



ANDROLOGY/SEXUAL MEDICINE

ORIGINAL ARTICLE

Phosphodiesterase type 5 inhibitors: Irrational use in Saudi Arabia



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KEYWORDS

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ABBREVIATIONS

AE, adverse event;
ED, erectile dysfunction;
IIEF-5, five-item version of the International Index of Erectile Function questionnaire;

Abstract Objective: To identify the criteria of phosphodiesterase type 5 inhibitor (PDE5i) users and to analyse the knowledge, attitude, and practices of PDE5i use amongst Saudi men.

Subjects and methods: A web-based, cross-sectional survey was conducted in Saudi Arabia between January and April 2015. Sexually active adult men were interviewed using a website questionnaire designed by the authors. Descriptive statistics were used to analyse the data.

Results: In all, 1008 men participated in the survey with 378 (37.5%) reporting use of PDE5i. Of those using PDE5i, 144 (38.1%) reported erectile dysfunction and 234 (61.9%) reported normal erection (recreational users). We found several demographic features, including high education level, health field occupation, high income, smoking, and increased frequency of sexual intercourse amongst the PDE5i users. Most of the PDE5i users (92.3%) had knowledge about PDE5i and 84.1% of them bought it without medical prescription. The most commonly used PDE5i was tadalafil (46.1%) and most of the users (79.9%) reported improvement in their sexual activity after PDE5i usage. Amongst the recreational users, the main reasons for

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PDE5i, phosphodiesterase type 5 inhibitors

PDE5i usage were curiosity (38.5%) and improving self-confidence (25.6%). Of them, 69.2% reported benefits from PDE5i usage, mainly in the form of enhancement of erection (36.7%) and increasing erection duration (31.2%).

Conclusion: PDE5i use appears to be frequent in Saudi Arabia. Most of the users had knowledge about PDE5i and claimed to get benefits from it, even if used as a recreational drug.

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Introduction

Erectile dysfunction (ED) is a common health problem affecting men worldwide. It is defined as repeated inability to get or maintain an erection sufficient for intercourse. Whilst ED is not a life-threatening problem, its effect on quality-of-life issues is significant [1]. There are various treatment options available for ED. Amongst these options is phosphodiesterase type 5 inhibitor (PDE5i) oral therapy (namely: sildenafil, tadalafil, and vardenafil) [2], which act by inhibiting the PDE5 enzymes and thereby facilitate erection [3,4].

Currently, PDE5i is the most well tolerated and effective class of medications for treatment of ED. However, their misuse by men without ED is considered a public health concern. Undoubtedly, they have become some of the most abused pharmaceuticals and their recreational use has greatly exceeded their medical use [5–8]. Previous studies have shown that the use of PDE5i is associated with the use of other illegal or illicit drugs, alcohol abuse, and risky sexual behaviours with a higher rate of recent sex partners and sexually transmitted disease [7,8]. However, there is a possible difference in cultural beliefs and sexual behaviours in different countries, so we cannot extrapolate these findings to the local community.

Due to the fact that there are scanty local data on the use of PDE5i and reticence in discussing sexual practice in our environment, we conducted this research through a website survey. The aim was to investigate the use of PDE5i in the Saudi population, and to identify the criteria of the users, either for those intended to treat ED or recreational users. Additionally, the knowledge, attitude, and practices of PDE5i use were analysed.

Subjects and methods

A cross-sectional, descriptive study was carried out in Saudi Arabia via a web-based survey between 1 January and 1 April 2015. The participants were recruited by an invitation distributed through direct e-mail and social media. The targeted population was non-specific and included all sexually active Saudi men aged ≥ 18 years. Because the data were to be based on an observational web-based survey, we did not set strict exclusion criteria,

except for age and sexual activity. All participants provided informed consent and voluntarily reported their private information.

The survey gathered 36 open and closed questions designed to measure the following domains: demographics, lifestyle, health problems, sexual behaviours, erectile function, ejaculation, sexual satisfaction, sexual dysfunction treatment, and use of PDE5i. For the purpose of this study, participants with a history of PDE5i usage were subjected to additional questions to collect data about: type of PDE5i used, acquisition method, reasons for its use, and its effect. Also the knowledge and perception of the participants towards PDE5i were assessed by separate questions. Erectile function was assessed using a validated Arabic version of the five-item version of the International Index of Erectile Function (IIEF-5) questionnaire and a score of ≤ 21 was used to define ED [9]. The International Society for Sexual Medicine (ISSM) definition of premature ejaculation ‘ejaculation which always or nearly always occurs prior to or within about one minute from the beginning of sexual intercourse’ was used to define premature ejaculation [10].

A preliminary pilot study was conducted with 30 sexually active men to determine the validity of the questions. The opinion of the researchers was sought and adjustment was made before induction of the survey. The local Institutional Review Board Committee of our institute approved the study project and all collected data were anonymous and confidential, and used for research purposes only.

Based on the response to the IIEF-5 questionnaire, PDE5i users were divided into two groups: ED group and recreational users group (normal erection group). The following variables were evaluated and compared between both groups: age, education level, occupation sectors, household income, smoking, chronic medical diseases, use of regular medications, number of sex partners, duration of sexual activity, frequency of sexual intercourse, erection level (graded from 1 to 5, as assessed by the IIEF-5 questionnaire), ejaculation problems, overall sexual satisfaction level (graded from 1 ‘unsatisfied’ to 5 ‘fully satisfied’ as self-reported by the participants), previous medical consultation for sexual problems, main sources of knowledge about PDE5i and reasons for its use, type of PDE5i used and reported

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