Does Management of Erectile Dysfunction after Radical Prostatectomy Meet Patients' Expectations? Results of a National Survey (REPAIR) by the French Urological Association

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ABSTRACT

Introduction. Little stress has been placed on patients' satisfaction with regard to management of erectile dysfunction (ED) after radical prostatectomy (RP) and on how physicians' and patients' views may differ in this respect.
Aim. To assess the extent to which urologists' perceptions of their patients' expectations and the actual needs expressed by these patients coincide with regard to ED and its management.
Methods. Those French urologists who provisionally accepted to participate in the survey (760/1,272; 59.7%) received a physician survey instrument, 10 patient data forms to be completed during the first 10 consultations of patients who had undergone RP less than 12 months previously, and 10 copies of a questionnaire for patients to complete.
Main Outcome Measures. Patient-reported sexual activity, satisfaction with sexual activity (Male Sexual Health Questionnaire), and treatment expectations; urologists' subjective assessment of the importance given by their patients to ED; the timing they propose for starting ED treatment.
Results. Overall, 535/1,272 urologists (42%) returned the physician survey instrument (45.6 ± 8.7 years, 28–67) and 2,644 patients completed the patient questionnaire (64.0 ± 6.1 years, 44–79). The percentage of patients having intercourse pre RP was highly age-dependent (89% at 55–59 years; 56% at ≥70 years); 70–75% of patients claimed to be satisfied with their pre-RP sexual activity. Post RP, 27–53% of patients (depending upon length of follow-up), who were sexually active pre RP, had intercourse. Only 18% (<5 months' follow-up) or 28% (>5 months' follow-up) were satisfied. Over half (53%)—and especially the younger patients—expected early ED treatment (1 or 3 months post RP). Agreement between patients' expectations and urologists beliefs on timing of ED treatment was poor. At the 1- or 2-month visits, 73% of patients were already finding ED frustrating.
Conclusions. Erectile dysfunction is an important issue for patients who have undergone RP. Urologists tend to underestimate patients' distress and desire for early treatment. **Chartier-Kastler E, Amar E, Chevallier D, Montaigne O, Coulange C, Joubert J-M, and Giuliano F. Does management of erectile dysfunction after radical prostatectomy meet patients' expectations? Results of a National Survey (REPAIR) by the French Urological Association. J Sex Med 2008;5:693–704.**

Key Words. Practice; Satisfaction; Distress; Quality of Life; Pharmacological Treatment

Introduction

Although survival is the foremost concern in the treatment of patients with localized prostate cancer, the patient's preferences, when it comes to living with the potential outcomes of treatment, have to be taken into account in the choice of treatment. Many large-scale studies, either individual or population-based, have reported the incidence of side effects after radical prostatectomy (RP) [1–4]. Many have also addressed how prostate cancer survivors feel that treatment side effects impact on their general or cancer-specific quality of life [5–11].

Of all life domains examined, sexual dysfunction has been found to have the most negative impact on patients in the longer term [12]. A review of the prevalence of distress because of erectile dysfunction (ED) in post-RP patients has indicated that, in eight studies of over 100 patients, 40–60% of patients reported distress [13]. Approximately 60% of patients report significant emotional distress related to sexual dysfunction that may progress to long-term maladjustment in their relationships with their partners [14–16].

However, few studies have compared patients' and urologists' perception of quality of life in order to see how the patient–physician relationship could be improved. Those that have done so have mostly focused on cancer-related quality of life in patients with metastatic prostate cancer [17–19] and on the repercussions of urinary incontinence (UI) after RP [20]. Not much stress has been placed on patients' satisfaction with regard to management of post-RP ED and on how physicians' and patients' views may differ in this respect [21]. We have therefore assessed, within the framework of a national survey on post-RP functional outcomes, to what extent urologists' perceptions of their patients' expectations and the actual needs expressed by these patients coincide with regard to ED and its management. This is a companion article to an earlier article examining physician-reported practice with regard to ED management post RP in France [22].

Methods

This was a cross-sectional prospective survey of French urologists' and patients' views on ED and its management post RP. The survey was conducted between June 1 and July 31, 2005, for the French Urological Association (AFU) and analyzed by TNS Healthcare (SOFRES).

The survey targeted all urologists in France and overseas French counties (N = 1,272; source Cegedim, France). They were sent a joint letter (AFU-TNS Healthcare) explaining the rationale of the survey, followed by an explanatory telephone call inviting them to participate in the survey. Overall, 760/1,272 (59.7%) accepted to take part and 535 ultimately participated. Participant urologists received a dossier including a physician survey instrument relating to their opinions and practice, 10 patient data forms to be completed during the first 10 consultations of patients who had undergone RP less than 12 months previously, and 10 copies of a patient questionnaire to be handed to these 10 patients for completion at home.

Both the urologist and patient questionnaires were designed by five urologists chosen to represent AFU on the basis of their experience in performing RPs and/or diagnosing and treating post-RP functional outcomes. They came from public teaching hospitals or private clinics in three French cities (Paris, Lille, Nice). The physician survey instrument comprised 23 items of which four specifically addressed their subjective assessment of patients' concerns and preferences (for full questionnaire, see Appendix in 22). The patient questionnaire comprised an introductory section of eight questions (including date of RP and whether the patient had a partner) that the urologist filled in before handing the questionnaire to the patient for completion at home. The patient had to reply to sections on socio-demographic characteristics, urinary function, pre- and post-RP sexual activity and function, and quality of life. The questionnaire included the Male Sexual Health Questionnaire (MSHQ) [23] which, unlike more general validated questionnaires on quality of life, specifically assesses sexual function and satisfaction in older men. The questions from the physician and patient questionnaires relevant to the current study are given in an appendix to this article. Urologists and patients returned their questionnaires independently to TNS Healthcare for review and analysis.

The one-sample *z*-test for surveys based on mean values was used to analyze results.

Results

Response Rates and Characteristics

Overall, 535/1,272 (42% of all French urologists) returned the completed physician questionnaire. Their characteristics are given in Table 1. A