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NEW RECOMMENDATIONS FOR THE MANAGEMENT OF ERECTILE DYSFUNCTION FOR THE PRACTITIONER

Current epidemiology of erectile dysfunction, an update[☆]



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Summary Since the most recent update to guidelines for the management of erectile dysfunction (ED) by practitioners, epidemiological studies have confirmed the main figures emerging from the large international studies done in the late 1990s. Other data have emerged, and we now have a better understanding of the epidemiological profile of ED. Its prevalence for all age groups appears to be between 12.9% (11.5–14.3) in southern Europe and 20.6% (18.8–22.4) in English-speaking countries. More recent longitudinal studies show that incidence is between 32% and 80%, depending on patient age group at enrolment. Recent advances in our understanding of ED have been brought to us by analytical epidemiology. ED primarily affects older people, for whom (according to some studies) it can even be a marker of increased mortality risk. It is less well tolerated by older people than it used to be; for this population group, maintaining their sex lives is an important aspect of quality of life. It is also very poorly tolerated, with significant effects on mood and relationships, by vulnerable patient populations (those with diabetes or hypertension, patients with cardiovascular disease, etc.). As an endothelial disease, ED is very often a sign of organ and/or vascular complications, and of worsening of the underlying disease. The high prevalence of ED in men with depression or lower urinary tract problems has also been confirmed in recent studies. Particular attention is currently being paid to young people; an association of high ED prevalence with substance and alcohol abuse in young men has been found in several studies.

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Introduction

The first epidemiological studies of sexuality were conducted in the USA, when the first specific erectile dysfunction drugs were being brought to market; initially these were intracavernosal agents, and then oral phosphodiesterase V inhibitors (PDE-5 inhibitors). In the last decade of the 20th century, it became clear that erectile difficulties are complex, that they affect a large number of men, and also that they were becoming targets of medical treatment. In this context, various studies have gradually added to knowledge of ED and its treatments, in a parallel and synergistic way (clinical research, validation of scales and questionnaires that provide a standardised evaluation of symptoms and treatment results), consensus meetings to create definitions, and major epidemiological surveys.

Incidence and prevalence of erectile dysfunction

There are considerable limitations when conducting epidemiological studies of sexuality. All such studies have to address the fact that this is a dysfunction of sexual response (and not a disease), and that people do not necessarily seek help for it. The frequency of sexual problems may therefore be underestimated, as this is traditionally a taboo subject. Diagnosis is primarily based on data gathered from talking to the patient, and is therefore subjective.

Incidence

There are few longitudinal studies available in the literature. Three such studies investigating the incidence of erectile dysfunction have been found. Two of these are randomly chosen patient samples (Johannes et al., 2000; Moreira et al., 2003) and one involved men recruited from general practice (Schouten et al., 2005). More recently, a longitudinal study involving an initial cohort of 1705 men aged over 70 at the time of enrolment in 2005 (2005–2007, $n = 1705$; 2009, $n = 1367$; 2014, $n = 958$) shows an incidence of between 64% and 80% in these patients (Hsu et al., 2016). The study by Martin, which involves a cohort of Australian men aged between 35 and 80 years, showed an incidence of 31.7% after five years of follow-up (Martin et al., 2014).

Prevalence

In France, there have been few specific studies looking at prevalence. The 1993 study by Spira and Béjin (ACSF) (Spira et al., 1993; Bejin, 1997) looking at sexual behaviour in France, showed that 7% of French men aged between 18 and 69 years complained that their erections were frequently inadequate. 19% (nearly 2.4 million men, at the time) stated that they experienced occasional erectile dysfunction. Since this initial study, two further studies have been carried out (Giuliano et al., 2002; Costa et al., 2003). The most recent study, carried out by Buvat on the French arm of the GSSAB (Global Study of Sexual Attitudes and Behaviours, Buvat et al., 2009), showed that a population of 750 men aged between 40 and 80 years had an erectile dysfunction

prevalence of 15%. There are four baseline studies, and these have given rise to many publications:

- the Massachusetts Male Aging Study (MMAS) (Feldman et al., 1994), is a longitudinal study that began in 1987 ($n = 1700$, 40–70 years of age). The prevalence of ED in this study is 52%;
- the National Health and Social Life Survey (NHSL) looked at sexual practices in young men in the United States (18–59 years of age), and was broader because it was not limited to ED. This survey showed an ED prevalence of 50%. (Laumann et al., 1999);
- the MALES study ($n = 27,839$ men aged between 20 and 75 years), involving eight countries including France, showed overall ED prevalence of 16% (11% in France and 22% in the United States) (Rosen et al., 2004);
- the very large GSSAB (Global Study of Sexual Attitudes and Behaviours), carried out by Laumann and Nicolosi and which has resulted in many detailed publications, is the first study to be conducted in 29 countries, over five continents and involving more than 27,000 men and women in the general population. It is the first international study (Laumann et al., 2004) to look at other sexual disorders in men and women, in addition to erectile dysfunction. 13,618 men and 13,882 women aged between 40 and 80 years were questioned about their sex lives over the previous 12 months (response rate 86%). Prevalence of ED for all age groups was 12.9% (11.5–14.3) in southern Europe and 20.6% (18.8–22.4) in English-speaking countries. This study highlighted the frequency of sexual problems in women, and the importance of relationships.

Since our most recent update, prevalence studies have mainly looked at specific populations, primarily patients with various comorbidities, or they have been carried out in south-east Asia, Africa or the Middle East, with varying results. The few studies done on the general population confirm the figures from the first studies (42% in a New Zealand study done by Quilter [$n = 2000$ men aged between 40 and 70], Quilter et al., 2017).

Analysis of epidemiological data

Analytical epidemiology aims to establish causal links between diseases and risk factors. Such causality can only be established using methodologically rigorous studies: prospective studies, longitudinal cohort surveys or case-control surveys, although cohort surveys have a higher level of evidence. There are few such studies in the field of erectile dysfunction, meaning that the risk factors that are examined below are plausible, but the causal link cannot be formally identified.

Erectile dysfunction in older men

Age is an independent risk factor, as some of the studies mentioned above have shown. However, only three main cohort studies have shown annual incidence rates that increase with each decade (MMAS) (Johannes et al., 2000; Araujo et al., 2000; Shabsigh et al., 2005), the Brazilian study done by Moreira et al., 2003, and the KRIMPEN study

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