the People's Doctor
A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD

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IN THIS ISSUE:

Dr. Robert Mendelsohn

Impotence--is it all in the mind? Does it need to be treated by a psychiatrist or a marriage counselor? Or does the answer often lie elsewhere? Does it lie on the pad where the doctor so blithely jots down a prescription for Dyazide, for Aldoril, or for any one of a legion of drugs which now inhabit bathroom shelves across the country and which may inhibit the sexual drive of those who take them?

In this issue of my Newsletter, I will point out how impotence has become a doctor-produced disease. And I will also deal with another condition, Peyronie's disease, in which the same doctor who attempts the cure may himself be the causative agent of the disease.

Impotence and antihypertensive drugs

Q I am in my early 60's and have lost some of my sex drive. I have high blood pressure for which I'm taking medication prescribed by my doctor. Our married life is miserable because I'm putting the blame on my wife, accusing her of being frigid. Could the medication I'm taking be responsible for my loss of interest in sex? Please answer this question since about half a dozen of us are waiting for an answer.

A The antihypertensive drug Aldactazide, manufactured by Searle & Co., has listed among its adverse reactions "Inability to achieve or maintain erection." The drug Hydropres, manufactured by Merck, Sharp & Dohme, has impotence or decreased libido listed among its adverse reactions. These are just two examples of antihypertensives, and if you are taking one of these drugs and are switched by your doctor to another, make sure that it's not just the same generic drug wearing a different name.

Many other kinds of medication can and do produce impotence in men. The main cause of impotence in this country may not be psychosomatic, as some would have us believe, but rather iatrogenic, which means doctor-produced. All the sex therapy in the world will not counteract drug-induced impotence.

Doctors owe it to their patients to tell them that the "loss of nature" that so many men complain about in their 60's and 70's may be a result of medication. Instead of telling these men that the condition is "something they have to learn to live with," thoughtful physicians should examine whether their prescribed treatment may be causing this damaging condition. (Reprinted from Vol.2, No.1, Hypertension and Antihypertensive Drugs.)

Q Recently you wrote about how antihypertensive drugs can affect one's sex life.

My husband has hypertension. He had a heart attack three years ago, and he also has prostate trouble. His doctor has him on Inderal.

You did not mention whether Inderal causes impotence. Does it? My husband is 53 years old, and he has no desire to have sex with me. I don't want to do anything to harm him, but I am warm and loving and need love and attention. Will we ever be able to have a good sex life again?--M.T.

A While Inderal does not list impotence among its side effects, doctors usually do not prescribe this drug by itself. Instead, the common practice in the management of hypertension is to use Inderal in combination with other drugs, particularly thiazide diuretics such as Diupres. Diupres DOES cause impotence and decreased sexual drive.

As you can see, it is very important for you to find out what drugs other than Inderal your husband's doctor has prescribed and to look up the side effects of each, both individually and in combination.

Another way to determine the answer to your question is to turn to non-chemical methods of managing high blood pressure (diet, exercise, biofeedback, yoga, etc.). Then you can see whether, as your husband's drugs are gradually turned off, he gets turned on.

Q I am 72 years old and for many years have had mild hypertension. I have taken Aldoril for 10 years, with my blood pressure around 150/80 to 175/100.

I have been an average, normal, sexually active person. However, during the past two years, sex had declined for me, and I often am unable to have and maintain an erection. Recently, I discovered that if I withhold Aldoril for one full day, my sexual ability returns to normal, just like it was in former years. However, without the medication my pressure goes to 175/100.

Are there any good medications without such limiting side effects? What suggestions do you have?--Worried

A Impotence is listed in the prescribing information as a rare adverse reaction for Merck, Sharp & Dohme's Aldoril. I think that if the manufacturer read the letters I receive that link Aldoril and other antihypertensives to impotence, he might question whether it is indeed so "rare."

If a man complains to his doctor, "Doc, that drug you prescribed for my high blood pressure is killing my sex life and ruining my marriage," the doctor is likely to respond with the "voodoo-curse" of modern medicine: "Would you rather have a stroke?"

Therefore, you must ask your doctor:

1) Is my blood pressure really a threat to my life, or do I fall in the substantial category of patients in whom hypertension represents an important adjustment to other conditions associated with aging?

2) If you think I really need to take an antihypertensive drug, why can't I try another of the dozen or so modern antihypertensives to see whether it has the same effect on me?

3) Why don't we try the time-tested methods of controlling blood pressure, such as nutritional approaches, which physicians used successfully years ago before the new drugs appeared?

I've said it before, and I'll say it again: I believe that more impotence in this country is caused by prescribed medications than by psychologic factors.

Q I don't believe you have ever had a question like this, but here goes: My wife died in 1973 after 37 years of our wonderful marriage. We both enjoyed having intercourse all our lives, even into our late 60's.

I have been behaving myself sexually since my wife's death, but recently I have become aroused by thoughts about a 52-year-old widow I have been seeing a lot of lately. But the other night, when she slipped into a thin white robe, I found myself completely impotent.

Why? Am I too nervous, too old, or what? What can I do? I will be 74 on my next birthday and am in perfect health.--Disturbed

Counseling for impotence

A Yours is not the first question like this to cross my desk; men of all ages write me with the same complaint. And I notice that other newspaper columnists also answer many questions on the same subject.

I wonder what leads you and others to think that any of us knows the answer to this most personal and individual kind of problem. I know of no evidence demonstrating that the marriages or sexual performances of physicians, psychologists, marriage counselors, sex therapists or social workers are one whit better than anyone else's.

There are certain obvious causes of some cases of impotence, such as antihypertensive medications which I have mentioned repeatedly, but since you say you are a healthy man, I presume this is not the case with you.

Keep trying--one swallow does not a summer make. If you feel you need advice, talk to a relative, close friend, neighbor or clergyman. They know you personally, and they can best understand the things that may be troubling you. No stranger who would presume to answer your question via long distance could make that statement.

Q I wish to take issue with your respose to DISTURBED, the 74-year-old man who complained of impotence.

You argue that various professionals--including physicians, psychologists, marriage counselors, sex therapists, or social workers--don't know the answer to this most individual problem. As a member of the California Association of Marriage and Family Counselors, I know of a large number of highly skilled and experienced sex therapists within our membership. These individuals have had advanced extensive training and experience in individual and marital therapy. Our members are committed to the highest professional and ethical standards.

DISTURBED would be well advised to seek out a professional marriage and family counselor. This counselor would most likely first rule out any physical causes for impotence by having the client see his physician. If the determination of secondary impotence were made, the counselor would offer educational information on the physical and psychological aspects of aging and sexual response so that the client would know what to expect of himself. Other obvious areas for exploration appear to be feelings of anxiety, shame or guilt remaining from his first marriage. The counselor would offer the client sensitive and informed support.

I find myself disturbed that you would direct this man to a relative, friend, neighbor or clergyman. Much damage could be done by these well-meaning "helpers." The client could stay in the state of secondary impotence indefinitely.--B.M.K.

A Early in my medical education, I was taught to refer lots of patients with lots of problems to professional counselors. Over the years, I have watched the remarkable growth in the number of counselors, the number of problems they claim to solve, and the range of people they aim to serve. The result of this proliferation of professionals is that

for every age of man, from earliest childhood right up to death, there is a counselor waiting in the wings.

The easiest route for me to take would be to accept what I was taught and to follow the lead of other columnists who routinely send their readers to counselors. But my naturally skeptical attitude toward conventional wisdom has heightened my concern about the entire array of professional counselors.

Counseling cannot be scientifically analyzed, so one must usually depend on case reports and anecdotal evidence to show the effectiveness (or ineffectiveness) of the job. I do, however, remember a classic follow-up study from the University of Wisconsin which evaluated comparable groups of people, all of whom were referred for counseling but only half of whom actually received this service. After several decades of observing both groups, the researchers concluded that, as far as anyone could tell, counseling did no harm.

I'm afraid I must be suspicious of sellers of services who benefit directly from the services they provide, just as I am of sellers of products. In both cases, the rule is "Caveat Emptor"--let the buyer beware.

Not all counselors agree with your additional charge that relatives, clergymen, friends and neighbors probably won't help because they know the man personally. Let me pass on to you part of a letter I received from Dr. Charles Kramer, professor of psychiatry and director of The Family Institute of Chicago:

"...you emphasize the value of working out difficulties through 'family-centered' problem-solving, and you say this should have priority before entering a client-therapist relationship. I definitely agree, but hasten to point out the omission of an important intermediary step --counseling or therapy with the whole family.

"I strongly endorse your family-centered approach as a first priority. If the family has struggled unsuccessfully with the problem, the next logical step is for the whole family to consult a family-centered therapist."

"Living with" drug-produced impotence

Q Recently, I had a heartbreaking conversation with my younger brother who told me he has been impotent for nearly a year and-a-half. He is 43 years old and has been taking a mild antihypertensive for high blood pressure. With this drug, his reading is 140/100.

My brother's doctor never mentioned this possible side effect. When I insisted he discuss the matter with that doctor, he was put on Lasix, the doctor explaining that this was a stronger drug, but it would not affect him as much.

The doctor also told him all blood pressure drugs can cause impotence, and he will have to live for the rest of his life with the knowledge that his sex life may be ended at an early age.

If this information is true, I'm sure my brother will stop his medication, opt for a more normal life and take his chances.

Can you help us, and who knows how many others, with this problem? --Florida Reader

A The following antihypertensives are among those that have been reported to cause impotence: Aldactazide, Aldactone, Aldomet, Aldoril, Diupres, Hydropres, Hygroton, Rauzide, Regroton, reserpine, and Ser-Ap-Es. So if a 43-year-old man and his doctor were doing nothing more than looking for an antihypertensive without that frightening adverse reaction, Lasix, which does not list impotence as a side effect, would seem a logical choice.

Unfortunately, chemicals are not that cut and dried. Switching your brother from "a mild antihypertensive" to Lasix means his doctor is playing a game of Russian roulette which might produce even more serious consequences. Let's begin with Lasix' boldface WARNING which leads off the prescribing information:

"Lasix is a potent diuretic which, if given in excessive amounts, can lead to a profound diuresis (urination) with water and electrolyte (chemical) depletion. Therefore, careful medical supervision is required, and dose schedules have to be adjusted to the individual patient's needs."

That's just for starters. Later warnings include "Excessive diuresis may result in dehydration and reduction in blood volume with circulatory collapse and with the possibility of vascular thrombosis (clots) and embolism (traveling clots), particularly in elderly patients," and "... patients should be observed regularly for the possible occurrence of blood dyscrasias, liver damage, or other idiosyncratic (individual) reactions."

Following three columns of Warnings and Precautions, Lasix' manufacturer, Hoechst-Roussel, goes on to list adverse reactions--39 of them. Included are anorexia (loss of appetite), nausea, vomiting, dizziness, blurred vision, tinnitus (ringing in the ears), aplastic anemia (destruction of bone marrow), rash, necrotizing angiitis (destruction of blood vessels), orthostatic hypotension (sudden drop in blood pressure), hyperglycemia (elevated blood sugar), weakness, restlessness, and thrombophlebitis.

Your brother's doctor has faced him with an impossible choice--either impotence or an even stronger drug. Your brother might well cry, "A plague on both those pharmaceutical houses" and may seek a more knowledgeable doctor who is less cavalier about how a 43-year-old man should spend the rest of his life.

Impotence after coronary surgery

According to a study at the University of North Carolina School of Medicine (reported in the New York Times, December 16, 1980), life after coronary bypass surgery may be no better than it was before. Although "physical results" of the operation were good in 69 percent of the 30 bypass patients studied, 83 percent were unemployed, and more than half (57 percent) were impotent two years later.

Many of the survivors led a restricted social life and derived little pleasure from close relationships. They showed low self-esteem, persistent dependency needs, distorted body image, and mental depression.

If you would like a whole book showing the absence of scientific validation for this operation, try "Coronary Artery Surgery: A Critical Review" by Thomas Preston, M.D., (Raven Press).

Please give me some information or refer me to some literature about Peyronie's disease. Is there any cure? My husband's mind is becoming affected from worrying about his affliction.--Mrs. J.H.

I've been trying to find information on Peyronie's disease. My husband has taken medication for high blood pressure for 15 years. Last year, he developed lumps in his breast and now, after changing medication, he

has a lump and a bending in his penis. It's driving him mad with worry. Please help.--Mrs. M.B.

A

Peyronie's disease

I suppose my mail would not be complete if it did not deal with Peyronie's disease, a condition that has immortalized an 18th century French surgeon, Francois de la Peyronie.

The cause of this disturbing condition, which results in a deviation of the penis which causes painful erections and frequently interferes with sexual intercourse, is as obscure to 20th century physicians as it was to surgeon Peyronie 250 years ago. The treatment is equally obscure, but, in keeping with the fashions of the times, various forms of surgery, x-ray therapy, and cortisone injections are employed. The great variety of treatments attests, of course, to the frequently unsatisfactory outcome of any single method.

This really is all there is to say about this condition, except that I wonder why a national organization of afflicted men and their wives has not been formed in order to break the three-century-old stalemate which has given us little more than a name for this disease.

Q

About five years ago, my husband was told he had Peyronie's disease. We are a family that uses very little or no medication, so I'm sure we haven't been "exposed" to Inderal or Lopressor which you once wrote can cause Peyronie's. But my husband has used alcohol excessively for many years.

The doctor said, "We don't know what causes Peyronie's, and we don't know how to treat it--BUT, if you'd like to try Vitamin E, it might help."

My husband started on 400 I.U. Vitamin E twice a day. In less than a month, all the symptoms of the disease had disappeared. He still takes Vitamin E, and four years later, he has not developed a recurrence.--A.S.

A

Peyronie's and Inderal

Doctors are fond of telling us that Peyronie's disease is of unknown cause. But we now know that Inderal (and who knows how many other possible drugs?) can be responsible for this serious condition. Many doctors are fond of telling us that there is no treatment for Peyronie's other than frightening measures such as surgery, irradiation, or cortisone shots, so your doctor deserves a tremendous accolade from you and your husband for suggesting Vitamin E, a nutrient most doctors don't have much faith in. Another overlooked method of treatment for Peyronie's disease is the use of para-aminobenzoic acid (PABA) ("The People's Guide to Vitamins and Minerals" by Dominick Bosco, Contemporary Books, $6.95), another nutrient doctors don't have much faith in except for use as a sunscreen.

I write this much information about an admittedly infrequent condition because it gives all of us an opportunity to remember that vitamins, supplements, minerals, and nutrients are a valuable alternative to doctor-prescribed medications.

Potpourri

Q

Knowing how you feel about Tagamet because I read your Newsletter on that drug, I just had to pass on the information which appeared in the March, 1981 issue of Mademoiselle. The article explains that Tagamet, which

has been used in treating and preventing ulcers "has recently been found to block the action of male hormones (androgens) that are the main cause of unwanted hair in women."

Describing an article in the New England Journal of Medicine, the magazine points out that five women with unsightly hair "on upper lips, arms and the 'bikini area'" were treated with 300-milligram tablets of cimetidine (Tagamet) five times a day for three months. The scientists who did the research say their "preliminary results suggest that cimetidine may be a safe, effective treatment of...hirsutism." The article concludes: "While further testing must be done before the drug can be recommended for the average woman with unsightly excess hair, the drug does not appear to have any dangerous side effects or drawbacks."

Safe? Effective? No side effects? Using 1,500 milligrams each day for three months? Please comment.--M.D.

Tagamet for removing excess hair?

It was good of you to write me about SmithKline's Tagamet, presently the best selling drug in the United States.

In March, 1980, I warned my readers about the slick promotional tactics which were being used to sell this potent drug to physicians. "Modern medicine," I wrote, "is continually trying to see how many diseases a new drug can treat, a practice which might be called a 'drug in search of a disease'....According to the October, 1979 issue of the medical journal Gastroenterology, Tagamet, the latest in peptic ulcer treatment, recently has been tried for some cases of scleroderma (it seems to help) and alcoholic pancreatitis (it doesn't seem to help)... I certainly hope that all patients receiving Tagamet for any reason will be completely informed of the drop in sperm count as well as the other already-known risks of this relatively new drug. Tagamet now is being prominently advertised in full-page medical journal ads which contain no information on either the indications or the adverse reactions (not even in small print)." I concluded with the question, "Is this a new wrinkle in doctor-directed advertising?"

Apparently SmithKline's non-directive advertising campaign which I wrote about in 1980 has paid off in 1981. Doctors now are prescribing Tagamet primarily for conditions which are not even listed among the approved indications. Thus, the Wall Street Journal of May 21, 1981, quotes two researchers who reported on Tagamet as saying, "Our findings strongly suggest that physicians now prescribe cimetidine for remarkably diverse purposes, most of which have not been validated." The researchers discovered that only 20 percent of the patients had any type of documented ulcer.

I hope the doctors who are using Tagamet experimentally for too much hair "in the bikini area" are sharing with their patients the side effects of Tagamet listed in the prescribing information, but not mentioned by Mademoiselle Magazine. The young women readers of Mademoiselle have a right to know that, in exchange for this method (using doses of Tagamet higher than those recommended for peptic ulcer) of removal of unsightly hair, they are exposing themselves to risks which range from headache, dizziness, and rash through thrombocytopenia, pancreatitis, and aplastic anemia. Those young women readers also should know that animal studies have shown that Tagamet crosses the placental barrier and that the manufacturer advises that "Tagamet should not be used in pregnant patients or women of childbearing potential unless, in the judgment of the physician, the anticipated benefits outweigh the potential risks." I fail to see how the removal of excessive hair can ever "outweigh the potential risks" of Tagamet.

Another View

by Marian Tompson
Executive Director, Alternative Birth Crisis Coalition

When I expressed my uneasiness over the appropriateness of writing about impotence since I am neither male nor impotent, a friend quickly set me straight.

"Listen, Marian," she told me. "Male physicians have been telling us women how we should feel about our problems for years, so go to it!" So while it is not my intention to tell anyone how they should feel about impotence or what they should do about it, I must admit I've thought about it over the years as I've observed the effects this problem has had on various couples whom I know.

Impotence, of course, is something all of us experience often in our lifetimes. It's a feeling of powerlessness, an inability to cope with a particular situation. But sexual impotence, probably because it is so basic to life and so often tied up with a man's image of himself, can be especially devastating.

"My manhood has been taken away," is the way one friend, Ted, described impotence. His reaction alternated between rage and depression, despite his wife's repeated assurances that this particular expression of virility was not the only one that defined his maleness, not was it the most important one to her and their family.

Impotence had a different effect on the Coopers. An older couple, they both were married for the second time. After a few years, a chronic health condition began to affect John's sexual vigor. He then announced to Jane that if he became truly impotent he would just turn around and walk away. "That's fine with me," she responded, "as long as you don't mind me tagging along behind." After that, the subject never came up again. "John's sexual response did diminish for a period of time," Jane explained, "but we have always enjoyed each other so much in all ways that it just didn't matter. If anything, we discovered new ways of enjoying each other that we might otherwise have missed. I realize now that his noble offer to walk away (which interestingly enough, he doesn't even remember making) was given because he didn't want to deny me a full sexual life. Now he knows that I want him--period--just the way he is. I guess you could say that a situation which might have had all kinds of bad results really confirmed our commitment to one another."

For Ted, impotence meant the whole world had gone wrong. For John, it meant the world had taken only a slightly different turn. While John didn't want to deny his wife pleasure, he obviously realized he had a lot going for him besides his sexual performance. Today he can honestly say, "I never really felt impotent." On the other hand, Ted still refers to the "problem" that almost ruined his marriage.

It seems to me that the Teds of this world aren't going to be helped a lot by books on impotence or by sex manual technology, or even by having accepting and caring wives. Their problem lies much deeper in their own self-image, in how they feel about themselves. This tells me that everything we can do as parents and fellow human beings to make the people who touch our lives feel good about themselves is important. An appreciation of this concept is part of the efforts we see being made to humanize birth, encourage breastfeeding, support parents who want to raise their own children and create systems that enhance children's natural curiosity and eagerness to learn.

But what about the man who is faced with impotence today? Well, maybe I would give a little advice: "Don't panic...realize you've got a lot more going for you...accept the challenge of change...and ENJOY!"

Male Practice: How Doctors Manipulate Women, Dr. Mendelsohn's latest book, has just been published by Contemporary Books ($10.95).

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