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Management of Erectile Dysfunction in Clinical Practice

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CONTENTS

Author biographies vii

1 Introduction 1

2 Physiology of erectile function and dysfunction 11

3 Erectile dysfunction – etiology and risk factors 19

4 Assessment of erectile dysfunction 40

5 Treatment planning 50

6 First-line interventions 57

7 Second-line and further interventions 78

8 Summary 87

References 88

Index 91

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INTRODUCTION

Our understanding of, and attitude toward, male sexual health, and in particular, erectile function and dysfunction, is dynamic and has been continuously evolving. As recently as 25 years ago, this field was considered to be the exclusive domain of psychologists and/or endocrinologists. The advent of penile prosthesis insertion in 1973 and other, non-surgical, therapies such as vacuum constriction devices and local self-injection of agents in the 1980s brought the urologist to the forefront of clinical practice. This speciality has contributed greatly to current understanding of the physiology of the erectile process, the pathophysiology of erectile dysfunction (ED) and diagnostic and therapeutic options in patient management. Not surprisingly, from the therapeutic perspective alone, there has been, and continues to be, considerable improvement in the availability of user-friendly, reliable, and dependable interventions in the area of male sexual health.

Despite the prevalence of ED, up to the late 1990s fewer than one in ten men sought treatment for this disorder, and even within this subpopulation, a high treatment dropout rate was routinely observed [1]. Reasons advanced include the fact that treatment has been relatively invasive/intrusive in nature or artificial, has associated risks, may be irreversible, and is expensive. On this basis, it was anticipated that the general availability of the first effective oral agents, sildenafil, tadalafil and vardenafil, for the management of ED would have a considerable and far-reaching impact on the management of male sexual health issues. Certainly, there has been a major change in medical focus; primary care physicians have increasingly become the 'front line' in the management of patients complaining of sexual disorders. It is pertinent to note, however, that even with the arrival of the highly effective phosphodiesterase inhibitors the majority of men suffering from ED still do not present to discuss the condition with their physician [1].

With the advent of effective oral agents, the primary care physician has become the front line for ED management

Treatment algorithms are useful in facilitating dialogue

The advent of more widespread awareness that ED is an important health problem, and the availability of orally active agents, have resulted in the requirement for accepted treatment algorithms to be used specifically as the potential basis for patient management in the community setting. The objective is to facilitate dialogue between physicians, patients and, increasingly, the initial healthcare provider in issues relating to male sexual health. One example, based on that developed by the *2nd International Consultation on Sexual Dysfunctions* [2], is shown in Figure 1.

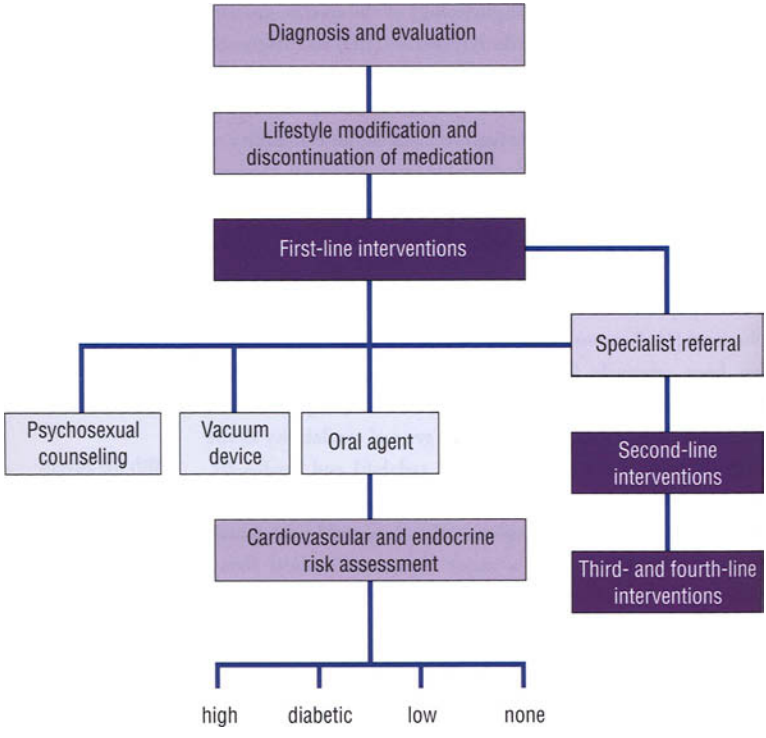

Figure 1. Treatment algorithm for management of ED patients