

# ERECTILE DYSFUNCTION

Erectile dysfunction (ED) is the permanent inability to initiate and / or maintain an erection adequate for satisfactory sexual intercourse.

## GENERALITIES AND EPIDEMIOLOGY

- **High prevalence and incidence** increasing with age. Depending on the study, prevalence varies between 13 and 59% in men over 40, with an incidence in the West of 25-30 / 1000 population-year.
- Classification: **organic ED, psychogenic and mixed**
- Affects the **quality of life and psychosocial health** of the patient and his partner

ED is a **sentinel sign of CVD** (cardiovascular disease) as it predicts coronary dysfunction

## RISK FACTORS

**Age, diabetes mellitus, dyslipidemia, hypertension, CVD, obesity, metabolic syndrome, sedentary lifestyle, smoking**

- **Drugs:** antidepressants, antiarrhythmics, diuretics, and some antihypertensives
- **Urological disorders:** BPH, chronic prostatitis, chronic pelvic pain, premature ejaculation, interstitial cystitis, surgeries
- **Recreational drugs:** alcohol, amphetamines, barbiturates, cocaine, marijuana, heroin

## DIAGNOSIS

### Medical and psychosexual history

(use of validated instruments: IIEF / SHIM, SEP, EHS)

Identify other problems

Identify common causes

Identify reversible risk factors

Assess psychosocial status

### Physical examination

Penile structural alterations

Prostatic disease

Signs of hypogonadism

Cardiovascular and neurological status

### Laboratory tests

Lipid profile, glycemic (glycated hemoglobin), total and free testosterone

## TREATMENT

- **Lifestyle and risk factor changes**
- Identify patient needs and expectations
- Shared decision-making
- Provide education and counselling to the patient and partner
- Offer **psycho-sexual and medical/physical** treatment

### MEDICAL TREATMENT

**Vasculogenic ED**

**ORAL THERAPY WITH PDE5**

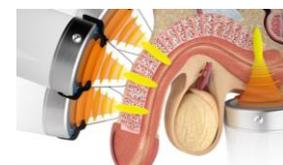


4 options: **Sildenafil, Tadalafil, Avanafil and Vardenafil**. Different pharmacodynamics, adverse effects and formulations. Dosage on demand before sexual intercourse or daily.  
**Effectiveness: 80% / Placebo 25%. Satisfaction: 80-90%**

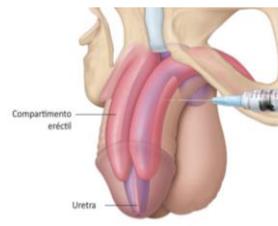
**INTRAURETHRAL / TOPIC ALPROSTADIL**



80% efficacy in literature. Can be used by patients who do **not tolerate PDE5**. Can be used in **combination** with PDE5



**INTRACAVERNOSAL INJECTIONS**



**Efficacy 70%. Satisfaction 87%**. AEs: Pain, priapism 1%, prolonged erection 5%, fibrosis 2%. Dropout: 65% (2-3 months)

**VACUUM DEVICES**



**Very effective: 90% Low satisfaction: 24%** AEs: pain, hematoma, edema, inability to ejaculate

**SHOCK WAVES (+/-PDE5)**

### INADEQUATE TREATMENT OUTCOME

- Re-evaluate the case and the appropriate use of the treatment.
- Consider alternative or combined treatment

**FAILURE**

**PENILE PROSTHESIS**

