Quick Points On: ED & Andropause

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Fact Box: Erectile Dysfunction

Studies say 30% to 50% of men over 40 suffer from erectile dysfunction (ED).

Point #1

Some 80% of men would discuss their sexual problems with their doctor if asked. Yet, less than 30% of patients say their physician initiated discussion.

Why don't doctors give appropriate information?

- Lack of time
- Lack of knowledge
- Unconvinced of the medical relevance of treating ED
- Emabarrassment

Point #2

ED is a precursor for vascular disease. This means patients with ED and no identifiable co-morbidities are at high risk of developing a vascular or cardiac problem at some point. This means asking questions now may save lives later.

Tips for talking to patients

- Appropriate timing
- Quiet setting
- Confidentiality
- Non-judgmental attitude
- Open-ended questions
- Followup

Point #3

Fewer than 10% of men are accompanied by their partner to an appointment about sexual issues.

Which factors should you consider?

- Patient problems (performance anxiety, depression, ineffective sexual triggers)
- Partner status (health, interest in sex, ability to resume intercourse)

Why is the partner important?

- Partners can add additional information
- Allows for evaluation of relationship
- Education about ED can be shared
- Other sexual functions can be explored

Practice Tip:

Although patient evaluation seems time-consuming, not all issues need be covered with every patient. The more ED patients you manage, the more efficient you will become.

F.Y.I.

The vast majority of patients presenting with ED are candidates for an empirical trial of oral therapy.

Point #4

Patients should be given the opportunity to try all drugs, if they so desire. The cost of these drugs is similar. Patients are generally concerned with:

- onset of action,
- rigidity,
- orgasmic intensity,
- side-effects,
- food interaction,
- duration of action, and
- cost.

What are the treatment options?

- Sexual counselling
- Oral drugs
- Injection therapy
- Intraurethral therapy
- Vacuum pumps
- Penile implants

Oral Drug Options

- Sildenafil citrate
- Tadalafil
- Vardenafil HCl

* All of the above are PDE-5 inhibitors; can be taken 30 to 60 minutes before sex, require sexual stimulation, and are contraindicated with any form of nitrate medication.

Point #5

Learn what your patients are talking about by insisting on followup appointments after the initial prescription is given.

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Point #6

All patients who fail oral PDE-5 therapy should be considered for low-testosterone evaluation. Many patients can be helped by initiating testosterone replacement therapy, and rechallenging with oral ED drugs.

Practice Tip:

When a patient fails oral therapy, ensure the drug is being taken properly with regard to:

- food,
- timing of intercourse, and
- stimulation.

Fact Box: Andropause

The more appropriate name for the syndrome (which occurs due to decreased testosterone production with aging) is "late-onset hypogonadism" (LOH).

Point #7

Testosterone levels should be ordered before 10:30 a.m. as testosterone levels peak during sleep and early morning hours. Although total testosterone levels might suffice, bioavailable testosterone is the more precise test for "androgenicity". Free testosterone as done in most labs is unreliable.

What about testosterone replacement therapy?

- Therapeutic choices include:
  - Intramuscular preparations (testosterone enanthate injection, testosterone cypionate injection)
  - Oral capsule (androgens)
  - Transdermal patch (testos terone transdermal system)
  - Transdermal gel (testosterone gel)

What are the symptoms?

- Decreased energy
- Decreased feeling of well-being
- Changes in sexual function (mainly desire)
- Other endocrine & metabolic repercussions (osteoporosis, loss of muscle mass, despression, memory problems, decreased levels of hemoglobin)

Point #8

There is no evidence that testosterone replacement causes prostate cancer. Your reassurance is monitoring of prostate-specific antigen levels every three months during the first year and every six to 12 months thereafter. Testosterone replacement is contraindicated in any patient who has prostate cancer, develops it while on therapy, or has a past history of prostate cancer. Choice of therapy depends on patient's cost abilities (*i.e.*, insurance coverage, lifestyle, *etc.*)

Practice Tip:

Although ED & LOH are very consumer-driven, take the time to ask your patients about these issues.

Point #9

Consider testing your male osteoporotic patients for LOH. You might be surprised how many of them are hypogonodal. CME