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Erectile Dysfunction & Neurological Disorders

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Aims

- Review normal erectile function
- Identify how neurological conditions affect erections
- Review accessing to help
- Role of nursing

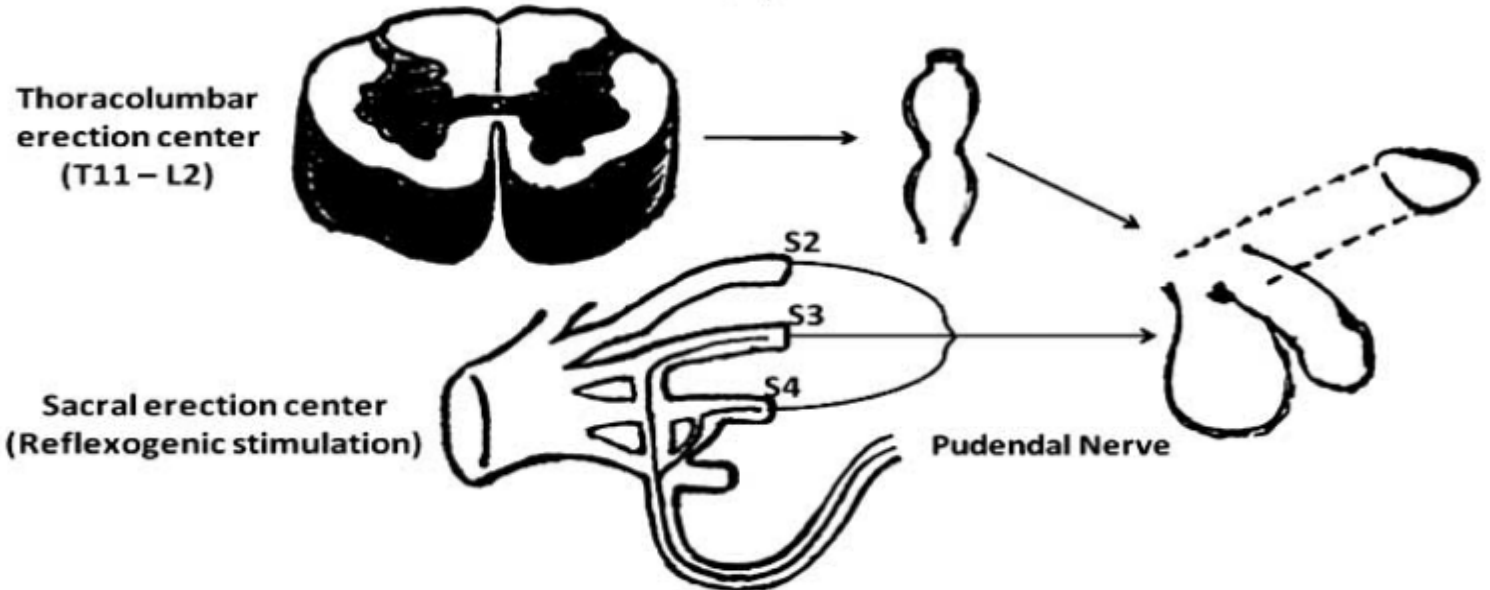
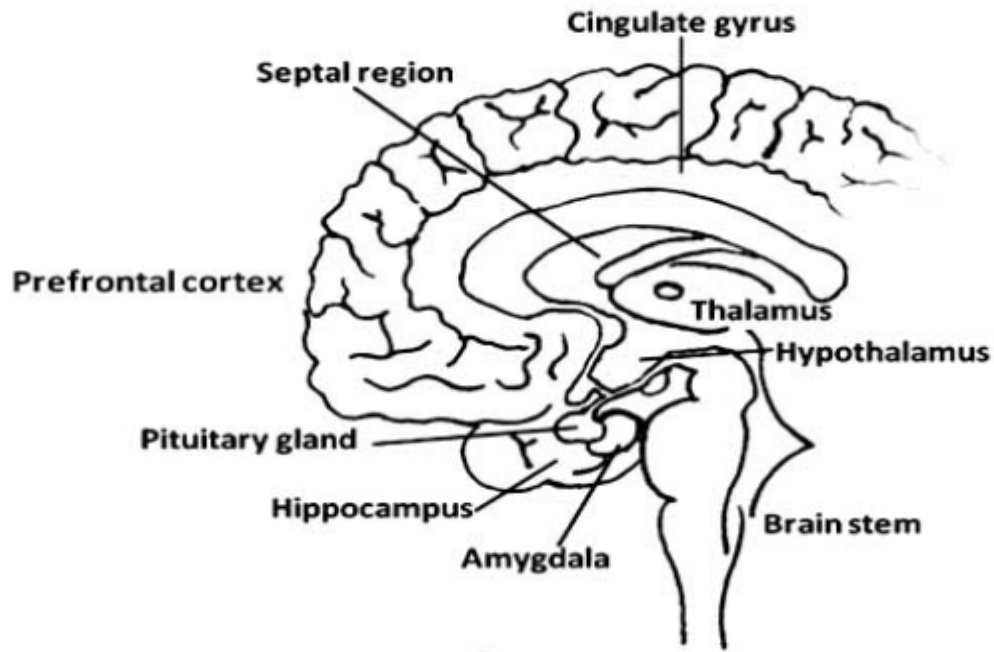


What is Erectile Dysfunction?

- ‘persistent inability to achieve and/or maintain an erection sufficient for satisfactory sexual activity’
- Erectile dysfunction is the inability of a man to get an erection of sufficient quality for sexual activity

Visual
Auditory
Tactile
Olfactory
Gustatory
Memory
Imagination

Psychogenic stimulation



Sexual dysfunctions in patients with neurological disorders can be divided into primary, secondary and tertiary SD. **Primary SD** is directly due to neurologic deficits affecting the sexual response;

- Altered genital sensation
- Decreased libido
- Ejaculation and orgasmic dysfunction
- Most commonly ED

Sexual and neurological function?

- Sexual Arousal (after Singer, 1984)
 - Aesthetic/Emotional – Visual
 - Approach – movement towards the object
 - Genital – physical changes
- Engagement in sexual behaviours for different reasons
- Any interference with sexual cycle can lead to sexual dysfunctions



Prevalence (literature)

- How many of your patients have ED?
- 52% of men have ED (40-70 years of age)
- 8% of 40 year old men; 40% of 60 year old men
- And...
- ED can be the first presentation of cardiovascular disease. The average time between onset of ED and 1st cardiac event is 3 ½ years. Screen all?

What does this mean for practice?

- Incidence of ED is >1:10
- Generally, it takes 3.5 - 6.6 years for patients to seek advice
- On average, relationships change within 6 months of a sexual dysfunction
- Patients do not know the words to use to ask for help
- Evident silence in discussing sexual problems
- Little or no advertising of Men's health - is it an agenda item?
- Patients are devastated by ED (or the implications of ED)



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Assessing ED

What to assess?

- Is it erection trouble or premature ejaculation?
- How long has there been a problem
- What precipitated it? (if known)
- Do you get erections in the morning/night-time
- Are you still intimate with your partner
- Can you penetrate?
- What treatment have you tried?
- Correct treatment/dosing?

IIEF

Score

Over the past six months:

1

2

3

4

5

How do you rate your confidence that you could get and keep an erection?

Very low

Low

Moderate

High

Very high

When you had erections with sexual stimulation, how often were your erections hard enough for penetration?

Almost never or never

Much less than half the time

About half the time

Much more than half the time

Almost always or always

During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?

Almost never or never

Much less than half the time

About half the time

Much more than half the time

Almost always or always

During sexual intercourse how difficult was it to maintain your erection to the completion of intercourse?

Extremely difficult

Very difficult

Difficult

Slightly difficult

Not difficult

When you attempted sexual intercourse, how often was it satisfactory for you?

Almost never or never

Much less than half the time

About half the time

Much more than half the time

Almost always or always

The IIEF-5 score is the sum of questions 1 to 5. The lowest score is 5 and the highest score 25.



Investigations

- Blood pressure, fasting lipids and fasting glucose
- LH, FSH, Testosterone, Prolactin and Sex Hormone Binding Globulin
- Hormone levels between 9-11 am
- Vitamin D



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Treatment options

Treatment options

- Talk to your partner
- Psychosexual counselling
- Phosphodiesterase Type 5 (PDE5Is) inhibitors
- Medicated Urethral System for Erections (Alprostadil pellets)
- Intracavernosal injections
- Vacuum devices
- Surgery

Phosphodiesterase Type 5 Inhibitors*

Sildenafil Citrate (Viagra) 25, 50-100mg prn (Sildenafil generic)
25,50 or 100mg

- Takes an hour to work (best on an empty stomach), lasts in bloodstream for 4 hours

Tadalafil (Cialis) 2.5 – 5.0mg o/d or 10-20mg prn

- Takes 30 minutes to 2 hours to work (not affected by food/alcohol in moderation, lasts in bloodstream for 36 hours)

Vardenafil (Levitra) 10-20mg

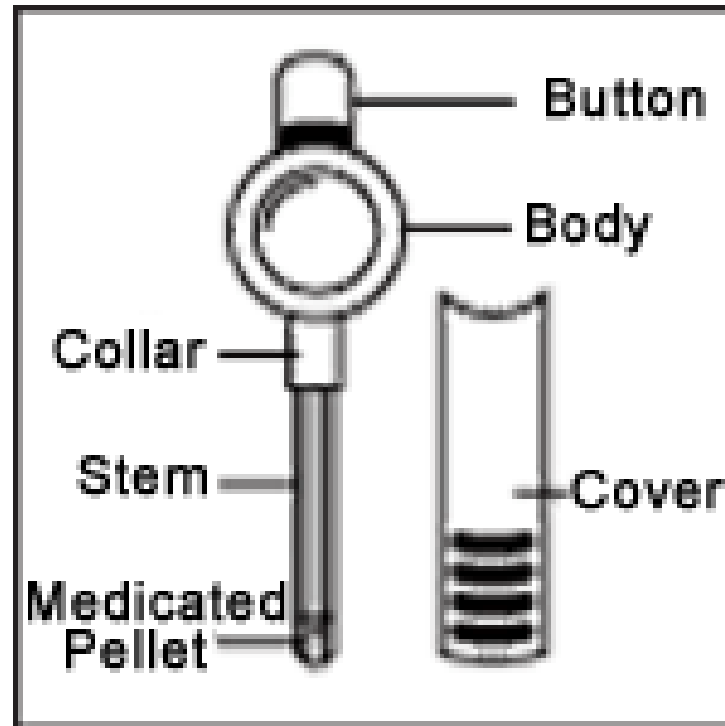
- Takes 25 minutes to work, can have food/alcohol, lasts in bloodstream for 5 hours

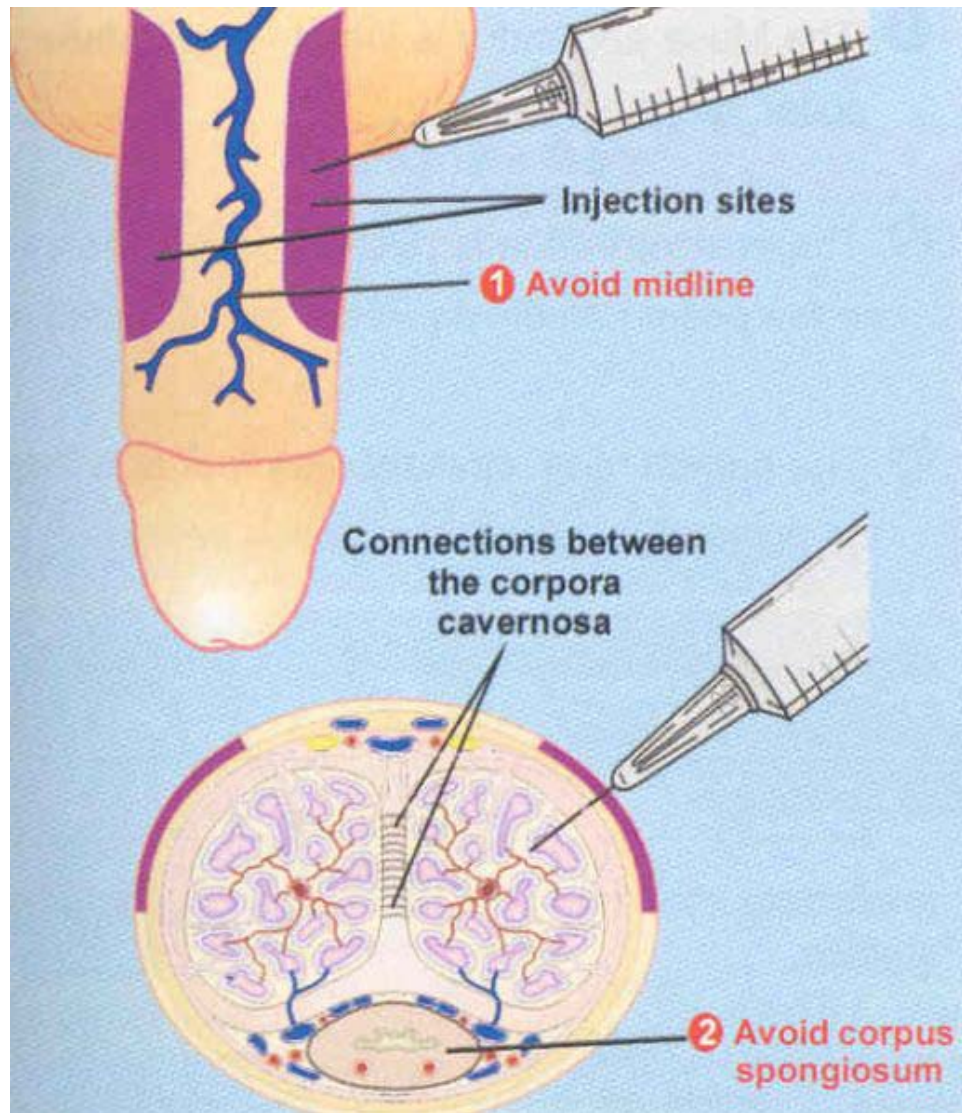


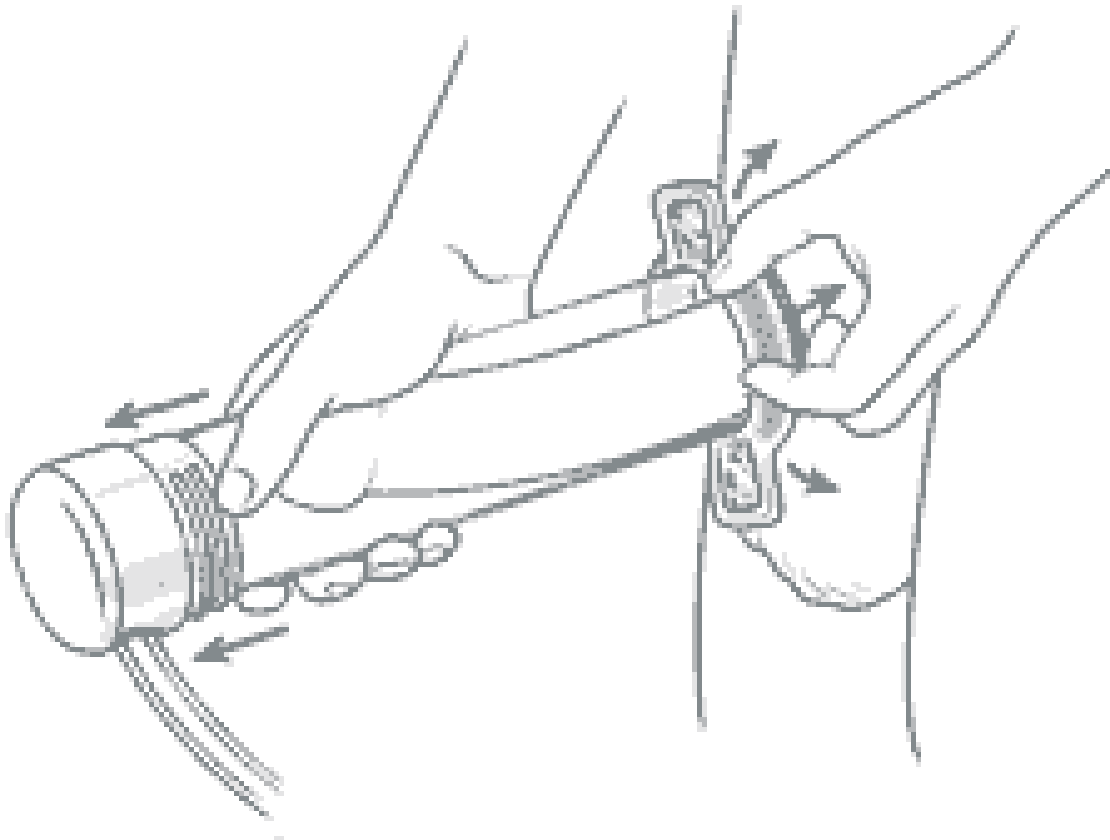
Other options (specialist clinics)

- MUSE
- Intracavernosal Injections
- Vacuum Devices
- Combination therapy (PDE5I plus MUSE or ICI or Vacuum)
- Prostheses
- Psychosexual Counselling

MUSE









Combination approaches

- Vacuum devices plus phosphodiesterase type 5 inhibitors (prn or od)
- MUSE and PDE5I
- L-arginine and PDE5I

Summary

- Erectile dysfunction is treatable in most men
- It affects both the man and his partner
- It is more difficult to treat the longer the problem goes undetected
- Patients are not too embarrassed to talk about ED; they don't know that they can talk to you/they do not know how to broach the subject
- You don't need to treat it but do need to know where to refer to