

Erectile dysfunction

DIABETES CARE



Decreased quality of life seen with onset of ED in people with type 2 diabetes

Readability	✓✓✓✓✓
Applicability to practice	✓✓✓✓✓
WOW! factor	✓✓✓✓✓

1 As part of the Quality of Care and Outcomes in Type 2 Diabetes project, the paucity of data on changes in quality of life (QoL) for males with type 2 diabetes who have erectile dysfunction (ED) was addressed.

2 In the study, 1456 males (with 500 [34%] reporting frequent erectile problems at baseline) were asked about QoL (through the SF-36 Health Survey), depressive symptoms (using the Center for Epidemiological Studies–Depression Scale) and quality of sexual life (with the Sexual Life Questionnaire) every 6 months over 3 years.

3 During follow-up, 192 (13%) men developed ED.

4 For men without ED, no significant changes in QoL measures were found.

5 For those with ED at baseline, there was a statistically significant worsening in the SF-36 sub-scale for physical functioning ($P=0.03$).

6 The development of ED was associated with significant worsening of several SF-36 sub-scales as well as a significant increase in depressive symptoms ($P=0.001$) and a significant decrease in quality of sexual life ($P<0.0001$).

7 For the first time, the onset of ED has been linked to the worsening of several QoL aspects in people with type 2 diabetes.

De Berardis G, Pellegrini F, Franciosi M et al (2005) Longitudinal assessment of quality of life in patients with type 2 diabetes and self-reported erectile dysfunction. *Diabetes Care* **28**(11): 2637–43

Robust study shows negative impact of ED on quality of life



Mike Cummings, Consultant Physician and Honorary Reader, Queen Alexandra Hospital, Portsmouth

Typically erectile dysfunction (ED) has been labelled as not a 'serious' disorder. It could be argued that nobody has ever died from ED, and for many patients the problem develops in later life when egg fertilisation is no longer a relevant factor.

The issue therefore is the impact of ED upon quality of life, and until now there has been a paucity of data examining this aspect in men with diabetes and ED. Thus the paper of de Berardis et al (see left) is extremely important in that for the first time it shows that men with diabetes who have, or develop, ED are prone to worsening quality of life, physical function, social

functioning and general health, as well as an increase in depressive symptoms and decreased quality of sexual life. The study of de Berardis et al is well conducted, having a prospective longitudinal design with a large cohort (1456 men with diabetes) and employing several well-validated questionnaires. Thus the findings are robust.

For the male with diabetes, the development of ED will present additional hazards which may ultimately result in a deterioration in metabolic control and enhanced risk of further vascular complications. Thus this study reinforces the need for all healthcare professionals to adequately screen for ED and manage the condition appropriately in their patients with diabetes, given its now-proven negative impact upon quality of life.

INTERNATIONAL JOURNAL OF IMPOTENCE RESEARCH



Progressive ED treatment programme proves successful

Readability	✓✓✓✓
Applicability to practice	✓✓✓✓✓
WOW! factor	✓✓✓✓

1 Previous research on erectile dysfunction (ED) treatments for people with diabetes has focused on stand-alone methods.

2 In contrast, this study was designed to evaluate the effectiveness of a progressive, step-wise treatment programme.

3 The first phase of the six-phase treatment programme was sildenafil citrate; 284 people with diabetes and ED entered the study.

4 Those with contraindications, adverse effects or a response insufficient for vaginal penetration were moved to the second phase, which

was a vacuum erection device (VED).

5 Progressive failures led participants through the other phases: intracavernous injection (ICI); sildenafil citrate and ICI; ICI and VED; and, finally, recommendation of penile prosthesis.

6 After the study's 2 years of follow-up, 81 participants (28.5%) were still responding to sildenafil citrate, seven (2.5%) were on VED, 113 (39.8%) were on ICI, 24 (8.5%) were on sildenafil citrate and ICI, two (0.7%) were on ICI and VED, and 15 (5.3%) had had a penile implant.

7 The other 42 participants comprised 17 (6%) with spontaneous erections, 11 (3.9%) who had stopped the programme for family reasons and 14 (4.9%) who failed the programme; most of those who failed to respond were 70–78 years old and had other conditions besides diabetes.

8 At the end of follow-up, 259 participants (91.2%) were achieving coitus.

Israilov S, Shmueli J, Niv E, Engelstein D, Livne P, Boniel J (2005) Evaluation of a progressive treatment program for erectile dysfunction in patients with diabetes mellitus. *International Journal of Impotence Research* **17**(5): 431–6

‘There is no evidence to discourage the use of ED agents based on adverse ocular effects.’

AMERICAN JOURNAL OF OPHTHALMOLOGY

No evidence for adverse ocular effects to discourage use of ED agents

Readability	✓✓✓✓
Applicability to practice	✓✓✓✓
WOW! factor	✓✓✓✓

1 This case series (892 case reports) and literature review sought to identify the known ocular side effects of agents for erectile dysfunction (ED) treatment (sildenafil, tadalafil and vardenafil).

2 The side effects identified were changes in colour perception, blurred vision, changes in light perception, electroretinogram changes, conjunctival hyperaemia, ocular pain and photophobia.

3 The side effects, though, were said to be transitory and fully reversible.

4 Moreover, the author states that there is no evidence to discourage the use of ED agents based on adverse ocular effects.

5 In particular, there is still no conclusive evidence for a link to ischaemic optic neuropathy.

Fraunfelder FW (2005) Visual side effects associated with erectile dysfunction agents. *American Journal of Ophthalmology* **140**(4): 723–4

‘Using testosterone to treat the metabolic syndrome could also prevent urological complications, including erectile dysfunction.’

JOURNAL OF UROLOGY

Testosterone may have role in treating metabolic syndrome

Readability	✓✓✓✓
Applicability to practice	✓✓✓✓
WOW! factor	✓✓✓

1 Hypogonadism has been suggested as a potential component of the metabolic syndrome; a corollary of this is the possibility of using testosterone in treating the metabolic syndrome.

EUROPEAN UROLOGY

Treatment Satisfaction Scale shows reliability

Readability	✓✓✓✓
Applicability to practice	✓✓✓✓
WOW! factor	✓✓✓✓

1 The Treatment Satisfaction Scale (TSS) is a multidimensional instrument for assessing satisfaction with treatment for people with erectile dysfunction and their partners.

2 This investigation evaluated the psychometric properties of

VALUE IN HEALTH

Treatment satisfaction linked to psychosocial benefit

Readability	✓✓✓✓
Applicability to practice	✓✓✓
WOW! factor	✓✓✓

1 The major aim of this study was to investigate the association between scores from the Erectile Dysfunction Inventory of Treatment Satisfaction (EDITS) index and the Self-Esteem And Relationship (SEAR) questionnaire following sildenafil citrate treatment for erectile dysfunction (ED).

2 A MEDLINE review of literature between 1988 and 2004 was carried out for hypogonadism, testosterone and the metabolic syndrome.

3 The authors report that observational data point toward a strong association between the metabolic syndrome and hypogonadism in men.

4 Furthermore, it is reported that multiple interventional studies have shown a favourable impact of exogenous testosterone on blood pressure, lipid profile, body mass index, and insulin secretion and

the TSS's six scales: satisfaction with medication, ease of erection, satisfaction with erectile function, pleasure from sexual activity, satisfaction with orgasm, and either sexual confidence (for patients) or confidence in completion (for partners).

3 In relation to clinical criteria, all patient and most partner scales were found to be valid.

4 Every scale tested was responsive to changes over time and, overall, TSS scores were deemed reliable.

DiBenedetti DB, Gondek K, Sagnier PP et al (2005) The treatment satisfaction scale: a multidimensional instrument for the assessment of treatment satisfaction for erectile dysfunction patients and their partners. *European Urology* **48**(3): 503–11

2 At the end of treatment, Pearson correlation coefficients for the relationship between EDITS and SEAR scores were calculated.

3 In addition, analysis of covariance was carried out for the change from baseline to end-of-treatment SEAR scores and end-of-treatment EDITS scores.

4 The results suggest a tangible association between treatment satisfaction and psychosocial benefit, the authors state.

Cappelleri JC, Althof SE, Siegel RL, Stecher VJ, Tseng LJ, Duttgupta S (2005) Association between the Erectile Dysfunction Inventory of Treatment Satisfaction and the Self-Esteem and Relationship Questionnaire Following Treatment with Sildenafil Citrate for Men with Erectile Dysfunction. *Value in Health* **8**(Suppl 1): S54–60

sensitivity (all of which are factors in the metabolic syndrome).

5 Also noted by the authors is the potential of testosterone to delay or prevent the progression from the metabolic syndrome to diabetes or cardiovascular disease, through insulin regulation and effects on blood pressure and lipid levels.

6 Using testosterone to treat the metabolic syndrome could also prevent urological complications, including erectile dysfunction.

Makhsida N, Shah J, Yan G, Fisch H, Shabsigh R (2005) Hypogonadism and metabolic syndrome: implications for testosterone therapy. *Journal of Urology* **174**(3): 827–34