

Patients Responding to Phosphodiesterase Type 5 Inhibitor Therapy—What Do Their Sexual Partners Know?

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ABSTRACT

Introduction. Phosphodiesterase type 5 (PDE5) inhibitors are an efficacious therapy in men with erectile dysfunction (ED). There are only a few studies that also focus on the participating couples during PDE5 inhibitor therapy. **Aim.** To determine to what extent patients personally informed their sexual partners about their ongoing PDE5 inhibitor therapy.

Main Outcome Measures. Likelihood of informing the female partner by the patient himself about the use of PDE5 inhibitors.

Methods. A total of 216 men (mean age 62.3 years) with ED were successfully treated with PDE5 inhibitors in three independent centers. After an interval of at least 3 months of successful ED therapy, all patients were asked by questionnaire whether their sexual partners were informed of their PDE5 inhibitor therapy.

Results. Eighty-two percent of the patients were exclusively involved in one stable sexual relationship, 9.7% of the men admitted to having changing sexual partners, and 6% did not give any information at all about their sexual partners. Twenty percent of the men had a severe ED (International Index of Erectile Function [IIEF-5] <11). Forty-nine percent showed a moderate ED (IIEF-5 11–16) and 31% suffered a mild ED (IIEF-5 >16). PDE5 inhibitor medication was used 1.2 times/month by men with a severe ED, 2.1 times/month by patients with a moderate ED, and 2.9 times/month by men with a mild ED. Forty-one (93%) of the 44 patients with a severe ED informed their sexual partners that they were taking PDE5 inhibitors. In the patient group with moderate ED, 49 (47%) of 105 patients and only 14 (21%) of 67 of the patients with mild ED shared this information with their partners.

Conclusion. Less than 40% of the patients suffering a moderate or mild ED using PDE5 inhibitors shared this information with their partners. It seems that patients find ED so disturbing that many patients do not inform their partners of PDE5 inhibitor use. **Klotz T, Mathers M, Klotz R, and Sommer F. Patients responding to phosphodiesterase type 5 inhibitor therapy—What do their sexual partners know? J Sex Med 2007;4:162–165.**

Key Words. Erectile Dysfunction; PDE5 Inhibitors; Sexual Partner; Male Attitudes

Introduction

Erectile dysfunction (ED) is defined as the inability to attain and/or maintain penile erection sufficient for satisfactory sexual performance.

Phosphodiesterase type 5 (PDE5) inhibitors such as sildenafil, vardenafil, and tadalafil have been shown to be an efficacious therapy in approximately 60–80% of patients with ED, depending on the etiology. It has been estimated that in 1995 over 152 million men worldwide were affected by

ED and that in 2025 its prevalence worldwide will be approximately 322 million men [1,2]. Due to the nature of the disease one can assume that almost the same number of sexual partners are indirectly affected by treatment [3]. The portion of men requiring such treatment for ED is the highest in the age group of 60–69 years of age [2]. While numerous studies have reported on the prevalence and incidence of ED, most have not analyzed the experience and characteristics of the treated men and their sexual partners [3]. A previ-

ous study determined the rate of abandonment of an effective therapy, where the majority of patients reported that they had no opportunity or desire for sexual intercourse or that their partners had shown no sexual interest [4]. It is well known that sexual dysfunction has a negative impact on quality of life. The resulting psychological consequences of ED frequently include depression, performance anxiety, and relational distress [5–7]. One can imagine that men would like to prevent such tension in their partnerships and perhaps not mention their PDE5 inhibitor therapy to their partners even though it is generally acknowledged that the sexual partners should be informed and involved in ED therapy. On the other side, direct evidence is lacking that distress with ED drives failure to mention ED therapy to partners. Important studies to the issue of partner communication and involvement have been published recently [6–8]. One can imagine that an open discussion of impotence during therapy is important for a satisfying sexual experience for both partners. Recent studies have shown that the proportion of women who experience a satisfying sexual experience was significantly higher in the group whose partners were currently using PDE5 inhibitors [7,8].

Up to now there have been only a few studies that focus on the couple during PDE5 inhibitors therapy. The rationale of the current study was to determine the extent to which patients personally informed their sexual partners about their ongoing PDE5 inhibitor therapy.

Patients and Methods

This study included patients from three independent centers (a private urologist's office, a general practitioner's office, and an outpatient clinic of a urological department) in three different regions in Germany. Within a time period of 20 months (June 2003–January 2005) a cohort of 235 patients, who responded to PDE5 inhibitors, were successfully treated for ED with either 50–100 mg sildenafil, 10–20 mg vardenafil, or 10–20 mg tadalafil. Patients who did not respond to PDE5 inhibitors were not subjects of the study. These nonresponders were treated with intracavernous prostaglandin injection therapy or vacuum device. Most partners of these patients were informed and instructed by the doctor.

The mean age of responders was 62.3 years. A routine diagnostic work-up was performed on all patients and each patient was classified according to the International Index of Erectile Function

(IIEF-5). According to recently published papers, patients with a score of less than 11 were estimated to suffer a severe ED, a score between 11 and 16 suggested a moderate ED, and a mild ED was assumed when the IIEF-5 score was higher than 16 [9,10]. When initially visiting the office and assuring confidentiality, a questionnaire was used to ask patients of their sexual orientation and the stability of their relationship. After 3 months of successful ED therapy, all patients filled out a second questionnaire. Here our main interest was how often they took PDE5 inhibitors and whether their sexual partners were informed. The study was planned as a descriptive pilot study of a consecutive cohort of PDE5 responders. Thus, it does not seem to be useful to perform a multivariate logistic regression analysis.

Results

All consecutive ED patients, who responded to PDE5 inhibitors, participated in the study. One patient dropped out because he could not be successfully treated with either of the PDE5 inhibitors, 10 patients discontinued the study because of lack of sexual opportunity, and seven patients were lost to follow up. One patient discontinued therapy because of side-effects. Complete information was obtained on 216 men, who were PDE5 inhibitor responders and all of whom reported as being heterosexual. Information pertaining to marriage was not obtained. We have to stress a potential selection bias, because of the sample cohort constituted exclusively by responders to PDE5 inhibitors. We did not take into account the data of PDE5 inhibitor nonresponders.

According to the questionnaire at the time of treatment 182 of 216 patients (84%) were solely involved in one stable sexual relationship. Twenty-one (9.7%) men admitted to having changing sexual partners and 6% (13/216) did not give any information at all about their sexual partnerships. One hundred seventy-seven men (82%) were found to have an ED of organic nature. There were the typical comorbidities as hypertension, diabetes mellitus, etc. Through the routine diagnostic work-up patients were classified in three groups according to the IIEF-5. Forty-four of 216 men (20%) had an IIEF-5 <11, which corresponds to a severe ED. One hundred five (49%) patients showed a moderate ED with a IIEF-5 between 11 and 16. A mild ED (IIEF-5 >16) was present in 67 (31%) men.

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