

**About Health TV with Jeanne Blake**  
**Sexual Health Concerns in Men**  
**[www.abouthhealth.com](http://www.abouthhealth.com)**

JEANNE BLAKE: Welcome to *About Health TV*. I'm Jeanne Blake. Millions of Americans are tormented by sexual health concerns. There are physical and emotional reasons for them, but most Americans who suffer with these concerns never seek help. On this edition of *About Health TV* we will talk with Dr. Irwin Goldstein, who is the director of the Institute for Sexual Medicine at Boston University's School of Medicine. He's one of the nation's leading physicians dedicated to helping patients restore their sexual health. We'll also be joined by one of Dr. Goldstein's patients, Justin, and a woman who is the wife of one of your patients. Dr. Goldstein and Justin, thank you so much for coming in to talk with us about sexual health. We appreciate it.

DR. GOLDSTEIN: Happy to be here.

JEANNE BLAKE: Dr. Goldstein, these problems are much more common than we would ever, ever know.

DR. GOLDSTEIN: It's one-third. One-third of all men and women in the United States of America have sexual problems. That's about 70 million people.

JEANNE BLAKE: But it's so surprising. We don't know this, because, I guess, people don't like to talk about it.

DR. GOLDSTEIN: It's a closet condition. It's frustrating, it's embarrassing, humiliating, and people do not talk about this. I'm so excited that you're talking about this so this gets the message out. It's a particularly interesting time. Around the holidays people get very interested in restoring sexual function. We're the most busy this time of the year.

JEANNE BLAKE: Why?

DR. GOLDSTEIN: There's something about the holidays and people being together. The last five years we've been doing this, this is what's happened.

JEANNE BLAKE: I said earlier, there's so few people living with these kinds of concerns that ask for help, and yet it's such a big part of our lives, our being able to be intimate and close to other people. I guess it goes to the shame and all that, but isn't it so pressing and so much a part of our life that people would want to get help?

DR. GOLDSTEIN: In sexual matters, you need to know there's something at the other end of the visit to the doctor, because it's way too embarrassing to just go and talk about your sexual problems, and the doctor says, "There's nothing I can do for you. Thank you for telling me. I have to go to the next patient." That's even worse than just living with it alone. Because Viagra has come out and because there's the advertising and the race car, etc., I think people believe that there's something that can be done and they're now seeking help, which is great.

JEANNE BLAKE: In much greater numbers than before?

DR. GOLDSTEIN: Only about 10% of the people have sought treatment. Nineteen million people have used Viagra around the world. There are eight Viagra tablets dispensed every second. But still, that only represents 10% of the population.

JEANNE BLAKE: Wow. Justin, you have a Viagra tie on, you've told me. For real? Little Viagra pills? Well, you certainly have come a long way in your ability to talk about what happened in your life. You're young. You're 21?

JUSTIN: I'm 21.

JEANNE BLAKE: And so tell us how you found your way to Dr. Goldstein and why.

JUSTIN: Well, the long journey started in high school, before 1998 didn't Viagra come out in 1998?

DR. GOLDSTEIN: Yes, 1998, correct.

JUSTIN: I don't think Viagra was even out or even popular when I started having my troubles. I saw everyone I could. I talked to my parents.

JEANNE BLAKE: What was your problem?

JUSTIN: I had my first sexual experience, and it was nowhere close to what I thought it would be. I couldn't perform, pretty much.

JEANNE BLAKE: But it wasn't just one time, right?

JUSTIN: No, I tried a lot. Performance was just the overall standard.

JEANNE BLAKE: And so you talked with your parents?

JUSTIN: I talked with my parents.

JEANNE BLAKE: What was that like?

JUSTIN: It was nice to be able to talk to them. It's nice to have parents that you can go to about anything, sex or drugs or whatever you need, friendships, and that was actually a nice thing to realize. It had nothing to do with this problem. And my dad thought it was just a mental thing, as everyone did. I saw my guidance counselor, I saw my psychology teacher.

JEANNE BLAKE: Was it difficult for you to approach these people?

JUSTIN: It got easier the more people I talked to. Everyone thought it was mental, and I believed it might have been mental, but I also started to realize that this is me, this is who I am, so I might as well figure out what I can do to make it the best I can.

JEANNE BLAKE: Good for you.

JUSTIN: So from there I saw more doctors. I had a good girlfriend through high school and we just made it work. And we broke up when I went to college; it had nothing to do with my situation. And it was time to date again and to try and meet new people. That was a real hard thing to do, because I grew up with everyone, but it was everyone I lived with in my town. I knew them, the girls knew me, it wasn't as complicated as it was when you're in the world by yourself for once. You had to meet someone, and further down the road you had to explain to them your issues, and they weren't the

funnest issues. Everything you do in college and you do with your friends seems to link up to sex somehow. You're at parties and invite girls.

JEANNE BLAKE: It made it particularly difficult. I mean, usually it's men, and here you are in not even the prime of your life dealing with this. I want to ask you this. You said that you went to doctors, plural. What kind of a response did you get from the first doctors that you went to?

JUSTIN: Mental. They thought it was from my childhood experience, maybe I got in fights with my mom too much.

JEANNE BLAKE: Mothers always take the blame.

JUSTIN: Yeah, that's not right. And they thought it was everything except physical.

JEANNE BLAKE: So finally you were lucky enough to find Dr. Goldstein.

JUSTIN: Yes. When I was at Babson in Massachusetts, I went to the school doctor. I was getting my foot checked out and I said, "By the way ..." I talked to him about my problems and he said, "I know a urologist down the street at the Wellesley Newton Hospital and he happened to go to BU," and he happened to know Dr. Goldstein and called him up and got me set up with an appointment.

JEANNE BLAKE: So, Dr. Goldstein, when Justin or any patient comes in, how do you evaluate and figure out what's going on?

DR. GOLDSTEIN: All ages. It's mind, body, and relationship issues, and we have the facilities and the professionals to discriminate and to work it out. Justin saw the psychologist and spent time, and Justin comes and gets to interview with me. We were thinking very obviously that this was not purely mental. Justin's problem, if I can recall because it's a few years ago, took a long time to achieve an erection. That's not a normal thing. People who see something sexual, the event happens very quickly. It wasn't rigid, as it could have been or should have been. His morning erections were abnormal, too. There were things where red flags were raised. The next step is to do an ultrasound study. We have facilities to actually make the men get erections in the office with drugs, and we can take the ultrasound and check the tissue, check the quality of the arteries, increase in the blood flow. And right then and there at that same visit we were able to identify that there were circulation problems. A more common or typical reason in a 56-year-old man is diabetes, hypertension, cigarette smoking. In

Justin's case, young kids, they ride BMX bicycles, they use these narrow, thin saddles, they have this wonderful one-inch piece of metal bar one inch from a male's crotch that they call a boy's bike, so the crotch is kind of crashing down onto the thing. That's how tissue is damaged.

JEANNE BLAKE: And so what was actually happening there or not happening? We know what wasn't happening. What was going on?

DR. GOLDSTEIN: There was no perfusion. The blood that was being perfused to his penis brought there by sexual stimulation was coming slowly and without high pressure, so sort of a slow, lousy feeling.

JEANNE BLAKE: So the solution was?

DR. GOLDSTEIN: Well, maybe Justin can tell you.

JUSTIN: Okay, well, my arteries were crushed. You have two main arteries that run up the penis and supply it with blood, and when enough pressure builds up, blood is trapped in there and creates an erection. Both my arteries were crushed to the point I was getting much less blood flow and minimal amounts was getting to the penis.

JEANNE BLAKE: Were you just unbelievably relieved when he told you this?

JUSTIN: Yeah, yeah. There are three ways you can't get erections – failure to fill, which is what I had, failure to restore, and then what's the other one?

DR. GOLDSTEIN: Failure to initiate.

JUSTIN: Failure to initiate. So once we found out it was failure to fill, we had to determine that it wasn't the rest of them. Then we had one of many options, which was a surgery which bypassed that artery and connected it with an artery in my abdomen and connected into my penis so there would be a solid connection. Everything is working great.

JEANNE BLAKE: Excellent. So basically you've replaced the artery.

DR. GOLDSTEIN: It's like a heart bypass operation. We don't replace an artery, we find an area to hook into that which will receive the blood, and we use a new source of blood. So he has a bypass operation, basically.

JEANNE BLAKE: And it worked and everything is fabulous?

JUSTIN: Yeah. It's great. It's that simple. It's like when you break your leg. That's all it is. There is nothing to be embarrassed about.

JEANNE BLAKE: And you are living that by speaking in schools, and you do some work with Dr. Goldstein on the website, and you just made a decision to share your story to help others?

JUSTIN: Yes. As he said earlier, 90% of males -- I'm not sure about the female population -- don't talk about it. They're afraid to talk about it, and I think it's a good idea to let people know it's an important part of people's lives, so it's important that once you get it fixed, there's no need to not tell anyone. I would rather ... it's no different than having to get glasses. There are worse injuries in life, and this is a small injury which shouldn't take over every single thought through life, which it does. When I had these issues before, I noticed that everything you thought of you could relate to sex. Why am I going to school? To get a job, to get a wife, to do what? You can relate sex to everything you look at. It would take over every thought you had. It's a small part of your life, and it should be special and it shouldn't cause any sadness. It's no different than breaking a bone in your body.

JEANNE BLAKE: What's great is that by your speaking out ... I bet when you speak at schools young people come up and share the fact that they have the same problem.

JUSTIN: I speak at parties and social gatherings. I don't speak at schools yet.

DR. GOLDSTEIN: We're going to get him to schools.

JEANNE BLAKE: You tell your story wherever anyone will listen, I bet, Justin.

JUSTIN: I do.

DR. GOLDSTEIN: He's part of the new generation that's able to talk about this, because I'm telling you it's not that way. God bless him that he has the ability to relate this to a broken bone, which it really

should be. And we as physicians don't relate that. We don't teach this in medical schools, we don't have any departments of sexual medicine. BU will hopefully convert down the road to a department that will be similar to orthopedics, gynecology, general surgery, and people who have sexual problems will go to a medical center and there will be a department for sexual problems.

JEANNE BLAKE: Well, that's why I asked Justin about the response he got from doctors. Number one, how well educated are they to talk about it, and number two, how comfortable are they being able to talk about it? If a third of our population is living with some kind of sexual health concern, it's enough that we can't talk about it.

DR. GOLDSTEIN: God bless you for saying that. I think that's great. I just came from interviewing residents in urology to our urology program and these are extremely bright people. We had over 250 interviews and applications and we chose 40 of the crème de la crème, okay? I asked everyone independently, "In your medical school did you have any formal training in sexual medicine?" Nothing. This is 2002. It's a pretty scary thought. But he's going to change it.

JEANNE BLAKE: Yes, you are, one person at a time. Justin, thank you for telling your story so that we can share it with others. I've got to say goodbye, because Paula, whose husband is a patient of Dr. Goldstein's, is going to join us in one minute, so stay with us. ... We continue our discussion now with Dr. Irwin Goldstein, and we're joined by Paula, whose husband was living with a sexual health concern. Paula, thanks for coming in.

PAULA: Thank you very much. It's a pleasure to be here.

JEANNE BLAKE: Tell us what happened.

PAULA: Before my husband and I were a couple, in 1987, my husband endured a pelvic crushing injury. He was hospitalized and had an apparatus, things coming out of his pelvis to stabilize him. At that time he recalled not having morning erections. He spoke to the urologist at the hospital and they said it will rejuvenate, he wouldn't have any issues. Not that they knew it at that time. This was, again, 1987. Subsequently, we met, married, and had a great sex life. No real issues with penetration or erections until 1994. My husband started having difficulty maintaining an erection. Then he was having difficulty and not even getting an erection, and as the wife, partner, nurse, mother aspect of this I thought, "It is me. What am I doing wrong? What's happened to our relationship?"

JEANNE BLAKE: Were you able to talk to him about this?

PAULA: Yes, but he's not a very open person.

JEANNE BLAKE: That was my point.

PAULA: Even if I, who is the more verbal of the two ...

JEANNE BLAKE: Well, I didn't mean were you able to talk about it. Were the two of you able to talk about it?

PAULA: I was able to confront him many times, and he would reassure me that it wasn't a relationship issue. There was just something going on. He did start to pursue it when our relationship started to really trip, because we were not able to be intimate.

JEANNE BLAKE: How long a period of time was this?

PAULA: I would say almost 18 months.

JEANNE BLAKE: That's a long time.

PAULA: Yes. We would go through months without even trying, because the event would always lead to disappointment, and the aftermath of disappointment destroyed us. You know, you see people walking around and you never know what's going on in their lives.

JEANNE BLAKE: I mean, just to repeat, one-third of the population is dealing with some kind of sexual health concern.

PAULA: A very quiet pain that we went through. We live in Rhode Island. We saw six different physicians, three urologists, one neurologist, one neurosurgeon, and one general practitioner. No one could help him. They said, "This is your lot in life, you've got to live with it."

JEANNE BLAKE: They said they thought it was an emotional issue?

PAULA: No, they thought it was from the injury, saying he had nerve damage and he was on his own. We were fortunate. We got hooked up into the Lahey Clinic and a Dr. Berle said, "There's only

one guy in the world for you and that's Irwin Goldstein." We got an appointment relatively quickly, which was thrilling, and I'm thinking the whole time that I've never heard of sexual medicine and I've been a nurse all these years. None of my friends know anybody that deals with this.

DR. GOLDSTEIN: I'm getting so excited. You're getting the insight from a partner. I don't think in the history of television this has happened. This is really very exciting, because we've always heard it from the person himself. But you're hearing it from the partner. Sex is a couple's issue and we don't really talk about it in that context. This is very exciting. She's also in the healthcare profession and she's not heard of sexual medicine.

JEANNE BLAKE: Underscore the theme in here that patients that do go to a doctor, chances are they're not going to get the help that they need.

DR. GOLDSTEIN: But the reality is, Justin's artery got blocked from bicycle crushing. His pelvis was fractured. The same artery got crushed. It's such a common concept, and I don't know why it's so difficult to appreciate.

JEANNE BLAKE: Why do you think? I mean, we know that he had the same surgery that Justin did, and just to put a happy ending on this story and everything is fine, I'm preserving it. Now, we don't have a whole lot of time. We could talk for two hours about this. We're talking about a physical injury, and it's not always a physical injury. I think it's great to say that there is that possibility, because maybe people who hear this will say, "I need to go get checked," or "Did I have an injury?" But sometimes it's not a physical injury, right?

DR. GOLDSTEIN: Go to a physician who deals with sexual medicine. Get a psychologic interview. Get a history of physicals and blood tests. Get appropriate tests if there are other tests needed. There's Viagra, there's vacuum devices, there's injections, there's pellets you can place in the urethra, there's penile implants, there's sex therapy obviously, there's hormone therapy, there's all kinds of things, even bypass surgery. Don't beat your head against the wall with this condition. We can help you.

JEANNE BLAKE: In 25 years, Doctor, what is the most common cause of sexual dysfunction, of erectile dysfunction?

DR. GOLDSTEIN: For men, erectile dysfunction is the event that brings them to doctors, and the most common is clearly a circulation issue in the context of stress, anxiety, and frustration.

JEANNE BLAKE: So an injury isn't the most common cause?

DR. GOLDSTEIN: Injury from medical issues, diabetes, hypertension, smoking, and high cholesterol. Those are the main items.

JEANNE BLAKE: But if I come to you and I haven't had a direct injury like Justin or Paula's husband, but I've been smoking – I love to bash cigarette smoking any chance I get ...

DR. GOLDSTEIN: Smoking is not good for your arteries.

JEANNE BLAKE: That's right. And for your sex life.

DR. GOLDSTEIN: It's okay with me if you want to bash cigarettes.

JEANNE BLAKE: Thank you. But if I come to you and I have that vascular problem because of cigarette smoking, will this surgery work?

DR. GOLDSTEIN: We try to limit the surgery toward a direct injury. Those people, who one would think is 50 or 60 years old, are not really appropriate candidates for that type of treatment. But they can, I guess. Viagra works really well. It's a very safe and efficacious item. We used to fear for its cardiac issues, and we now have great data to support that.

JEANNE BLAKE: And there are new drugs coming out.

DR. GOLDSTEIN: Great new drugs coming out. By this time next year we'll have really safe and effective alternatives to Viagra.

JEANNE BLAKE: Why do we need an alternative to Viagra?

DR. GOLDSTEIN: There's a 50% dropout rate still with Viagra.

JEANNE BLAKE: Is that right?

DR. GOLDSTEIN: Yes. It's not perfect. It's a great drug and they have done great work in getting the word out. In fact, it's because of Viagra that we've become an institute. We have to go beyond that and become a department.

JEANNE BLAKE: Paula, clearly the lack of sexual intimacy in your relationship was a problem and it caused you to seek help.

PAULA: More than seeking help, because the people we were going to couldn't really help us, so that threw even more fire into our stewing pot. So the tensions grew between us. We were drifting further apart, discussing it less, and just going about our lives separately but together. So the burden each one of us carried was sad and tremendous. We talk about our mind, soul, body, spirit, and that intimacy that a man and a woman or any partners share is very important.

JEANNE BLAKE: Do you think if you had not gotten the proper help that you'd be married today to your husband?

PAULA: I think I'd be married, but I think I'd be very unhappy, very sad. Sex isn't the most important thing, but it's the intimacy, it's the connection between two people, and when we didn't have that, it really destroyed us. We weren't happy, lively, jovial people. It truly was a deep sadness that loomed over us for a long, long time.

DR. GOLDSTEIN: For getting the passion, I love it, and her passion has carried through. She now works in our institute. She works with the women.

JEANNE BLAKE: Everybody I've met works for you so far. I think I'm going to start to work for you if you don't get out of here soon. And you come all the way from Rhode Island? And Doctor, you have someone else who comes from Philadelphia? And Justin works with you. But not every couple who is not having sexual intercourse wants to have sexual intercourse. I read this on your website. And so you say that not everybody needs to get help.

DR. GOLDSTEIN: Well, you have to have distress from the sexual problem. It's okay to have sexual problems. They're not life-threatening traditionally and you can live with them and that's okay. We don't have any contract to make everybody what we think they should be, but if people aren't happy

in their lives, both Paula and Justin, they have the fundamental right to seek sexual health. That's a fundamental right, and that message should get out to the public.

JEANNE BLAKE: Well, I think it just did, in part. Thank you for coming in and telling your story.

PAULA: Thank you.

JEANNE BLAKE: You and Justin have done a huge service in helping others who might hear.

PAULA: I'm very glad to be part of it in more ways than one.

JEANNE BLAKE: Dr. Goldstein, thank you.

DR. GOLDSTEIN: We're going to do another show.

JEANNE BLAKE: Yes, we are. I was just going to say that, but why don't you say it?

DR. GOLDSTEIN: No, you can say it. We spend all the time on sexual medicine discussing men, and actually 43% of women – 31% of men – 43% of women have sexual problems.

JEANNE BLAKE: Right, but it was not my oversight. I thought we would talk about men half the time and women half the time, but forget about it. There is just too much to cover. So the good doctor has agreed to come back so we can talk about sexual health concerns among women, and it will be just as informative and just as much fun, right?

DR. GOLDSTEIN: Absolutely.

JEANNE BLAKE: I want to thank you both again. We'll see you soon. I'm Jeanne Blake. I'll see you next time.

*About Health TV is sponsored in part by  
Harvard Pilgrim Health Care Foundation.  
Improving health through medical education,  
clinical research and community service.*