

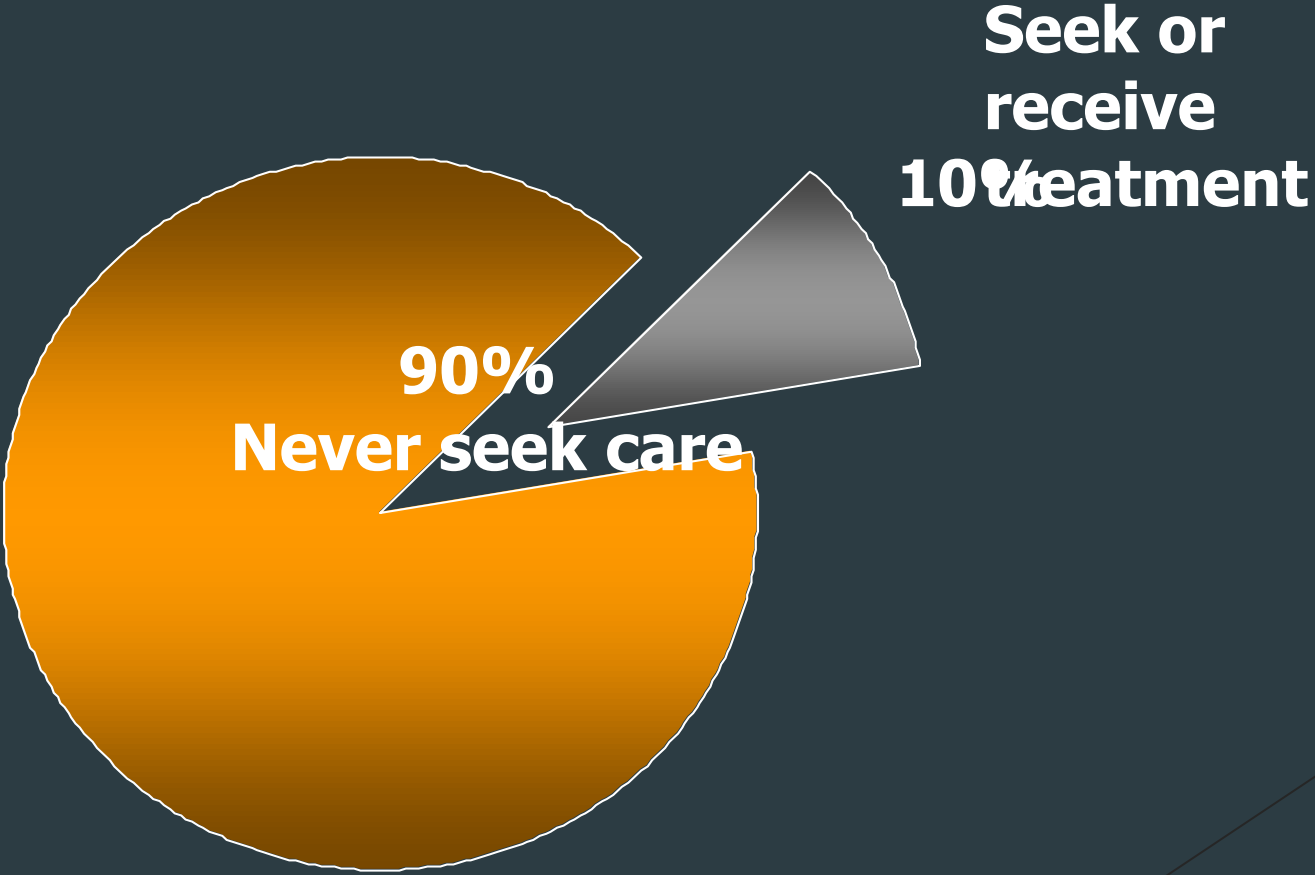
Erectile Dysfunction

- ▶ Carol Edmunds
- ▶ Lead Nurse/Nurse Consultant Urology
- ▶ Hinchingsbrooke Hospital

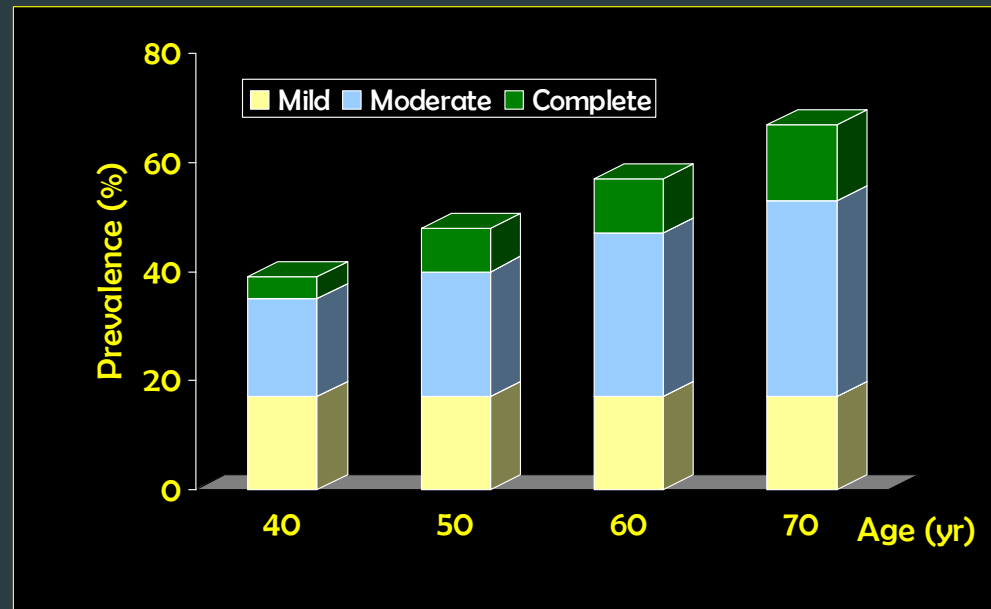
ERECTILE DYSFUNCTION

- ▶ The persistent inability to attain or maintain an erection sufficient for sexual activity which is satisfactory for both partners•
- ▶ • World prevalence will increase
- ▶ to 322 million men in 2025**
- ▶ • Approximately 35% to 75% of men with diabetes will experience at least some degree of erectile dysfunction
- ▶ ** McKinlay JB. Int J Impotence Research 12: 6-11, 2000

Massachusetts Male Aging Study (US):
Under-treatment of ED



PREVALENCE



Feldman HA, Goldstein I, Hatzichristou DG, et al: Impotence and its medical and psychosocial correlates: Results of the Massachusetts Male Aging Study. *J Urol*, 1994;151:54–61.

Most cases of ED have organic and psychogenic elements

- ▶ PSYCHOGENIC
- ▶ Anxiety
- ▶ Depression
- ▶ Relationship problems
- ▶ Lack of sex education
- ▶ Social Media

ORGANIC

- ▶ I-Inflammatory
- ▶ M-Mechanical
- ▶ P-Post surgical
- ▶ O-Occlusive vascular
- ▶ T-Traumatic
- ▶ E-Endurance factors
- ▶ N-Neurogenic
- ▶ C-Chemicals
- ▶ E-Endocrine

- ▶ Prostatitis
- ▶ Peyronie's Disease
- ▶ Radical Prostatectomy
- ▶ Atherosclerosis
- ▶ Pelvic fracture
- ▶ Chronic renal failure
- ▶ Multiple sclerosis
- ▶ Anti hypertensive drugs
- ▶ Diabetes

IMPACT

- ▶ Overall quality of life
- ▶ Can result in low self esteem, poor self image, depression and stress
- ▶ Can negatively impact on personal relationships- rejection, guilt

Diagnosing and managing ED in primary care

- ▶ • The primary objective in the management of ED is to enable the man or couple to enjoy a satisfactory sexual experience
- ▶ • When managing ED, consider not only the efficacy and safety of the different treatments, but also patient and partner preference, and all the factors that may influence this
- ▶ • It is of paramount importance to use the opportunity to manage any previously undiagnosed comorbidities that present following the patient assessment, and to treat to target any existing conditions and make lifestyle modifications, where necessary

Risk Factors

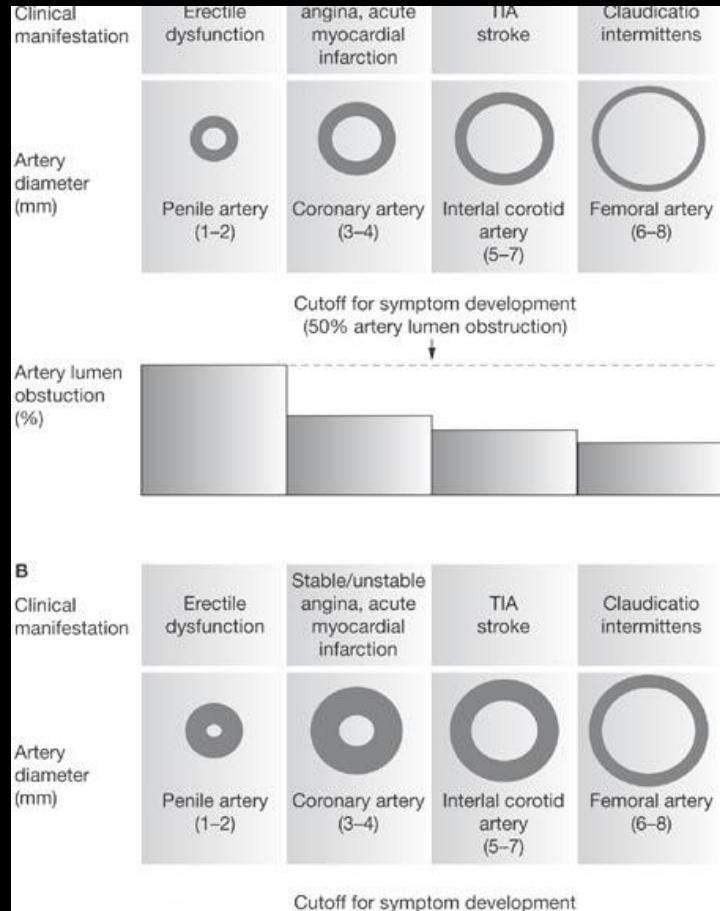
- ▶ Ageing
- ▶ Sedentary lifestyle
- ▶ Obesity
- ▶ Diabetes mellitus
- ▶ Cigarette smoking
- ▶ Alcohol abuse
- ▶ Hypertension & cardiovascular disease
- ▶ Renal & hepatic impairment
- ▶ Drugs
- ▶ Pelvic Surgery

Erectile Dysfunction and Atherosclerosis: Shared Risk Factors

Coronary artery disease	Erectile Dysfunction
• Age	• Age
• Dyslipidemia	• Dyslipidemia
• Hypertension	• Hypertension
• Diabetes	• Diabetes
• Smoking	• Smoking
• Sedentary lifestyle	• Sedentary lifestyle
• Obesity	• Obesity
• Depression	• Depression
• Male gender	• Coronary artery disease, peripheral vascular disease

ED and cardiovascular disease

- ▶ ED in an otherwise asymptomatic male may therefore be a marker for underlying coronary artery disease.
- ▶ Proactive treatment of ED in the cardiovascular patient provides an ideal opportunity to address other cardiovascular risk factors and improve treatment outcomes.
- ▶ Men with previously diagnosed CHD should be asked about ED as part of their routine surveillance and management
- ▶ (British Society for sexual medicine guidelines on ED)



ED and Silent CAD

REVERSING ERECTILE DYSFUNCTION

- Regular Exercise
- Weight Reduction
- Smoking Cessation
- Reduction of Alcohol intake



My Clinic

- ▶ It has taken a lot for the patient to mention this subject.
- ▶ My clinic has no age barriers and is for heterosexuals, bisexuals and homosexual couples.
- ▶ Those in long term relationships and those in casual relationships.
- ▶ Over a quarter of men aged over 16 have encountered ED at some time

History

- ▶ • Obtain a detailed description of the problem, including:
 -
- ▶ Symptom duration
- ▶ Any subsequent investigations - Previous/current treatment interventions and response
- ▶ Reported tumescence, rigidity and quality of morning, spontaneous, masturbatory and/or partner-related erections
- ▶ Sexual desire
- ▶ Ejaculatory timing, control and orgasmic dysfunction
- ▶ Previous erectile capacity
- ▶ Any personal issues regarding sexual aversion or pain
- ▶ Any partner issues, such as low sexual desire, menopause or gynaecological pain
- ▶ Note any issues regarding sexual orientation and gender identity

History

- ▶ I have 15 minute slots to consider all we have identified on previous slides, gain patients trust and decide on a management plan.
- ▶ IIEF are sent out to all patients prior to attending but are rarely completed.
- ▶ Are the patients goals realistic?
- ▶ Is patient fit for sexual activity?

YOUR SEX LIFE OVER THE LAST 6 MONTHS

Circle the number next to each of the 5 questions which best represents your answer to that question:

	Very low	Low	Moderate	High	Very high	Your score
1. How do you rate your confidence that you could get and keep an erection?	1	2	3	4	5	
2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration?	1 Almost never/ never	2 A few times (much less than half the time)	3 Sometimes (about half the time)	4 Most times (much more than half the time)	5 Almost always/ always	
3. During sexual intercourse, how often were you able to maintain your erection after penetration (entering your partner)?	1 Almost never/ never	2 A few times (much less than half the time)	3 Sometimes (about half the time)	4 Most times (much more than half the time)	5 Almost always/ always	
4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse ?	1 Extremely difficult	2 Very difficult	3 Difficult	4 Slightly difficult	5 Not difficult	
5. When you attempted sexual intercourse, how often was it satisfactory for you?	1 Almost never/ never	2 A few times (much less than half the time)	3 Sometimes (about half the time)	4 Most times (much more than half the time)	5 Almost always/ always	
YOUR TOTAL SCORE						

To get your total score add up the numbers you have circled from each of the 5 questions. If your total score is 21 or less, you could be showing signs of erectile dysfunction (ED). Your doctor or nurse is the best person to speak to about treatment and what to do next.



A Partnership for New Solutions™

Tests

- ▶ Exclude diabetes mellitus
- ▶ Testosterone (“free” level is best)
- ▶ FSH/LH/prolactin (if testosterone is low)
- ▶ Bp Heart Rate Waist Circumference and weight
- ▶ EAU guidelines:
- ▶ Mandatory tests: serum glucose and testosterone.
- ▶ Genitalia Examination
- ▶ DRE? Advised especially if patient also has LUTS

Management

- ▶ Investigate and exclude treatable causes (including drugs)
- ▶ Treat risk factors (if possible)
- ▶ Address life-style issues
- ▶ Consider psychosexual counselling, couple therapy or psychiatric referral

Advantages of Psychosexual therapy

- ▶ Non invasive
- ▶ Treatment programme ideally involves partner so relationship issues can be addressed.
- ▶ Therapy can lead to significant and sustained improvement in sexual functioning and satisfaction.

Disadvantages

- ▶ NHS counselling services not available in all areas which may lead to lengthy waiting lists.
- ▶ Cost implication.
- ▶ Some men may be reluctant to attend.
- ▶ Can be time consuming.
- ▶ Variable reports of success rates.

NHS SLS Criteria

Prostatectomy

Spinal cord injury

Diabetes mellitus

Multiple sclerosis

Single-gene neurological defects

Severe psychological distress

NHS Drug treatment before 15/9/98

- Pelvic surgery
- Renal failure treated by dialysis or transplant
- Prostate cancer
- Poliomyelitis
- Parkinson's
- Severe pelvic injury
- Spina bifida

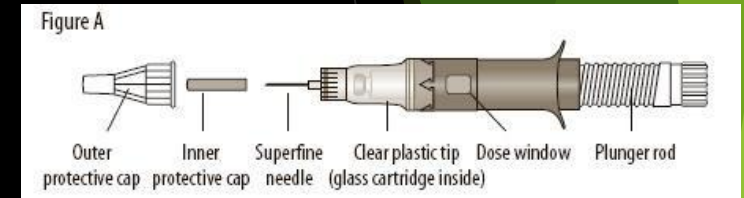


Oral medication

Oral therapies first-line

DIFFERENCES BETWEEN PDE-5 INHIBITORS

	Sildenafil	Vardenafil	Tadalafil
Onset	15-60 mins	15-60 mins	15-120 mins
Half-Life	3-5 hours	4-5 hours	17.5 hours
Food effect	Reduced with fatty foods	Reduced with fatty foods	None
Contraindications	Nitrates	Nitrates Anti- arrhythmics	Nitrates



Alprostadil

Different formats



Vacuum Therapy

Three-Piece Inflatable Prosthesis

- ✓ Most degree of control
- Fluid shifts back and forth between reservoir balloon and cylinders by using pump
- ✓ Best appearance when erect, and softest when deflated



Penile Prosthesis

PENILE PROSTHESIS

► Advantages

- • Very Effective
- • High patient satisfaction rate
- • Unlimited use
- • No systemic side effects
- • 10 year manufacturers guarantee

► • Disadvantages

- • Requires Surgery
- • Infection (<4%)
- • Erosion (<5%)
- • Mechanical Failure (4%)
- • Glans penis droop
- • Not a natural erection
- High Cost