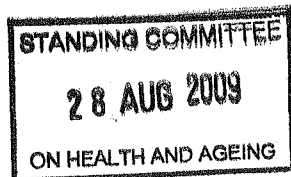


PW 28/8/09



27/08/2009

Submission to Roundtable Forum on Impotence Medication

Background Information:

The causes of ED:

The causes of erectile dysfunction are organic, psychogenic, or most commonly mixed ¹:

- Psychogenic causes include depression, performance anxiety, relationship problems and psychosocial distress
- Organic causes are vascular, hormonal, anatomical/structural or drug-induced

Risk Factors of ED:

- Advancing age¹
- Presence of chronic illness¹
- Leading unhealthy lifestyle; what is bad for the heart and the peripheral vascular system or the nervous system is also bad for erectile functioning ².
- Prescription or non prescription drugs. Drugs most commonly associated with ED are antihypertensives, anti-arrhythmic and antidepressant agents ³.

Evaluation/Assessment:

The **Highly Recommended Evaluations** and tests, developed at the first International Consultation on Erectile Dysfunction in 1999, co-sponsored by the World Health Organization, where to be done on every patient. These included ¹:

- Comprehensive sexual, medical and psychosocial history
- Focused physical examination

Management:

A step-care approach to ED management was suggested ^{1 3}, which included:

- First-Line Therapy:
 - Lifestyle/drug therapy modifications
 - Psychosocial counselling
 - Oral therapy/Androgen replacement therapy
- Second-Line Therapy:
 - Vacuum device
 - Injection Therapy
- Third-line Therapy:
 - Penile Prosthesis
 - Revascularization

Recommendations:

Besides appropriate medical treatment for ED, I would like to recommend that management should also include:

1. **Lifestyle modifications**, such as smoking cessation, avoidance of alcohol and drug abuse, healthy diet, adequate sleep and exercise ^{1 2 3}.
2. **Drug therapy avoidance or modification**. Drugs associated with ED should be avoided or modified, which can only be assessed and suggested by a GP or a medical specialist ^{1 2 3}.
3. **Psychosocial counselling** is available and suggested when there is a need to address the psychogenic causes and emotional consequences of Erectile Dysfunction ¹. This can be appropriately provided in Australia by:
 - The accredited members of ASSERT (Australian Society of Sex Educators, Researchers and Therapists).
 - Graduates from the Master Health Science/Sexual Health of Sydney University
 - Several companies or organisations, such as Impotence Australia (IA) and Sexual Health Australia (SHA).
4. **Education** is an essential component in management of sexual dysfunction and should be a continuous element at each phase in the process of care for erectile dysfunction ³. These include understanding of the disease, their diagnosis, and treatment options.

In order for men with Erectile Dysfunction to be comfortable enough to seek appropriate care it is important to **increase their awareness of erectile dysfunction** and to ensure that they know:

- That ED is a common sexual health concern and nothing to be ashamed of
- How important it is to get appropriate care, since ED can be an early indicator of other health concerns ¹
- Where they can go for appropriate care, for example their GP or specialised health professionals

Increased Awareness could be established via:

1. **GP's and other health professionals;** They should initiate discussions around sexual functioning, by asking questions, as men with ED will often not initiate ^{3 4}. We are able to provide GP training via ASSERT NSW, Impotence Australia or Sexual Health Australia.
2. **Workshops or talks in the community;** ASSERT NSW, Impotence Australia and Sexual Health Australia are able to provide these.
3. **Media campaigns;** including TV, Radio, the internet and newspaper. Health professionals could talk, discuss, or write about erectile dysfunction.



4. **Education material;** Increase availability and awareness of education material such as flyers and brochures. For example at the chemist and health professional's waiting rooms.
5. **Websites;** Increase the awareness of useful websites, via media campaigns, since men are able to visit these in the privacy of their own home. For example:
 - o www.sexualhealthaustralia.com.au
 - o www.impotenceaustralia.com.au
 - o www.andrologyaustralia.org
 - o www.fpwa.org.au
 - o www.shinesa.org.au

Thank you for giving me the opportunity to provide a submission.

Yours Sincerely,

Désirée Spierings
Sex Therapist | Director
Vice President ASSERT NSW



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- ¹ Shabsigh, R & Anastasiadis, AG (2003), 'Erectile dysfunction', *Annual Review of Medicine*, vol. 41, pp. 153-168.
 - ² Sadovsky, R (2002), 'Role of the primary care clinician in management of erectile dysfunction', *Reviews in Urology*, vol. 4, no.3, pp. 54-63.
 - ³ Goldstein, I (2004), 'Diagnosis of erectile dysfunction', *Sexuality and Disability*, vol. 22, no. 2, pp. 121-130.
 - ⁴ Levine, LA & Kloner, RA (2000), 'Importance of asking questions about erectile dysfunction', *The American Journal of Cardiology*, vol. 86, pp. 1210-1213.

