Health-Related Characteristics and Unmet Needs of Men with Erectile Dysfunction: A Survey in Five European Countries

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ABSTRACT

Introduction. Data suggest that ED is still an underdiagnosed and undertreated condition. In addition, it seems that men with ED are unsatisfied about their relationship with their physician and with the available drugs.

Aim. The study aims to identify health-related characteristics and unmet needs of patients suffering from erectile dysfunction (ED) in big 5 European Union (EU) nations (France, Germany, Italy, Spain, and UK).

Methods. Data were collected from the 2011 5EU National Health and Wellness-Survey on a population of 28,511 adult men (mean age: 47.18; SD 16.07) and was focused on men (5,184) who self-reported ED in the past 6 months. In addition, the quality of life (QoL) and work productivity/activity were explored.

Main Outcome Measures. Health-related QoL (HRQoL) and work productivity were measured with SF-12v2 and WPAI validated psychometric tools.

Results. One in every 20 young men (age 18–39) across 5EU experienced ED in the past 6 months. About half of men (2,702/5,184; [52%]) with ED across all ages did not discuss their condition with their physician. Interestingly, among those men who did discuss their condition with their physician, 68% (1,668/2,465) do not currently use medication. These findings were more evident in the age group of 18–39 years. Only 48% (2,465/5,184) had a closer relationship with their physician, suggesting that this quality of relationship may be unsatisfactory. Compared with controls, ED patients have a significantly higher intrapsychic and relational psychopathological comorbid burden and relevant decreasing in HRQoL, with a significantly higher impairment on work productivity/activity.

Conclusion. Data suggest that there is a need for a new therapeutic paradigm in ED treatment which images the achievement of a new alliance between physician and patient. Hence, alternative drug delivery strategies may reduce the psychological and social impact of this disease. **Jannini EA, Sternbach N, Limoncin E, Ciocca G, Gravina GL, Tripodi F, Petruccelli I, Keijzer S, Isherwood G, Wiedemann B, and Simonelli C. Health-related characteristics and unmet needs of men with erectile dysfunction: A survey in five European countries. J Sex Med 2014;11:40–50.**

Key Words. Erectile Dysfunction; Health-Related Characteristics; Health-Related Quality of Life; PDE5 Inhibitors

Introduction

Although definitions of erectile dysfunction (ED) still do not find a complete agreement, it is estimated that this condition affects 16–45% of men [1–3], with the risk and severity of ED increasing with age [2–5]. In particular, a general overview [6] shows that the prevalence of ED in subjects aged 40 to 49 years ranges between 2% and 9%, while the general population of men aged 60 to 69 years shows a rather high rate of 20–40%.

Literature evidences show that ED is a potential harbinger of cardiovascular disease [7,8], with penile flow evaluation as a specific modality to

identify both ED patients with present cardiovascular status and those with high risk to develop a cardiovascular disease [9].

The association of ED with underlying conditions such as diabetes, hypertension and dyslipidemia [2,10,11], obesity [12], impaired fasting glucose [13], depression [14], and smoking [15] has also been evidenced. Finally, ED can have a negative effect on general [13,14] and sexual quality of life [9] (QoL). Interestingly, literature [9] indicates a correlative finding between hypoactive sexual desire disorder (HSDD) and cardiovascular risk. This correlation maintains its statistical value even after adjusting analysis for patient's desire, Framingham risk score, and testosterone levels. If one or more common ethiopathogenic factors, between HSDD and cardiovascular risk, exists, it is a matter of debate. Difficulties in building social relationships and defensive psychological mechanisms have been taken into account [9].

Despite the prevalence of ED and its link with many healthcare problems [3,16,17], it remains underrecognized, underdiagnosed, and undertreated [18,19]. Awareness of ED has increased since the advent of oral phosphodiesterase type 5 (PDE5) inhibitor treatments [1,3,20]. However, although the great majority of men consider ED a problem able to result in a general impairment of the QoL, there may be a subpopulation of subjects with ED who may not consider it to be a serious problem or are too embarrassed to speak to their physician [17,21–24]. Moreover, many physicians are reluctant to initiate discussions about sexual health with their patients [21,25]. Although several large-scale surveys of ED have been conducted, these have primarily studied middle-aged men and/or specific aspects of ED [4,19,26,27]. Few studies have gathered detailed data from the same sample of men, across a broad age range, on prevalence rates, demographic and lifestyle characteristics, healthcare resource utilization, and PDE5 inhibitor use [2,28,29].

This article reports findings provided by men aged ≥18 years as part of a general population survey conducted across five EU nations (France, Germany, Italy, Spain, and UK).

Aims

The current study goals were to establish the health-related characteristics and unmet needs of men with ED, the impact of ED on men's well-being, and rates of ED treatment across different age groups. Specifically, the healthcare resource attitudes among men with ED were investigated.

Methods

Data were collected from the National Health and Wellness Survey (NHWS), a cross-sectional survey representative of the total male and female adult populations in each 5EU market that captures information directly from respondents (Kantar Health, February 2012. NHWS, 2011 [EU Big 5]. Princeton, NJ). In brief, the survey sample was drawn from the Internet panel maintained by Lightspeed Research and its partner organizations, stratified according to age and gender in each country. To ensure a representative sample, particularly in the older population (>65), online recruitment was supported by computer-assisted web interviews (CAWIs), where respondents were recruited by telephone and had the choice to complete the interview on the phone as well, or were e-mailed a link to the survey to complete on their own. This search strategy has been well documented in literature [30,31]. NHWS has been conducted in 5EU since 2000 and data presented in this manuscript were collected from male respondents between September and December 2011. All NHWS respondents were recruited from either an online panel or a telephone database. Internet panels, such as Lightspeed Research, use a variety of methods to recruit and build their panels including, but not limited to, banner ads on websites, search engines, and social media. All protocols and informed consent procedures were approved by the Essex Institutes' Institutional Review Board. Invitations to participate were sent to adults aged ≥18 years in France, Germany, Italy, Spain, and UK. Respondents received a small incentive to participate in the survey. Panelists received their incentive in the form of points which can be collected and exchanged for small gifts; CAWI respondents received a monetary amount (20–25 Euros) that was mailed after completion of the survey was verified. All respondents provided their informed consent. All information was based on medical diagnosis and self-reported by participants. However, no attempt was made to validate respondents' answers with their medical records or through discussion with their physician. The first survey screen contained basic information about the study and clarified issues related to informed consent. Participants who agreed to participate in NHWS received detailed information on the aim