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ORIGINAL ARTICLE

Erectile dysfunction, twenty years after[☆]

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KEYWORDS

Erectile dysfunction;
Treatments;
Definition;
Epidemiology;
General practitioner

Summary We are presenting in this article the third updated version of “Guidelines for non-sexologist general practitioners for first-line treatment” for a patient suffering from erectile dysfunction (ED). This work follows the methodology recommended by the French National Health Authority, and includes an in-depth documentary search of medical and scientific bibliographic data. It was conducted by a working group that identified, selected, analysed and summarised the scientific literature used to prepare these guidelines. All this work was reviewed by a reading group that expressed an opinion on the substance and format of these guidelines, in particular concerning their legibility and ease of application. Amongst the main points that have been updated and which are presented in detail in the articles of this issue, we draw attention in particular to: a change in definitions, abandoning the classification of erectile dysfunction by aetiology, dividing it into three types (organic, psychogenic and mixed), preferring a better suited integrated definition, recognising that these various factors can overlap; the issue of the partner’s role in triggering or maintaining the patient’s ED is today seen as an important factor that should not be overlooked; the high prevalence of ED has been confirmed by recent studies, as well as its steady rise with age. But the older patients would today appear to be more acutely affected in terms of their quality of life. For younger patients, the prevalence of ED can also be high, linked to lack of activity, comorbidities, or excessive consumption of alcohol and/or toxic substances. Vulnerable populations (patients with comorbidities, diabetes, hypertension and cardiovascular pathologies, depression etc.) are today identified as presenting high levels of risk for high prevalence of ED. ED is often an “indicator” of a comorbidity, in particular for certain conditions such as cardiovascular disease, diabetes, depression, or impaired urination. In such cases, its emotional impact is intensified; treatments have also evolved, with the arrival of new drugs, and better structured care to take account of the various organic,

DOI of original article: <http://dx.doi.org/10.1016/j.sexol.2018.01.015>.

[☆] La version en français de cet article, publiée dans l’édition imprimée de la revue, est également disponible en ligne : <https://doi.org/10.1016/j.sexol.2018.01.015>.

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<https://doi.org/10.1016/j.sexol.2018.01.016>

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Please cite this article in press as: Colson MH, et al. Erectile dysfunction, twenty years after. Sexologies (2018), <https://doi.org/10.1016/j.sexol.2018.01.016>

psychological and relationship factors. These guidelines were designed as a support for diagnosis and treatment, for first-line management of patients consulting for erectile dysfunction, and are summarised by an algorithm. We have added a Communication Guide to help practitioners to tackle the issue of sexuality with patients whenever this is helpful or necessary.

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Introduction

The arrival of the first drugs to treat erectile dysfunction (ED) very quickly and totally overturned management practices for this pathology. From that point on, it became essential for all health professionals to have a consensus in this field, where in fact there had been little medical involvement before, in addition to evaluation criteria offering the possibility of organising and clarifying the scope of knowledge available. The 1st International Consultation on Sexual Medicine was a landmark, in Paris in 1999. It provided a large amount of documentation for all health professionals in the following years (Jardin et al., 2000) with validated definitions and guidelines for the assessment and management of patients suffering from ED. It was followed by three other international consensus conferences, in 2003, 2009 and 2015. In parallel, and based on this major scientific work, several other works of recommendation were drafted by various learned societies, corresponding to the identification of specific needs.

In France, guidelines for first line treatment for a patient reporting an erectile dysfunction to a general practitioner were published for the first time in 2005 (Cour et al., 2005). These guidelines were updated in 2010 (Cuzin et al., 2010), and this article presents the second update (3rd version). This work is promoted by the AIUS (Post-University Interdisciplinary Sexology Association), with the support of the AFU (French Urology Association).

Populations concerned by these guidelines

The working group is proposing these guidelines for first-line treatment for men reporting an erectile dysfunction and aged 18 years or over; the group judged that adolescents aged less than 18 years should be referred to a psychologist or a psychiatrist trained in sexology and in management for adolescent patients. We have not imposed any upper age limit, since ED can occur in elderly subjects, for whom the continuation of a satisfactory sex-life is today an important element of quality of life. They are mainly aimed at heterosexual males. In the absence of sufficient data, homosexual specificities are not covered here, although most of the guidelines announced are applicable to this population (professional agreement).

Method and framework of these guidelines

These professional guidelines were designed using the Guidelines for Clinical Practice method published by the

ANAES (1999), and updated in 2010 and 2016 by the French National Health Authority (HAS, 2016). The AIUS defined the scope of this work and proposed health professionals likely to participate in the working and reading groups.

In-depth documentary research was conducted by means of systematic investigation of medical and scientific bibliographic data banks Medline, (National Library of Medicine, USA), Pascal (CNRS-INIST, France), PsycINFO (American Psychological Association), Cochrane Library, BDSP (Public Health data bank, France), and relevant learned societies, between 1995 and May 2005 for the initial version, and between January 2005 and November 2016 for the 2010 and 2016 updates. The initial research was updated to the end of the project (2016). By investigating references quoted in the articles, we were able to select unidentified articles during queries from the various sources of data. Finally, the members of the working group and the reading group transmitted articles from their own bibliographic collections. The languages used were French and English (Table 1). The literature analysis and grading guide for guidelines published by the ANAES in 1990 and in 2010 and updated by the HAS in 2016 was used to analyse the selected articles and to assign each one with a level of scientific evidence graded A, B, C or AE (Table 2). On the basis of this literature analysis, the working group made recommendations each time it was possible. The guidelines were developed at the end of a scientific analysis of the literature and a summary of opinions of consulted professionals. Before dissemination of the guidelines, they were assessed using the Appraisal of Guidelines for Research and Evaluation Instrument – (AGREE Collaboration, 2002). A reading group was then consulted by post and invited to give an opinion on the content and the form of the guidelines, in particular concerning their legibility and ease of application. The comments of the reading group were then analysed by the working group and taken into account whenever possible in the final draft of the guidelines.

The guidelines proposed are limited to first-line treatment prescribed by a non-sexologist general practitioner to a male patient suffering from erectile dysfunction. These guidelines encompass both the diagnosis of erectile dysfunction and the treatment accessible to practitioners.

Upgraded definitions

Since the last update of our guidelines in 2010, the definitions of sexual difficulties have evolved, notably with the publication of the DSM-5 by the American Psychiatry Association in 2013 (APA, 2013). The currently accepted definition of Erectile Dysfunction (ED) as given in the DSM-5 is: "the inability to obtain and/or to maintain an adequate

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