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Male elderly sexuality and erectile dysfunction: care in primary health care

Sexualidad en hombres mayores y disfunción eréctil: atención en atención primaria

Sexualidade do homem idoso e a disfunção erétil: cuidado na atenção primária

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Abstract

The aim was to carry out the nursing process for an elderly man using phosphodiesterase type 5 inhibitors. This was a qualitative case study in which data were collected through medical record analysis and the application of NANDA-I (North American Nursing Diagnosis Association International), NIC (Nursing Interventions Classification), and NOC (Nursing Outcomes Classification) taxonomies, based on Wanda de Aguiar Horta's Theory of Basic Human Needs. The nursing diagnoses proposed were impaired sexual function, ineffective health self-management, ineffective overweight self-management, excessive sedentary behavior, and anxiety. The proposed interventions included sexual counseling, health education, and the encouragement of self-responsibility. It was evident that erectile dysfunction acts as a systemic marker and impacts the elderly man's self-esteem and emotional security, requiring comprehensive management beyond mere pharmacological support with phosphodiesterase type 5 inhibitors. It is concluded that the systematization of care enabled the correlation of the psychobiological and psychosocial spheres affected by aging and chronic conditions.

Descriptors: Aging; Erectile Dysfunction; Physiological Sexual Dysfunctions; Primary Care Nursing; Nursing Process.

Resumén

El objetivo fue llevar a cabo el proceso de enfermería enfocado en hombres mayores que utilizan inhibidores de la fosfodiesterasa tipo 5. Esta fue una investigación cualitativa, de estudio de caso, en la que la recolección de datos se realizó a través del análisis de historias clínicas y la aplicación de las taxonomías de la Asociación Norteamericana de Diagnósticos de Enfermería Internacional, la Clasificación de Intervenciones de Enfermería y la Clasificación de Resultados de Enfermería, a la luz de la teoría de las Necesidades Humanas Básicas de Wanda de Aguiar Horta. Los diagnósticos de enfermería propuestos fueron disfunción sexual, autocuidado ineficaz de la salud, autocuidado ineficaz del sobrepeso, conductas sedentarias excesivas y ansiedad. Las intervenciones propuestas integraron consejería sexual, educación para la salud y fomento de la autorresponsabilidad. Se evidenció que la disfunción eréctil actúa como un marcador sistémico y genera un impacto psicosocial en la autoestima y la seguridad emocional de los adultos mayores, lo que exige un manejo integral que vaya más allá del apoyo farmacológico inadecuado con inhibidores de la fosfodiesterasa tipo 5. Se concluye que la sistematización de los cuidados permitió correlacionar las esferas psicobiológicas y psicosociales afectadas por el envejecimiento y las patologías crónicas.

Descriptores: Envejecimiento; Disfunción Eréctil; Disfunciones Sexuales Fisiológicas; Enfermería Primaria; Proceso de Enfermería.

Resumo

Objetivou-se realizar o processo de enfermagem voltado ao homem idoso em uso de inibidores da fosfodiesterase tipo 5. Pesquisa qualitativa, do tipo estudo de caso, em que a coleta de dados ocorreu por meio da análise de prontuário e da aplicação das taxonomias da *North American Nursing Diagnosis Association International, Nursing Interventions Classification* e *Nursing Outcomes Classification*, à luz da teoria das Necessidades Humanas Básicas, de Wanda de Aguiar Horta. Foram propostos os diagnósticos de enfermagem de função sexual prejudicada, autogestão ineficaz da saúde, autogestão ineficaz do sobrepeso, comportamentos sedentários excessivos e ansiedade. As intervenções propostas integraram o aconselhamento sexual, a educação em saúde e o estímulo à autorresponsabilidade. Evidenciou-se que a disfunção erétil atua como marcador sistêmico e gera impacto psicossocial na autoestima e segurança emocional do idoso, demandando manejo integral além do suporte farmacológico inadequado com inibidores da fosfodiesterase tipo 5. Conclui-se que a sistematização da assistência permitiu correlacionar as esferas psicobiológicas e psicossociais afetadas pelo envelhecimento e patologias crônicas.

Descritores: Envelhecimento; Disfunção Erétil; Disfunções Sexuais Fisiológicas; Enfermagem Primária; Processo de Enfermagem.

Introduction

Erectile dysfunction (ED) is defined as the persistent inability to achieve or maintain an erection sufficient for satisfactory sexual performance; it is a prevalent condition among older men and is frequently associated with aging and the presence of chronic diseases. Beyond directly impacting quality of life, this condition can serve as an important marker of systemic changes, particularly those of cardiovascular and metabolic origin[1].

The process of erection involves sinusoidal relaxation, arterial dilation, and venous compression, alongside the relaxation of the penile smooth muscle. In the flaccid state, the smooth muscle is contracted, allowing only a small arterial flow for nutritional purposes. In the erect state, the smooth muscle must be relaxed to enable sinusoidal relaxation, arterial dilation, and venous compression[2].

In elderly men, the erection process may differ, with a reduction in the amount of smooth muscle in the corpora cavernosa, usually triggered mainly by oxidative stress and cellular apoptosis of approximately 15% of the cavernosal smooth muscle. This condition prevents the cavernous tissue from retaining the extravasation of blood from the cavernous sinusoids, which leads to a compensatory mechanism by the smooth muscle cells (SMC) themselves to produce nitric oxide through enzymatic induction to mitigate the apoptosis of their own SMC. These physiological actions are often insufficient to produce an erection, which leads to the adoption of pharmacological technologies to restore the erectile process[2].

Some therapies are applied to ED, such as phosphodiesterase type 5 (PDE5) inhibitors, which show significant efficacy. However, the treatment response may be influenced by the presence of uncontrolled risk factors, which reinforces the need for a comprehensive and individualized approach[3].

Phosphodiesterase type 5 (PDE5) inhibitors were developed with the aim of treating angina pectoris (chest pain), but have shown efficacy in promoting erections. One of the drugs whose active ingredient is tadalafil acts on the regulation of vascular tone, specifically in the muscle cells of the corpora cavernosa of the penis and blood vessels, causing an elevation of cGMP (cyclic guanosine monophosphate) levels, which acts on neurotransmitter hormones, causing muscle relaxation and vasodilation. It promotes the reduction of pulmonary vascular resistance and improvement of cardiac function[4].

The vascular problem related to aging is not caused solely by the loss of smooth muscle cells (SMC), but also by arterial, neurological, hormonal, and psychosocial diseases. Among the main risk factors, systemic arterial hypertension, sedentary lifestyle, smoking history, and inadequate eating habits stand out, contributing to endothelial dysfunction and impairment of penile blood flow. Erectile dysfunction can be considered an early manifestation of cardiovascular diseases, preceding, in many cases, more serious clinical events. Furthermore, factors related to lifestyle and nutritional status, such as obesity, may worsen the clinical picture by promoting inflammatory, metabolic, and hormonal changes. These factors should be analyzed together with the global profile of the elderly, considering their comorbidities and associated health conditions[2,5].

Sex is a basic need, as described in the theory developed by Wanda de Aguiar Horta, which enables the development of interventions that promote recovery, maintenance, and health promotion6. Sexual dysfunctions are basic human needs that are increasingly evident, affecting approximately 84.2% of elderly men[7]. Given the high prevalence of erectile dysfunction among elderly men and its association with chronic diseases and cardiovascular risk factors, the implementation of systematized and comprehensive care becomes essential. The Nursing Process is a care tool that enables the identification of affected needs, the formulation of nursing diagnoses, and the planning of interventions, contributing to health promotion, disease prevention, and improvement of the individual's quality of life[8,9].

Thus, this study aimed to carry out the Nursing Process in an elderly man with erectile dysfunction using phosphodiesterase type 5 (PDE5) inhibitors.

Methodology

This is a case study with a qualitative approach, developed in Primary Health Care. The case study is a methodological strategy that allows in-depth investigation of a contemporary phenomenon within its real context, enabling the understanding of characteristics, relationships, and experiences of the subjects involved. This approach favors the detailed analysis of specific situations and contributes to the construction of knowledge applicable to health care practice[10]. The academic participation of students from the discipline Ethical Bases and the Nursing Care Process in qualitative research made it possible to demonstrate that educational research has as its academic mission to improve the knowledge and skills necessary to produce quality educational research[11].

This study used as its setting a public health institute, outpatient-based, located in the city of Rio de Janeiro. Medical record data were collected between February and June 2023, and data processing occurred from February to June 2026.

Data analysis was based on the taxonomies of the North American Nursing Diagnosis Association International (NANDA), Nursing Interventions Classification (NIC), and Nursing Outcomes Classification (NOC), as well as the assumptions of Wanda Horta's Theory, which understands the individual as unique, indivisible, and integrated, comprehended in their biological, psychological, social, and spiritual dimensions. Alterations in one of these dimensions may have repercussions on the others. Psychobiological needs refer to the maintenance of life and body balance, such as oxygenation, nutrition, circulation, physical activity, and sexuality[6,12–14].

Psychosocial needs are related to social interaction, communication, love, acceptance, and emotional security. Psycho-spiritual needs, in turn, involve values, beliefs, and the meaning attributed to human existence. According to Horta, the human being must be understood in an integrated

manner, considering the dynamic interaction between psychobiological, psychosocial, and psycho-spiritual needs, since alterations in one dimension directly affect the others[6].

The present study was conducted in accordance with the ethical principles established by Resolution No. 466/2012 of the National Health Council, which regulates research involving human subjects in Brazil. The project was previously submitted and approved by a Research Ethics Committee of the State Institute of Diabetes and Endocrinology Luiz Capriglione (IEDE/SES), under opinion No. 5,814,509, ensuring compliance with current ethical standards. All participants were properly informed about the objectives, procedures, benefits, and possible risks of the research and expressed their agreement by signing the Informed Consent Form, with the voluntary nature of participation, confidentiality of information, anonymity of participants, and freedom to withdraw from the research at any time without any penalty being guaranteed.

Results

Case presentation: elderly male, 67 years old, widower, retired, attends a medical appointment reporting progressive difficulty in achieving and maintaining satisfactory erections for sexual activity for approximately two years. He reports that initially he only noticed a reduction in penile rigidity, especially during occasional sexual intercourse, but the condition gradually evolved, becoming more frequent and persistent. Currently, he reports inability to maintain an erection sufficient to complete sexual intercourse in most attempts.

In the History of Present Illness (HPI), the patient reports that erectile dysfunction began insidiously about two years ago, with no identified triggering factor. He reports a gradual decrease in spontaneous morning erections and a reduction in erection quality during sexual activity. He denies penile pain, curvatures, anatomical changes, hematuria, or significant urinary symptoms. He reports having preserved sexual desire, maintaining interest in sexual activity and a recent affective relationship initiated approximately one year ago. However, erectile difficulty has caused feelings of insecurity, embarrassment, and decreased self-esteem, generating anticipatory anxiety before sexual intercourse and a negative impact on his quality of life.

On his own, he started using PDE5 inhibitors acquired without a medical prescription, with partial improvement of symptoms. He reports irregular use of the medication, at varying doses, without prior clinical evaluation. He has never undergone specific investigation for erectile dysfunction nor urological or endocrinological follow-up.

In the Past Medical History (PMH), over the last three years, a weight gain of approximately 12 kg has been observed, associated with a significant reduction in physical activities after retirement and the death of his wife. He reports fatigue upon moderate exertion and decreased physical fitness. The patient has a diagnosis of systemic arterial hypertension for approximately 15 years, using antihypertensive medication irregularly and without regular medical follow-up for the last two years. He denies a previous diagnosis of diabetes mellitus, cardiovascular diseases, stroke, renal failure, or neurological diseases. He reports occasional episodes of dyslipidemia in previous tests, but without continuous treatment. He denies urological surgeries, pelvic trauma, spinal cord injuries, or known sexually transmitted infections. He denies drug allergies. He reports incomplete vaccination and sporadic performance of preventive examinations.

In the social history, he reports being a widower for five years and living alone in his own home. He has two adult children who live in other cities and maintain frequent contact. He is retired; previously, he worked as a bus driver. He reports a predominantly sedentary routine, spending most of the day doing household chores and watching television. He denies regular physical exercise and has resisted doing so for many years. He reports a diet rich in carbohydrates and ultra-processed foods, with insufficient consumption of fruits and vegetables. Recent weight gain and increased abdominal circumference. He denies current smoking, but reports a smoking history of approximately 20 years, having quit more than 15 years ago. He consumes alcoholic beverages socially, mainly on weekends. Sexually active with a steady partner for about a year. He reports preserved sexual desire, but erectile difficulty has reduced the frequency of sexual intercourse and generated concern regarding sexual performance. He denies regular use of condoms. He reports a good affective relationship with his partner, although he admits that erectile dysfunction has caused emotional tension and fear of intimacy on some occasions.

In Family History (FH), he reports that his father passed away at 72 years old due to acute myocardial infarction, with a history of arterial hypertension and diabetes mellitus. His mother passed away at 78 years old due to complications from a stroke, also having arterial hypertension. He has two living siblings, both hypertensive, one of whom has type 2 diabetes mellitus.

Discussion

The presented case shows that erectile dysfunction involves not only difficulty in maintaining an erection but also other health factors that affect the elderly individual's quality of life, such as self-management in health for arterial hypertension, obesity, sedentary lifestyle, inadequate eating habits, and sexual dysfunction, all of which are associated with interruption of antihypertensive treatment, leading to inadequate blood pressure control. PDE-5 inhibitors improve ED and adherence to antihypertensive therapy, improve blood pressure control, and thus may reduce cardiovascular risk in hypertensive users with ED. It was also possible to observe the emotional impact on the elderly individual, mainly related to self-esteem and sexual life. Erectile dysfunction or other sexual alterations can generate feelings of incapacity, anxiety, and isolation[3]. According to Wanda Horta, sexuality is part of basic human needs, involving physical, emotional, and social aspects. Therefore, nursing care must be provided comprehensively, taking into consideration not only the clinical condition but also the feelings and difficulties presented by the elderly individual.

The main nursing diagnoses related to sexual dysfunction were listed: Impaired sexual function, Ineffective health self-management, Ineffective overweight self-management, Excessive sedentary behaviors, and Anxiety (Chart 1)[12].

Chart 1. Presentation of NANDA-I nursing diagnoses, domain, defining characteristics, and related factors. Rio de Janeiro, RJ, Brazil, 2026

NANDA Diagnosis	Domain	Defining Characteristics	Related Factors
Sexual dysfunction	Sexuality	Perception of sexual limitation	Non-acceptance of the condition
Ineffective health self-management	Health promotion	Failure to incorporate treatment into routine	Difficulty adhering to the therapeutic regimen
Ineffective overweight self-management	Health promotion	BMI above 25 kg/m²	Inadequate diet
Excessive sedentary behaviors	Health promotion	Lack of physical activity	Unhealthy lifestyle
Anxiety	Coping/Stress tolerance	Insecurity, excessive worry, fear of sexual failure, anticipatory anxiety	Erectile dysfunction, low self-esteem, and fear of sexual performance

Source: Adapted from NANDA[12].

The erectile dysfunction presented by the elderly man directly compromises the basic human need related to sexuality, considered by Wanda Horta[6] as an important psychobiological need for the individual's physical and emotional balance. The difficulty in maintaining satisfactory sexual activity can affect self-esteem, self-confidence, and interpersonal relationships, causing significant emotional impacts, compromising the psychosocial needs of the elderly man (Chart 2). Nevertheless, sexual activity and frailty in the elderly are inversely proportional, meaning that the greater and more effective the sexual practice, the lower the frailty.

Nursing must act by identifying affected needs and promoting comprehensive care aimed at restoring health and quality of life[6,9]. In addition to the emotional impact, erectile dysfunction is also associated with cardiovascular conditions and inadequate lifestyle habits presented by the elderly man, such as a sedentary lifestyle and inadequate diet. Therefore, nursing care should involve guidance on self-care, adherence to medication treatment, and encouragement of lifestyle changes. A multidisciplinary and individualized approach favors better therapeutic outcomes in elderly individuals with erectile dysfunction[15].

Chart 2. Presentation of affected human needs and possible manifestations. Rio de Janeiro, RJ, Brazil, 2026

Affected Human Needs		Manifestations
Psychobiological	Sexuality	Erectile dysfunction, decreased libido, or difficulty with sexual intercourse
	Circulation	Vascular changes resulting from hypertension
Psychosocial	Self-esteem	Feelings of inadequacy or aging
	Emotional security	Fear of sexual failure
	Communication	Difficulty communicating with one's partner
	Social participation	Isolation and reduced intimacy

Source: Adapted from NANDA[12].

The nursing outcomes described in NOC represent the goals that the team intends to achieve through planned interventions. For the diagnosis of impaired sexual function, the expected outcome is to improve the elderly individual's sexual functioning, especially the ability to maintain a satisfactory erection.

To achieve this outcome, the team will use interventions such as sexual counseling, investigation of emotional factors, guidance on the correct use of phosphodiesterase type 5 (PDE5) inhibitors, and encouragement to control associated diseases such as hypertension and obesity (Chart 3)[13,14].

Sexuality remains an important component of quality of life during aging and should be included in issues related to nursing care for the elderly, such as erectile dysfunction, which, associated with physiological changes of aging, has impacts on sexual function, self-confidence, and interpersonal relationships.

Chart 3. NIC-NOC linkages for the diagnosis of impaired sexual function. Rio de Janeiro, RJ, Brazil, 2026

Nursing Diagnosis		
Impaired sexual function		
Outcomes	**Interventions**	**Activities**
Sexual functioning	Maintain satisfactory erection	• Introduce sexuality issues with a statement indicating that many people experience sexual difficulties • Obtain the elderly individual's sexual history • Determine the duration of sexual dysfunction and potential causes • Monitor stress, anxiety, and depression • Discuss the effect of medications and supplements on sexuality • Refer the elderly individual to a sex therapist, as appropriate

Source: Adapted from NIC[14] and NOC[13].

Therefore, the assessment and management of erectile dysfunction should occur in a comprehensive and individualized manner, considering the physical, psychological, and social factors involved, to promote better therapeutic outcomes, healthy aging, and quality of life for the elderly person[16].

The elderly individual's difficulty in correctly using antihypertensive medications demonstrates impairment of the basic human need related to self-care and health maintenance. According to Wanda Horta's theory, psychobiological needs involve the preservation of the body's proper functioning, and it is essential that the individual actively participates in their treatment to avoid clinical complications[6,17]. The adoption of healthy habits and appropriate medication treatment are fundamental in the management of erectile dysfunction and in the prevention of cardiovascular complications[1,18]. In this context, nursing plays an essential role in health education, guiding on the importance of therapeutic adherence and the control of systemic arterial hypertension. Strategies such as explanations about cardiovascular risks, encouragement of correct medication use, and continuous follow-up can favor the improvement of the clinical condition. Educational actions contribute significantly to treatment adherence in elderly individuals with chronic diseases and to the adequate control of cardiovascular risk factors. Self-awareness and treatment adherence are established goals in health care that are associated with improved sexual function and reduced progression of erectile dysfunction, reinforcing the importance of multidisciplinary follow-up and the user's active participation in treatment[19]. For the diagnosis of ineffective health self-management, the data show low adherence to treatment and little understanding of the impacts of the disease on lifestyle (Chart 4)[17]. To reverse this problem, one should initially evaluate the user and determine their knowledge to develop interventions aimed at establishing the affected human needs. Nursing consultations in primary care can be used to build rapport and develop this activity. The team can improve this scenario through health education, providing explanations about the importance of regular medication use, encouraging self-responsibility, and establishing self-care goals[12–14].

Chart 4. NIC-NOC linkages for the diagnosis of ineffective health self-management. Rio de Janeiro, RJ, Brazil, 2026

Nursing Diagnosis		
Ineffective health self-management		
Outcomes	**Interventions**	**Activities**
Self-management of treatment	Health education	• Determine current knowledge regarding health and lifestyle behaviors • Assist in clarifying health beliefs and values • Prioritize individual learning needs based on the person's preferences and needs, the nurse's skills, available resources, and the likelihood of successfully achieving the goal • Formulate clear and achievable goals for the health education program

Source: Adapted from NIC[14] and NOC[13].

Ineffective overweight self-management is characterized by the individual's difficulty in adopting behaviors aimed at controlling body weight and maintaining healthy lifestyle habits (Chart 5)[17]. Obesity is the condition that reflects the difficulty in managing weight, but it may not be caused solely by eating habits, as hormonal, metabolic, and vascular changes also contribute to the development of erectile dysfunction. Excess adipose tissue, in addition to impairing sexual performance, favors insulin resistance, reduced testosterone levels, and endothelial dysfunction. In this sense, body weight reduction can promote improvement in sexual function, cardiovascular health, and quality of life of the elderly user[14,19]. The objective of including the diagnosis of ineffective overweight self-management in the nursing process was to increase the elderly individual's ability to choose healthy foods. To this end, nutritional guidance, encouragement of dietary re-education, monitoring of eating habits, and multidisciplinary referral when necessary, will be carried out (Chart 5)[12–14].

The excess weight identified in the elderly individual is related to the basic human need for adequate nutrition, described by Wanda Horta as essential for maintaining the body's physiological balance and, therefore, a psychobiological need[17]. Weight gain has negative correlations between four variables: testosterone and metabolic age, weight and body mass index, as well as several elements of body composition, as well as obesity, which reinforces the adoption of healthy eating practices, not only for reducing risk factors, but also for improving the elderly individual's quality of life[7,20]. Interventions aimed at reducing body weight, dietary re-education, and adopting healthy habits can contribute to weight control, improvement of sexual function, and quality of life of affected individuals[13,14,21]. To this end, within the nutritional counseling intervention, the activities listed were to facilitate the identification of eating behaviors, using accepted nutritional standards to assist the user. Nutritional assistance is a significant resource, considering factors such as the user's age and relationship with the stage of age-related development, as well as their previous eating patterns in planning to meet nutritional needs, sociocultural influences, and physiological changes of aging[14,22,23].

These activities, when worked together, can reduce the difficulty of adhering to the diet, combined with the provision of referrals or consultations with other members of the health team to complement health care[14].

Dietary changes should be accompanied by the practice of physical activities to assist in cardiovascular control and improvement of sexual function[2]. Excessive sedentary behaviors were identified in the case data collection and compromise the basic human psychobiological need for physical activity and maintenance

of body health (Chart 6). According to Wanda Horta[6], regular physical exercise is related to physiological balance, disease prevention, and the promotion of the individual's physical and mental health.

Chart 5. NIC-NOC linkages for the diagnosis of ineffective overweight self-management. Rio de Janeiro, RJ, Brazil, 2026

Nursing Diagnosis		
Ineffective overweight self-management		
Outcomes	**Interventions**	**Activities**
Weight control	Nutritional counseling	• Facilitate the identification of eating behaviors to be modified • Use accepted nutritional standards to help the user assess the adequacy of dietary intake • Assist the user in considering factors such as age, stage of growth and development, and previous dietary experiences when planning to meet nutritional needs • Offer a referral or consultation with other members of the healthcare team, as appropriate

Source: Adapted from NIC[14] and NOC[13].

Chart 6. NIC-NOC linkages for the diagnosis of excessive sedentary behaviors. Rio de Janeiro, RJ, Brazil, 2026

Nursing Diagnosis		
Excessive sedentary behaviors		
Outcomes	**Interventions**	**Activities**
Participation in exercises	Promotion of physical activity	• Determine the motivation for starting or continuing the exercise program • Explore barriers to exercise • Encourage starting or continuing exercise • Assist in setting short- and long-term goals for the exercise program • Provide information on the health benefits and physiological effects of exercise • Monitor the response to the exercise program

Source: Adapted from NIC[14] and NOC[13].

The adoption of healthy lifestyle habits is a major challenge for nursing when the diagnosis of excessive sedentary behaviors is identified, as evidenced in the report of refusal to engage in physical activity[12-14].

The expected outcome is that the elderly individual will begin to participate regularly in physical activities and health education, bringing information about the relationship between their sexual performance and physical activity as a strategy for persuasion and encouragement of progressive exercises. Identification of barriers to physical practice should be implemented to establish realistic goals, as well as monitoring the process to ensure adherence to the proposed activities[13,14].

Chart 7. NIC-NOC linkages for the diagnosis of anxiety. Rio de Janeiro, RJ, Brazil, 2026

Nursing Diagnosis		
Anxiety		
Outcomes	**Interventions**	**Activities**
Anxiety management	Anxiety reduction	• Identify verbal and non-verbal signs of anxiety • Provide information on diagnosis, treatment, and prognosis • Encourage the verbalization of feelings, perceptions, and fears • Provide recreational activities aimed at reducing tension

Source: Adapted from NIC[14] and NOC[13].

Anxiety is frequently observed in men with erectile dysfunction, mainly due to fear of failure during sexual activity and the negative impact on self-esteem (Chart 7). These feelings can generate insecurity, excessive worry, and emotional distress, directly influencing the individual's quality of life. In addition to the physical factors involved in erectile dysfunction, psychological aspects should also be considered during care. Emotional factors can interfere with male sexual response, making a comprehensive approach that includes emotional support, health education, and strengthening of self-care essential[17].

Anxiety can compromise the physiological erection response by activating the sympathetic nervous system, reducing penile blood flow and inhibiting muscle relaxation. Anxiety becomes an emotion that can potentiate and/or maintain erectile dysfunction (ED) due to the release of adrenaline during sexual intercourse. It is expected that the interventions will enable elderly individuals to develop greater capacity to control feelings of worry, insecurity, and fear related to erectile dysfunction and sexual performance[24].

To address the diagnosis of anxiety, the nursing team will use interventions aimed at reducing anxiety, identifying verbal and non-verbal signs of emotional distress, providing clear information about the diagnosis, treatment, and prognosis of the condition, encouraging the expression of feelings, perceptions, and fears related to sexuality and aging, in addition to stimulating activities that promote relaxation and reduction of emotional tension (Chart 7).

Based on the data sources collected from the case, nursing care was primarily directed towards monitoring the needs related to sexual dysfunction, as well as the factors

associated with the elderly individual's lifestyle. The choice of these outcomes was based on the needs identified during the nursing assessment, considering both the physiological and behavioral aspects involved in the clinical picture. The NOC indicators enabled systematic monitoring of the elderly individual's response to the implemented interventions, allowing for the evaluation and improvement of their self-awareness and health self-management, including progress regarding blood pressure control, reduction of sedentary behavior, weight management, and improvement of sexual health[13,14].

The elderly individual studied has sexuality as an essential component of health and well-being throughout life. However, although they recognize its importance, there are difficulties in experiencing and fully expressing their sexuality due to taboos and social stigmas related to aging. These difficulties may be associated with limiting beliefs imposed by sociocultural factors[25]. Nursing professionals working in health education and in nursing consultations in primary care are part of this social construct, learning from it throughout the entire process of human development, which may lead to the invalidation of certain behaviors in the elderly. The greatest challenge for nursing is to deconstruct prejudices regarding the sexual practice and desire of the elderly to provide care that effectively meets their basic human needs and helps them restore their sexual function. Primary care is the space where both the care of the elderly and sexual dysfunction can be monitored, promoting health, well-being, and the fulfillment of basic needs.

Final Considerations

In the present study, it was observed that factors such as systemic arterial hypertension, obesity, sedentary lifestyle, inadequate diet, and low treatment adherence directly contributed to the worsening of the clinical condition, demonstrating the importance of comprehensive assessment of the elderly and continuous monitoring by the health team. In addition to physical alterations, it was possible to identify a significant impact on the elderly individual's self-esteem, self-confidence, and emotional well-being, evidence that erectile dysfunction goes beyond biological aspects and directly interferes with interpersonal relationships and mental health. Strategies such as sexual counseling, guidance on correct medication use, encouragement of physical activity, dietary re-education, and multidisciplinary follow-up are essential to improve treatment adherence and promote better clinical outcomes.

The use of the NANDA-I, NOC, and NIC classifications allowed for the organization of care in a systematized, individualized, and evidence-based manner. Therefore, it is concluded that care for the elderly with erectile dysfunction must occur in a comprehensive, humanized, and individualized manner, considering the physical, emotional, and social factors involved in the condition.

Nursing plays a fundamental role in this process, contributing to the promotion of quality of life, strengthening of self-care, prevention of complications, and improvement of the overall well-being of the elderly. The role of nursing in primary care stands out as a segment of health capable of providing space to address basic human needs related to sexuality, in a continuous and resolutive manner.

As a limitation of this study, we highlight the impossibility of fully implementing the Nursing Process, since the analysis was based on specific information obtained exclusively through the medical record, without the opportunity for longitudinal monitoring of care. The absence of direct and continuous contact with the user prevented the completion of all stages of the Nursing Process, especially the validation of diagnoses, shared planning of interventions, implementation of care, and evaluation of the results achieved.

Thus, the clinical inferences and intervention proposals were based on the available records, which may limit the scope of the assessment and the understanding of care needs in their entirety.

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