, Nickel et al (1984) found that

the etiology of impotence was clearly organic in 35.9% of cases, Psychogenic in 38.3% of cases, mixed in 12.9% of cases, and uncertain in 12.9% of the cases.

Another classification of impotence is given by Schmidt (1983) .He classified impotence into primary, secondary and situational types. Primary impotence : cases in which the patient has never had an erection of sufficient quality to perform intercourse. Secondary impotence: cases in which the patient has been able to perform intercourse in the past, but is unable currently to do that. Situational impotence : cases in which the patient is able to perform intercourse with one partner but not with another. It is generally agreed that secondary and situational impotence are far more common than primary impotence.

There are two types of impotence therapy, medical therapy and psychotherapy, ( Schmidt, 1983).

1) Medical therapy:

Treatment of reversible conditions includes the

following:

- A) Improvement of the general health of patients with systemic disease.
- B) Testosterone replacement of patients with hypogonadal androgen deficiency states.
- C) Vascular surgery for removal of occlusions of large and medium sized arteries.
- D) Revascularization of the corpora cavernosa.
- E) Control of alcoholism or other substance abuse.
- F) Discontinuation of medication with sexual side effects.

For irreversible impotence, the penile prosthetic devices are used.

## 2) Psychotherapy

It is used for the treatment of psychogenic impotence. It includes : psychoanalysis, individual psychotherapy, group therapy, conjoint marital therapy ( general and sexually focused) behaviour therapy (combinations of relaxation, desensetization, sensate focused, and the sexual format of Masters and Johnson) and educational counseling.

Aim of the work

Sexual dysfunction is a rapidly developing branch of medicine. Many available diagnostic methods for the cause and type of impotence have been offered during the last decade. The aim of the present work is study of recent advancement in the diagnosis of impotence.