

FIVE-MINUTE REFRESHER

Erectile dysfunction

Men's health specialist **Professor Mike Kirby** with advice on erectile dysfunction

HISTORY

Take a full history of the problem, including past medical history:

- Enquire about LUTS. Use the International Prostate Symptom Score
- Confirm whether erectile difficulty is sudden or gradual – if sudden, consider psychogenic issues
- Is sexual desire normal? Low desire suggests low testosterone
- Is there a medical cause? Is it reversible? What effect does it have on the man or his partner? Is depression present?
- Are night-time erections present? These help maintain the structural integrity of the penis



Use the International Index of Erectile Function or the Sexual Health Inventory for Men to assess erectile dysfunction objectively and aid treatment decisions

Examine genitalia and the prostate if necessary. Also look at cardiovascular system and neurology; look for signs of hypogonadism



Check the following:

- Blood pressure
- Lipids
- HbA1c
- Testosterone
- PSA if appropriate



Testosterone low? Measure prolactin and luteinising hormone to exclude a pituitary cause such as prolactinoma

TREATMENT

- Offer lifestyle advice
- Explain how ED can be improved and involve the partner if she's not aware of the problem
- PDE5 inhibitor is first line if not contraindicated; sildenafil is generic and can be prescribed on the NHS
- Use eight trials at maximal dose before trying alternative. Consider interaction with nitrates and cardiac contraindications, check for other drug interactions, hepatic impairment, hereditary retinal disorders and non-arteritic anterior ischaemic optic neuropathy



REVIEW

What is the therapeutic outcome?

- Erectile response
- Side-effects
- Treatment and partner satisfaction



Adequate response?

No

Yes

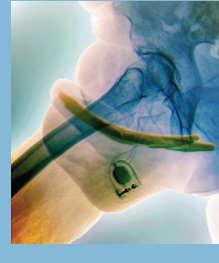
- Appropriate use of medication (at least eight doses at maximal dose)?
- Further advice and counselling
- Consider daily treatment
- Repeat the trial
- Consider alternative or combination therapy – intracavernous injections, vacuum devices and intraurethral alprostadil are all second line if necessary
- Are the lifestyle changes taking place?

Adequate response?

Yes

No

Refer to local urology clinic or specialised sexual dysfunction clinic if available. Penile implants are the last resort, but very successful



Review at six weeks, continue to supply PDE5s as required. Lifestyle advice is important – address any underlying conditions that may be contributing to the ED

Professor Mike Kirby has been a GP in Hertfordshire and is visiting professor at the University of Hertfordshire and The Prostate Centre, London