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**ORIGINAL RESEARCH—COUPLES' SEXUAL DYSFUNCTION**

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**Investigating Women's Preference for Sildenafil or Tadalafil Use by Their Partners with Erectile Dysfunction: The Partners' Preference Study**

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**ABSTRACT**

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**Introduction.** Several preference studies comparing a short-acting with a longer-acting phosphodiesterase type 5 inhibitor have been conducted in men. Most men in those studies preferred tadalafil rather than sildenafil, and recent post hoc analysis of one study described several factors associated with men's treatment preference. No prospective studies have investigated the woman partners' preferences.

**Aim.** To investigate the treatment preference of women who were partners of men using oral medications for erectile dysfunction (ED) in a single-center open-label crossover study.

**Methods.** One hundred heterosexual couples in stable relationships, with male partners having ED based on the erectile function subscale of the International Index of Erectile Function, were randomly assigned to receive sildenafil or tadalafil for a 12-week phase, followed by another 12-week period using the alternate drug. Male and female participants completed sexual event diaries during both study phases, and the female participants were interviewed at baseline, midpoint, and end of study.

**Main Outcome Measures.** Primary outcome data were the women's final interviews during which they were asked which drug they preferred and their reasons for that preference.

**Results.** A total of 79.2% of the women preferred their partners' use of tadalafil, while 15.6% preferred sildenafil. Preference was not affected by age or treatment order randomization. Women preferring tadalafil reported feeling more relaxed, experiencing less pressure, and enjoying a more natural or spontaneous sexual experience as reasons for their choice. Mean number of tablets used, events recorded, events per week, and days between events were not significantly different during each study phase.

**Conclusion.** Women's preferences were similar to men when using these two drugs. While the women's reasons for preferring tadalafil emphasized relaxed, satisfying, longer-lasting sexual experiences, those preferring sildenafil focused on satisfaction and drug effectiveness for their partner. **Conaglen HM, and Conaglen JV. Investigating women's preference for sildenafil or tadalafil use by their partners with erectile dysfunction: The partners' preference study. J Sex Med 2008;5:1198–1207.**

**Key Words.** Female Partners; Erectile Dysfunction; Treatment Preference; Couples; Tadalafil; Sildenafil

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**Introduction**

Since the introduction of oral medications for the treatment of erectile dysfunction (ED), studies have examined the efficacy, impact on quality of life, life satisfaction, self-esteem, and in

some cases, wider relationship variables from a male perspective [1–5]. Additionally, with three phosphodiesterase type 5 (PDE5) inhibitors available, studies investigating men's preference for one drug over another have been reported [6–9]. Studies comparing men's preference for a short-

acting (e.g., sildenafil citrate) or a longer-acting (tadalafil) PDE5 inhibitor, although differing in study design and preference statistics, have concluded that the majority of men prefer tadalafil rather than sildenafil [6–9]. A recent post hoc analysis by Eardley et al. has described several factors associated with men's treatment preference; these included patient difference in time concerns, dosage choice, intercourse satisfaction, treatment tolerability, number of sexual attempts, and satisfaction with erection hardness [10]. No prospective study has focused on the partners' preference or perspective.

Recommendations have been made that research should focus on the impact of ED on the couple, rather than simply the man, and that clinicians should involve women in assessment and treatment decisions when ED is a problem [11–13]. Boisaubin and McCullough have suggested that prescribing oral ED medications creates “a distinctive therapeutic relationship not only between the patient and the physician, but indirectly with the sexual partner as well.” [14]. Subsequently, retrospective studies have reported how women felt their relationship had been affected by their partner's ED and have reviewed their responses to basic treatment efficacy questions [15,16]. Qualitative studies examining the effect of ED on men, and more recently on women whose partners have ED, have reported decreased sexual activity and satisfaction experienced by both partners [17,18]. Recent prospective trials involving partners reported the women's considerable satisfaction with oral medications alone or compared to placebo [19,20]. Another investigation of men's preference for sildenafil or tadalafil has also reported on the preference ratings of 12% of their partners [21]. It is clearly important to understand the partner's experience of these medications and the preference for one compared to another. Up to now, no one has prospectively studied women's experience of their partners' use of two different ED medications.

This study reports the preferences of women who were partners of men with ED using sildenafil and tadalafil. Based on the previous reported preference studies, we hypothesized that the majority of the women would prefer tadalafil. Because most prior studies lack data relating to the reasons for such preferences being expressed, we anticipated that the longer available time frame for sexual activity would be a major influence in that preference from the woman's point of view.

## Methods

### Recruitment

Articles in the local newspaper sought participants for a study of couples who were experiencing ED. The 430 respondents were screened by phone. The erectile function (EF) subscale of the International Index of Erectile Function (IIEF) was completed with the male volunteers. If the men were in stable heterosexual relationships, scored  $EF \leq 20$ , and reported no prior or minimal (less than five packets) use of sildenafil or tadalafil, the couple were sent study information and consent forms (~150 couples). One hundred twenty couples returned signed consent forms. The men then underwent a full medical examination and blood tests to determine fitness to use the study medications. Table 1 lists the exclusion criteria.

If they had never used either sildenafil or tadalafil, they were given three tablets of either sildenafil or tadalafil (randomly allocated) to determine their response to the medication. If the men tolerated and reported response to the medications, had normal total testosterone (reference range [RR] 9–30 nmol/L) and prolactin (RR < 450 mIU/L) levels, the couple was invited to enter the study. One hundred couples were recruited to the study.

### Study Design

The study was a prospective, repeated measures, open-label crossover study of sildenafil and tadalafil.

**Table 1** Exclusion criteria for male study participants

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ED caused by other primary sexual disorder, e.g., hypogonadism
History of radical prostatectomy
Prior pelvic surgery with no erection following surgery
History of penile implant
Clinically significant penile deformity (clinician's opinion)
Evidence of renal insufficiency
Evidence of significant hepatic disease
Angina occurring during sexual intercourse in past 6/12
Unstable angina in past 6/12
CABG surgery in 90 days previous to baseline
Evidence of uncontrolled diabetes ( $HbA_{1c} > 13\%$ )
Chronic stable angina treated with nitrates
Angioplasty/stent in 90 days previous to exam
Tachycardia despite therapy
Use of defibrillator
Evidence of congestive heart failure
History of malignant hypertension
History of CNS injuries in past 6/12
History of HIV infection
History of drug/alcohol/substance abuse in previous 6/12
Current use of nitrates/cancer chemotherapy or anti-androgens
IIEF-EF score > 20

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ED = erectile dysfunction; CABG = coronary artery bypass graft;  $HbA_{1c}$  = hemoglobin A<sub>1c</sub>; CNS = central nervous system; HIV = human immunodeficiency virus; IIEF-EF = International Index of Erectile Function-erectile function domain.

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