Primary Care Approach to Pornography-Induced Psychogenic Erectile Dysfunction: A Case Report*

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ABSTRACT

This case report presents a 22-year-old male with Pornography-Induced Psychogenic Erectile Dysfunction (ED), highlighting the growing prevalence of this condition in young men and emphasizing the importance of recognizing and addressing it in primary care settings. The patient presented with the primary complaint of an inability to sustain an erection, with erections lasting only for approximately one minute. He had an unremarkable past medical and family history, was a previous smoker, and engaged in occasional alcoholic beverage consumption. Psychological assessment revealed moderate erectile dysfunction, problematic use of pornography, and minimal anxiety.

A comprehensive treatment plan was implemented, incorporating lifestyle modifications, pharmacotherapy and psychological interventions (Motivational Interviewing, Brief Strategic Therapy, and Educational Counseling). The patient demonstrated a positive response to treatment, with significant improvements in both erectile function and control over pornography consumption, as evidenced by follow-up assessments.

This case underscores the need for healthcare professionals to routinely inquire about pornography consumption habits when assessing patients with ED, particularly young men. It emphasizes the importance of a thorough assessment, including medical, psychological, and sexual history, for accurate diagnosis and effective treatment.

Furthermore, it demonstrates the value of an integrated treatment approach, addressing both physical and psychological factors, for optimal outcomes. Finally, it highlights the importance of patient education to enhance treatment adherence and motivation for change.

Keywords: Primary Care Approach, Pornography, Psychogenic Erectile Dysfunction, Motivational Interview, Case Report

INTRODUCTION

Erectile dysfunction (ED) is a common condition affecting approximately 150 million men worldwide, with significant impacts on quality of life and psychological well-being [1]. While traditionally associated with older age and organic causes like vascular disease, ED is increasingly prevalent in younger men, with psychogenic factors playing a significant role. Recent research suggests a possible link between excessive pornography consumption and psychogenic ED, particularly in young men [2]. This association warrants further investigation within primary care settings, where most men initially present with sexual health concerns.

The complex interplay of psychological factors in ED, including anxiety, depression, and relationship issues, is well-documented, and the emphasis of the role of specific psychogenic predictors in non-organic ED, such as low self-esteem and fear of failure [3]. A comprehensive intersystemic assessment is crucial for understanding the etiology of psychogenic ED. This case report focuses specifically on the potential impact of pornography consumption on sexual function.

This case report presents the case of a young adult male who presented to a primary care clinic with complaints of ED. The patient's history revealed significant pornography use, with features suggestive of compulsive behavior. This case highlights the importance of recognizing and addressing pornography-related psychogenic ED in primary care. Early identification and intervention can prevent progression to more severe forms of ED and improve overall well-being.

Patient information

This is a case of a 22-year-old Filipino male who works as an office worker. He presented to the clinic with the chief complaint of an inability to sustain an erection, with erections lasting only for approximately one minute. He has an unremarkable past medical history and family history.

The patient is a previous smoker (1-2 pack years) and an occasional alcoholic beverage drinker. He denies any current use of illicit drugs and is not taking any maintenance medications. He reports eating a balanced

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Filipino diet, having an active lifestyle. He is currently in a relationship.

Sexual function and history reveals the patient having difficulty achieving and maintaining erections sufficient for satisfactory sexual intercourse, describing his erections as partial and lasting only about one minute. These difficulties began approximately 1 month ago and have persisted since, with a sudden onset potentially indicative of a psychological etiology. The patient denies other sexual concerns like loss of libido or ejaculation problems. He is currently in a heterosexual relationship for a year and describes a healthy working relationship.

He reports feeling significant pressure to perform sexually, believing his partner has high expectations. He demonstrates a good understanding of sexual function and the potential causes of erectile dysfunction.

The patient reported viewing pornography several times a day, ranging from 3 to 5 times, and spending an average of 1 hour per week engaged in this activity. He reported inability to control pornography use, despite wanting to cut back, and he experienced irritability when unable to access pornography. He also noted that he needed to view increasingly explicit material to achieve the same level of arousal.

Clinical findings

The patient's physical examination was unremarkable. Vital signs and BMI were within normal limits. Examination of the cardiovascular, respiratory, gastrointestinal, and genitourinary systems revealed no abnormalities. Neurological examination was also normal.

Timeline

Table 1. Timeline of Patient Consultations, Diagnostic Tests, and Interventions for Erectile Dysfunction

DATE	CONSULTATION SUMMARY	DIAGNOSTIC AND SCREENING TEST	INTERVENTION
9/22/2024	History and PE	IIEF-5*, GAD 7* and PHQ-9*	• For Laboratory evaluation: FBS, HbA1c, thyroid function tests, lipid profile, serum morning testosterone, BUN and creatinine, CBC, and urinalysis • Catharsis-Education-Action • Lifestyle Modification
9/25/2024	Follow up Laboratory result Interpretation	SHIM*	• Motivational Interview • Phosphodiesterase-5 inhibitors (PDE5i) Sildenafil 50mg/tab
10/12/2024	Follow up Medication Review	CYPAT*	• Educational Counseling
10/21/2024	Follow up	_____	• Motivational Interview • Brief Strategic Therapy
11/14/2024	Follow up	IIEF-5, GAD 7, PHQ-9, SHIM and CYPAT	• Brief Strategic Therapy

**International Index of Erectile Function (IIEF-5), General Anxiety Disorder - 7 (GAD-7) , Patient Health Questionnaire - 9 (PHQ-9), Sexual Health Inventory for Men (SHIM) Questionnaire and Cyber Pornography Addiction Test (CYPAT)*

Diagnostic Assessment

Results of laboratory investigations, including FBS, HbA1c, thyroid function tests, lipid profile, serum morning testosterone, BUN and creatinine, CBC, and urinalysis, were all within normal limits. While nocturnal penile tumescence testing and Duplex Doppler imaging were considered for further evaluation, these were not conducted due to financial constraints.

Several screening tools were employed to assess the patient's psychological state and sexual function. The International Index of Erectile Function (IIEF-5) [4] yielded a score of 11, indicating moderate erectile dysfunction. The Sexual Health Inventory for Men (SHIM) Questionnaire [5] score was 17, suggesting mild ED. A Cyber Pornography Addiction Test (CYPAT) [6] resulted in a score of 42, interpreted as problematic use of pornography. The Patient Health Questionnaire-9 (PHQ-9) [7] showed a score of 4, indicating no depression, and the General Anxiety Disorder 7 (GAD-7) [8] had a score of 1, suggesting minimal anxiety.

Based on the patient's history, physical examination, normal laboratory results, and psychological assessment findings, a diagnosis of Pornography-Induced Psychogenic Erectile Dysfunction was made.

Table 2. Patient's Baseline IIEF-5 Scores for Erectile Dysfunction

Please choose the appropriate column for each question about your sexual abilities over the past four weeks.

	Question	1	2	3	4	5
1	How do you rate your confidence that you could get and keep a n erection?	Very low	Low	Moderate	High	Very high
2	When you had erections with sexual stimulation, how often were your erections hard enough for penetration?	Never or alm ost never	A few times	Sometimes	Most times	Almost always or always
3	During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?	Never or alm ost never	A few times	Sometimes	Most times	Almost always or always
4	During sexual intercourse, how difficult was it to maintain your er ection to completion of intercourse?	Extremely dif ficult	Very difficult	difficult	Slightly difficult	Not difficult
5	When you attempted sexual intercourse, how often was it satisfa ctory for you?	Never or alm ost never	A few times	Sometimes	Most times	Almost always or always
	Result	**11 (Moderate erectile dysfunction)**				

Score	Interpretation
22-25	No erectile dysfunction
17-21	Mild erectile dysfunction
12-16	Mild to moderate erectile dysfunction
8-11	Moderate erectile dysfunction
5-7	Severe erectile dysfunction

Table 3. Patient's Baseline PHQ-9 for Depression

		Not at all	Several days	More than half the days	Nearly every day
1	Little interest or pleasure in doing things	0	1	2	3
2	Feeling down, depressed, or hopeless	0	1	2	3
3	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4	Feeling tired or having little energy	0	1	2	3
5	Poor appetite or overeating	0	1	2	3
6	Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8	Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9	Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
	Result	**4 (None-minimal)**			

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?			
Not difficult at all	**Somewhat difficult**	**Very difficult**	**Extremely difficult**

Provisional Diagnosis and Proposed Treatment Actions

PHQ-9 Score	Depression Severity	Proposed Treatment Actions
0 – 4	None-minimal	None
5 – 9	Mild	Watchful waiting; repeat PHQ-9 at follow-up
10 – 14	Moderate	Treatment plan, considering counseling, follow-up and/or pharmacotherapy
15 – 19	Moderately Severe	Active treatment with pharmacotherapy and/or psychotherapy
20 – 27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management

Table 4. Patient's Baseline General Anxiety Disorder - 7 (GAD-7) for Anxiety

Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3
Result	**1 (minimal anxiety)**			

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?			
Not difficult at all	**Somewhat difficult**	**Very difficult**	**Extremely difficult**

Scoring GAD-7 Anxiety Severity	
0–4	minimal anxiety
5–9	mild anxiety
10–14	moderate anxiety
15–21	severe anxiety

Table 5. Baseline Patient's Cyber Pornography Addiction Test (CYPAT) result

	Never	Rarely	Sometimes	Often	Always
Sometimes, I feel unable to control the watching of porn sites.	1	2	3	4	5
I neglected my partner or my family because I had to watch porn sites.	1	2	3	4	5
I ignored my commitments to look at porn sites.	1	2	3	4	5
I told myself to stop using online pornography but I didn't succeed	1	2	3	4	5
I feel that online pornography is like a drug for me	1	2	3	4	5
I have continued watching porn sites despite some negative consequences.	1	2	3	4	5
Sometimes, I watch porn sites to forget circumstances or painful situations.	1	2	3	4	5
Porn sites make me feel less alone	1	2	3	4	5
I have lost some important relationships because of watching porn sites	1	2	3	4	5
I watch porn sites in contexts where I should not (e.g. in other people's home, at school or at work ...).	1	2	3	4	5
I get sexually aroused only when I watch online pornography.	1	2	3	4	5
Result	**42 (Higher risk of problematic use or addiction)**				

Interpretation	
11-22	Suggest a lower risk of problematic use.
23-33	May indicate a moderate risk of problematic use.
34-55	Suggest a higher risk of problematic use or addiction.

Table 6. Baseline Patient's Sexual Health Inventory for Men (SHIM) Questionnaire result

Question						
How do you rate your confidence that you could get and keep an erection?		Very low	Low	Moderate	High	Very High
		1	2	3	4	5
When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?	No sexual activity	Almost never or never	A few times (much less than half the time)	Sometimes (about half the time)	Most times (much more than half the time)	Almost always or always
	0	1	2	3	4	5
During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?	Did not attempt intercourse	Almost never or never	A few times (much less than half the time)	Sometimes (about half the time)	Most times (much more than half the time)	Almost always or always
	0	1	2	3	4	5
During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	Did not attempt intercourse	Extremely difficult	Very difficult	Difficult	Slightly difficult	Not difficult
	0	1	2	3	4	5
When you attempted sexual intercourse, how often was it satisfactory for you?	Did not attempt intercourse	Almost never or never	A few times (much less than half the time)	Sometimes (about half the time)	Most times (much more than half the time)	Almost always or always
	0	1	2	3	4	5
Result	**17 (Mild ED)**					

SHIM Scores	You may have
1-7	Severe ED
8-11	Moderate ED
12-16	Mild to Moderate ED
17-21	Mild ED
22-25	No signs of ED

Therapeutic intervention

The treatment plan for this case of Pornography-Induced Psychogenic Erectile Dysfunction addressed both the psychological and physical aspects of the condition, starting with lifestyle modifications to improve sleep, moderate alcohol intake, and encourage continued smoking cessation. To address the erectile difficulties, the patient was prescribed a phosphodiesterase-5 inhibitor (sildenafil 50mg/tablet), one tablet to take an hour before sexual intercourse, and psychological interventions were incorporated, including Motivational Interviewing to encourage behavior change, Brief Strategic Therapy to develop coping mechanisms for managing pornography consumption, and Educational Counseling to enhance the patient's understanding of his condition. The patient was cooperative and positively responded to the prescribed management plan.

Follow-up and outcomes

The patient's progress was closely monitored through a series of follow-up appointments. He initially responded well to sildenafil, reporting improved erectile function within 10 days of starting treatment, and expressed a commitment to addressing his pornography use. Within 35 days of his initial consultation, significant improvements were noted in both erectile function and control over pornography consumption, evidenced by an IIEF-5 score showing no erectile dysfunction, a SHIM score indicating no signs of ED, and a CYPAT score suggesting a lower risk of problematic pornography use. Repeat GAD-7 and PHQ-9 assessments at the 35-day mark showed continued minimal anxiety and no depression. Throughout the entire 35-day follow-up period, the patient demonstrated good adherence to the treatment plan, which included medication, lifestyle modifications, and psychological interventions such as motivational interviewing and brief strategic therapy. No adverse events were reported.

Table 7. Patient's IIEF-5 Scores and Erectile Function Severity Following Treatment

Please choose the appropriate column for each question about your sexual abilities over the past four weeks.

	Question	1	2	3	4	5
1	How do you rate your confidence that you could get and keep a n erection?	Very low	Low	Moderate	High	Very high
2	When you had erections with sexual stimulation, how often were your erections hard enough for penetration?	Never or alm ost never	A few times	Sometimes	Most times	Almost always or always
3	During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?	Never or alm ost never	A few times	Sometimes	Most times	Almost always or always
4	During sexual intercourse, how difficult was it to maintain your er ection to completion of intercourse?	Extremely dif ficult	Very difficult	difficult	Slightly difficult	Not difficult
5	When you attempted sexual intercourse, how often was it satisfa ctory for you?	Never or alm ost never	A few times	Sometimes	Most times	Almost always or always
	Result	**22 (No erectile dysfunction)**				

Score	Interpretation
22-25	No erectile dysfunction
17-21	Mild erectile dysfunction
12-16	Mild to moderate erectile dysfunction
8-11	Moderate erectile dysfunction
5-7	Severe erectile dysfunction

Table 8. Patient's PHQ-9 Depression Screening Results Following Treatment

Over the last 2 weeks, how often have you been bothered by any of the following problems?

		Not at all	Several days	More than half the days	Nearly every day
1	Little interest or pleasure in doing things	0	1	2	3
2	Feeling down, depressed, or hopeless	0	1	2	3
3	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4	Feeling tired or having little energy	0	1	2	3
5	Poor appetite or overeating	0	1	2	3
6	Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8	Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9	Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
	Result	**1 (None-minimal)**			

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?			
Not difficult at all	**Somewhat difficult**	**Very difficult**	**Extremely difficult**

Provisional Diagnosis and Proposed Treatment Actions

PHQ-9 Score	Depression Severity	Proposed Treatment Actions
0 – 4	None-minimal	None
5 – 9	Mild	Watchful waiting; repeat PHQ-9 at follow-up
10 – 14	Moderate	Treatment plan, considering counseling, follow-up and/or pharmacotherapy
15 – 19	Moderately Severe	Active treatment with pharmacotherapy and/or psychotherapy

Table 9. Patient's GAD-7 Anxiety Screening Results Following Treatment

Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3
Result	**1 (minimal anxiety)**			

Scoring GAD-7 Anxiety Severity	
0–4	minimal anxiety
5–9	mild anxiety
10–14	moderate anxiety
15–21	severe anxiety

If you checked any problems, how difficult have they made it for you to do your work, take care of things at home, or get along with other people?			
Not difficult at all	**Somewhat difficult**	**Very difficult**	**Extremely difficult**

Table 10. Patient's CYPAT Results Following Treatment for Problematic Pornography Use

	Never	Rarely	Sometimes	Often	Always
Sometimes, I feel unable to control the watching of porn sites.	1	2	3	4	5
I neglected my partner or my family because I had to watch porn sites.	1	2	3	4	5
I ignored my commitments to look at porn sites.	1	2	3	4	5
I told myself to stop using online pornography but I didn't succeed	1	2	3	4	5
I feel that online pornography is like a drug for me	1	2	3	4	5
I have continued watching porn sites despite some negative consequences.	1	2	3	4	5
Sometimes, I watch porn sites to forget circumstances or painful situations.	1	2	3	4	5
Porn sites make me feel less alone	1	2	3	4	5
I have lost some important relationships because of watching porn sites	1	2	3	4	5
I watch porn sites in contexts where I should not (e.g. in other people's home, at school or at work ...).	1	2	3	4	5
I get sexually aroused only when I watch online pornography.	1	2	3	4	5
Result	**17 (Suggest a lower risk of problematic use)**				

Interpretation	
11-22	Suggest a lower risk of problematic use.
23-33	May indicate a moderate risk of problematic use.
34-55	Suggest a higher risk of problematic use or addiction.

Table 11. Patient's SHIM Scores for Erectile Function Following Treatment

Over the past six months

Question						
How do you rate your confidence that you could get and keep an erection?		Very low	Low	Moderate	High	Very High
		1	2	3	4	5
When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?	No sexual activity	Almost never or never	A few times (much less than half the time)	Sometimes (about half the time)	Most times (much more than half the time)	Almost always or always
	0	1	2	3	4	5
During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?	Did not attempt intercourse	Almost never or never	A few times (much less than half the time)	Sometimes (about half the time)	Most times (much more than half the time)	Almost always or always
	0	1	2	3	4	5
During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?	Did not attempt intercourse	Extremely difficult	Very difficult	Difficult	Slightly difficult	Not difficult
	0	1	2	3	4	5
When you attempted sexual intercourse, how often was it satisfactory for you?	Did not attempt intercourse	Almost never or never	A few times (much less than half the time)	Sometimes (about half the time)	Most times (much more than half the time)	Almost always or always
	0	1	2	3	4	5
Result	**22 (No signs of ED)**					

SHIM Scores	You may have
1-7	Severe ED
8-11	Moderate ED
12-16	Mild to Moderate ED
17-21	Mild ED
22-25	No signs of ED

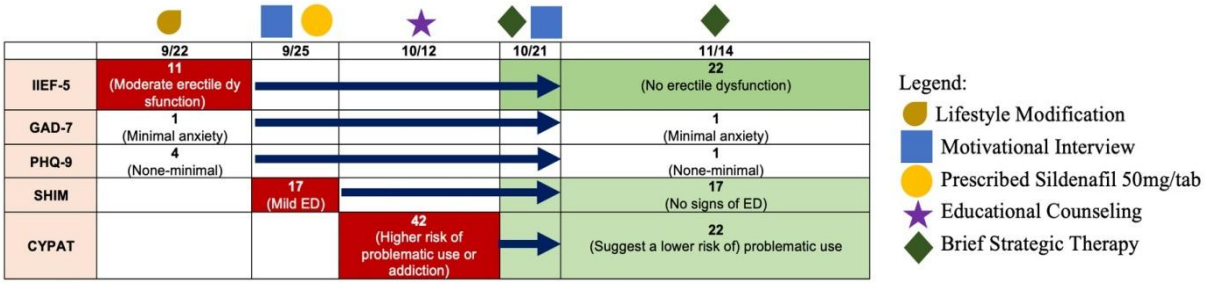

Figure 1. Changes in IIEF-5, GAD-7, PHQ-9, SHIM, and CYPAT Scores Over Time Undergoing Treatment for Erectile Dysfunction

DISCUSSION

This case report presents a 22-year-old male with Pornography-Induced Psychogenic Erectile Dysfunction who was successfully treated with a combination of lifestyle modifications, pharmacotherapy (sildenafil), and psychological interventions. Erectile Dysfunction (ED), defined as the consistent inability to achieve or maintain an erection firm enough for satisfactory sexual intercourse, can significantly impact quality of life [1]. Diagnosing psychogenic ED often involves excluding organic causes through medical history, physical examination, and laboratory tests, while considering factors like sudden onset, situational nature, and the presence of morning erections [9] . In this case, the patient's young age, normal physical examination and laboratory results, and the self-reported link between pornography use and ED pointed towards a psychogenic etiology.

The patient's positive response to sildenafil, a PDE5 inhibitor, highlights the importance of a comprehensive approach to treating erectile dysfunction (ED). Sildenafil likely aided recovery by increasing blood flow to the penis, which facilitates erection hardness and duration. This is achieved as PDE5 inhibitors prevent the breakdown of cyclic guanosine monophosphate (cGMP), a molecule that promotes smooth muscle relaxation in the corpus cavernosum [1]. A key strength of this report is its detailed documentation of the patient's history, assessment findings, and treatment interventions, providing valuable insights into the management of this type of ED. The use of standardized screening tools allowed for objective measurement of the patient's progress. However, as a single case report, it cannot be generalized to the broader population, and further research is needed. This case aligns with growing evidence suggesting a link between excessive pornography consumption and erectile dysfunction, particularly in younger men. The successful integration of psychological interventions underscores the importance of addressing the underlying psychological factors contributing to ED. Research has demonstrated the efficacy of various psychological interventions for ED, including cognitive-behavioral therapy (CBT), mindfulness-based approaches, and sex therapy [2,10,11]. These interventions can help individuals identify and

modify maladaptive thoughts and behaviors that contribute to sexual difficulties, reduce performance anxiety, and improve communication and intimacy with partners. Similarly, in this case, we observed significant improvement in the patient's erectile function and a reduction in problematic pornography use following the integration of motivational interviewing and brief strategic therapy. The patient's significant improvement following the combined treatment approach suggests a causal relationship between the interventions and the observed outcomes.

This case report offers several important "take-away" lessons for healthcare professionals. It highlights the need to routinely inquire about pornography consumption habits when assessing patients with ED, especially young men. It emphasizes the importance of a thorough assessment, including medical, psychological, and sexual history, for accurate diagnosis and effective treatment. Furthermore, it demonstrates the value of an integrated treatment approach, addressing both physical and psychological factors, for optimal outcomes. Finally, it underscores the importance of patient education to enhance treatment adherence and motivation for change. This case report contributes to the understanding of Pornography-Induced Psychogenic Erectile Dysfunction and provides valuable guidance for healthcare professionals in managing this increasingly prevalent condition.

Patient Perspective

At the end of the management, the patient reported, "At first, I was really embarrassed to talk about my problem, but I'm glad I finally did. I didn't realize how much my pornography use was affecting my life, especially my relationship with my girlfriend. The medication helped me with the physical part of the problem, but the counseling sessions were what really made a difference. They helped me understand why I was using pornography so much and gave me the tools to change my habits. I feel much more confident now, and my relationship with my girlfriend is better than ever."

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