# Prevalence of erectile dysfunction and its treatment in a Mexican population: distinguishing between erectile function change and dysfunction

## Emily Wentzell and Jorge Salmerón

### Abstract

**Background:** Little is known about erectile dysfunction (ED) prevalence and treatment in Mexico, particularly since the few existing studies on this topic have failed to distinguish between sexual changes that men understood as dysfunction versus normal change. We determined the prevalence of general erectile function change, change that met the experiential criteria for classification as ED, and treatment seeking in 40–60 year old men with access to the *Instituto Méxicano del Seguro Social* (IMSS) in Cuernavaca, Mexico.

**Methods:** A total of 750 participants were asked about their health, sexual changes, and whether they considered these changes to be a medical issue. Participants with ED completed a self-administered survey assessing sexual changes and their life effects, as well as treatment seeking.

**Results:** Of the participants, 50.3% reported changes in sexual function. However, only 59.8% of those men saw those changes as a medical issue; thus, ED prevalence was 29.7%. Most ED sufferers had not talked with a doctor, although almost half had tried an ED treatment. Men were more likely to use alternative treatments than medical treatments, and medical treatment users were likely to discontinue use.

**Conclusions:** The differences in ED prevalence found by our, and comparable, studies confirm the importance of distinguishing between erectile changes that men see as normal versus changes that meet the criteria for classification as ED ('insufficient' erection for 'satisfactory' intercourse, as assessed by the patient). Failing to make this distinction can inflate measurements of ED prevalence, potentially hampering public health management of this problem. © 2008 WPMH GmbH. Published by Elsevier Ireland Ltd.

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## Introduction

Erectile dysfunction (ED) is defined as, 'the inability to attain or maintain penile erection sufficient for satisfactory sexual intercourse'[1]. With the advent of medical cures for ED, and especially following the 1998 introduction of Viagra®, many doctors and patients worldwide have come to understand erectile difficulty as a medical issue [2,3]. Following this 'medicalization of impotence',[4] studies have shown that ED is a common and growing problem. Researchers predict that by 2025, 322 million men worldwide will suffer from ED, an increase linked to population aging and the increasing prevalence of chronic illness in developing nations. Chronic illnesses that have reached globally epidemic levels, like obesity [5],

diabetes [6] and cardiovascular disease [7], have been shown to cause erectile difficulty [8].

It is, thus, logical that Mexico, a developing nation faced with an epidemic of chronic disease [9] and an aging population [10], would have high and increasing levels of ED. About a third of the Mexican population is obese [11] and a third is hypertensive [12]. Diabetes is a leading cause of morbidity in Mexico, and 11.7 million Mexicans are expected to be diabetic by 2025 [13]. In this context, medical researchers have asserted that over half of Mexican men aged over 50 may suffer from ED [14].

However, little is known about the prevalence of ED in the Mexican population. Only three studies have examined ED prevalence in Mexico, and none distinguished between ED – erectile changes that sufferers saw as preventing 'sufficient erection for satisfactory intercourse' – and changes in erectile function that men did not see as a medical problem. Unlike studies of medical conditions defined by purely biological changes, the very definition of ED requires that studies of its prevalence must measure not only the presence of physical changes, but the prevalence of those changes that also have the subjective consequence of impeeding 'satisfactory intercourse'. Researchers failing to make this distinction may classify all erectile function changes as ED, and risk applying a medical model of sexuality to cases where it is inappropriate for understanding study participants' lived experience. Including men who do not see their changes as ED may also inflate measurements of ED prevalence.

Two of these studies focused exclusively on ED in Mexican populations. They found a 26.1% prevalence of ED among 500 literate workers and patients, aged 18 and over, in a Mexico City public hospital's outpatient clinic [15], and a 55% prevalence for men aged 40 or older among 1200 interviewees in Mexico City, Guadalajara and Monterrey [14,16]. Those studies assessed the presence of ED using the 5-item version of the International Index of Erectile Function (IIEF-5), which poses questions about men's experiences of particular forms of sexual change, but does not ask whether respondents consider these changes to be a medical issue [14–16]. Only the MALES (Men's Attitudes to Life Events and Sexuality) study, which reported a 14% prevalence of ED in Mexican men aged 20–75, gathered data on

ED prevalence in Mexico and asked whether participants would consider medical treatment [17]. However, the information on men's opinions of the appropriateness of medical treatment does not appear to have been used to refine prevalence data.

The current literature on ED in the Mexican population offers even less insight into men's use of ED treatment. Almost all studies of ED treatment in Mexico are clinical trials, usually of pharmaceutical treatments (see for example [18]). Only the MALES study gathered data on the prevalence of ED treatment use in Mexico, and this study has only published results on the prevalence of pharmaceutical treatment use [19]. No quantitative information exists on Mexican men's use of alternative ED treatments.

Furthermore, no study has investigated the prevalence of ED or ED treatment-seeking in the population of the *Instituto Mexicano del Seguro Social* (IMSS). The IMSS is a key source of healthcare in Mexico, providing care for privately employed Mexican workers and their families. Thus, there is no way to know the IMSS population's ED medical treatment needs, a state of affairs which likely indicates inadequate treatment of this health problem. In the present study, we sought to determine the prevalence of erectile function changes, ED (defined as erectile difficulty that men understood to be a medical issue), and of men's use of ED treatments in a population of men aged 40–60 years attending the primary care clinic of an IMSS hospital in Cuernavaca, Mexico.

## Materials and methods

Our study population consisted of 750 male IMSS patients aged 40–60 years attending or accompanying patients in the primary care clinic of the *Hospital General con Medicina Familiar No. 1* in Cuernavaca. We chose this age range because previous studies have indicated that they are more likely than younger men to experience ED [15], yet young enough to have been influenced by the relatively new idea that ED is a medical condition. This population is thus representative of future generations of male IMSS users as they experience the onset of erectile difficulty. Participants were recruited from the waiting area of the family medicine clinic by research staff trained to deal with the sensitive nature of the study