
ORIGINAL RESEARCH—ED PHARMACOTHERAPY

Community Pharmacy Detection of Erectile Dysfunction in Men with Risk Factors or Who Seek Treatment or Advice but Lack a Valid Prescription

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ABSTRACT

Introduction. Pharmacists may be the first health care contact consulted about erectile dysfunction (ED).

Aim. To assess pharmacists' ability to detect ED and encourage patients to seek medical evaluation.

Methods. This observational study conducted in Greece and Spain included men without a valid prescription for an ED medication but with a history indicating ED risk and/or who consulted a pharmacist about ED. Pharmacists completed a questionnaire about the patient. Patients completed the Sexual Health Inventory for Men (SHIM); men with a score ≤ 21 (cutoff for ED) were educated (by case pharmacists) and referred and encouraged to see a physician (by case and control pharmacists).

Main Outcome Measures. Proportion of men with a SHIM score ≤ 21 and, of those, the proportion who visited a physician and credited the pharmacist for their visit. ANCOVA and chi-square test were used for continuous and categorical data, respectively.

Results. Among the 451 men (mean \pm SD age, 54.9 ± 12.9 years) questioned about ED, 90% had a risk factor (usually hypertension, hypercholesterolemia, or diabetes), 28% had a previous diagnosis, 36% sought internet information, 38% self-medicated, 10% took medication obtained outside the pharmacy setting, and the first health care professional approached was a pharmacist (50%), physician (18%), or nurse (1%) at a median of 6 (range, 0–360) months after symptom onset. The SHIM score was ≤ 21 in 348 (77%) men. A lower score (indicating increased ED severity) was associated with increased age and with benign prostate hyperplasia, depression, diabetes, or prostate cancer. In the minority of men contacted for follow-up, less than one-third had visited their physician, despite pharmacist encouragement.

Conclusions. Pharmacists are often the first health care contact regarding ED and are highly accurate in its detection. Further research is needed to optimize the pharmacist's role in early detection, education, and motivating patients to be evaluated by a physician. **Martin Morales A, Hatzichristou D, Ramon Lladós J, Pascual Renedo V, and Pimenidou A. Community pharmacy detection of erectile dysfunction in men with risk factors or who seek treatment or advice but lack a valid prescription. J Sex Med 2013;10:2303–2311.**

Key Words (PubMed Mesh). Community Pharmacy Services; Erectile Dysfunction; Patient Education as Topic; Patient Education Handout; Referral and Consultation; Phosphodiesterase Inhibitors; Sildenafil; Tadalafil; Vardenafil; Prescription

Introduction

Erectile dysfunction (ED) affects 52% of men between 40 and 70 years of age [1] and significantly impacts quality of life and interpersonal well-being [2]. Although treatment options for ED have improved significantly over the past 15 years, with the introduction of the orally administered phosphodiesterase 5 (PDE5) inhibitors, many men with ED are reluctant to seek medical treatment [3].

A Spanish observational study within the community pharmacy setting showed that, for approximately 60% of new patients with ED, the pharmacist was the first health care provider (HCP) approached for advice and/or treatment options [4]. Therefore, community pharmacists play an important role in the early detection of ED, enabling the possibility of identifying its associated pathologies. Pharmacists are also key in providing patient education and potentially in referring patients to a physician, not only for evaluation of ED but also for assessment of risk for conditions associated with ED. This is a pattern often seen in some southern European countries. Collaboration among HCP is necessary for a right patient's education, so that through good education and a right referral to the doctor, the patient obtains a solution to his problem and avoids seeking unregulated options that can negatively influence his health. Collaboration among different HCP is key; however, there are few studies on the detection of ED and patients' treatment-seeking behavior in the community pharmacy setting.

Aim

In men who voluntarily approach a pharmacist and do not have a valid prescription for an ED medication, this study was designed to detect the potential presence of ED by the pharmacist, either by the assessment of risk factors or by the behavior of seeking advice or treatment for ED. The Sexual Health Inventory for Men (SHIM) [5] was used to identify those who might have ED.

Secondary objectives were to describe the reasons that prompt men to approach a physician about ED, to use specialized ED materials to educate the men about ED, and to estimate the impact of education by a pharmacist on the proportion of men who subsequently visit a physician for diagnosis of ED.

Methods

Study Design

This international, multicenter, noninterventional, observational, cross-sectional study was scientifically supported by the Spanish Association of Community Pharmacies and the Aristotle University of Thessaloniki (Greece). It was approved by local institutional review boards and health authorities according to country-specific laws. It was conducted in accordance with the Guidelines for Good Pharmacoepidemiology Practices as defined by the International Society for Pharmacoepidemiology and the International Society for Pharmacoeconomics and Outcomes Research, and applicable local regulations. Written informed consent was obtained from each participant according to the regulatory and legal requirements of the country and in accordance with the International Conference on Harmonization Guideline for Good Clinical Practice.

Men older than 18 years were included if their history or medications indicated that they had a risk factor for ED (e.g., hypertension, diabetes mellitus, hypercholesterolemia, dyslipidemia, depression, benign prostatic hyperplasia, prostate cancer, or a hormonal disorder) and/or if they had consulted with a pharmacist about ED or ED treatments.

Study pharmacists administered a questionnaire to obtain patient demographic information and then asked clinical and behavioral questions of the patient. The latter included the following:

- Have you ever been diagnosed with ED?
- Who was the first person you approached for advice about your erection problems? If it was a health care provider, who was it? Doctor/Pharmacist/Nurse/Others?
- What motivated you to do it? Yourself/Your partner request/worry about your erectile function/worry about other pathology associated with ED?
- Did you try to manage your problem by yourself? For example, looking up information on the internet, self-medicating, etc.
- Have you ever taken a medication for ED obtained outside the pharmacy setting?
- How long did it take you to approach a health care professional after the first onset of symptoms? (months)

After completing the questionnaire, the patients completed the validated SHIM, with ED being defined as a SHIM score ≤ 21 (score range, 5–25)

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