



Diagnostic Strategies in the ED Patient

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Disclosures

- Dr. Althof serves as a Principal Investigator, Consultant or Member of an Advisory Board to:
 - Abvie
 - Allergan
 - Eli Lilly
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 - Palitan
 - Plethora
 - Promonescent
 - Sprout
 - S1 Pharma
 - SSI
 - Trimel
 - Vyrix



Sexual History Taking

- “In all countries, medical students, house staff and practicing physicians currently receive variable, non-standardized, or inadequate training in sexual history taking and sexual medicine assessment and treatment.”
- To the best of my knowledge clinical psychology students do not receive any specialized training in sexual history taking or sexual therapy.
- “There remain significant physician-patient barriers to discussing sexual issues; and patients feel that their physicians are reluctant, disinterested, or unskilled in sexual problem management.”



Sexual History Taking Statistics

- Physicians-
 - 25% of primary care physicians take sexual histories
 - Most commonly focus on STD's rather than sexual function
 - 2% of British GP's recorded sexual problems in their notes
 - Survey reported physicians most uncomfortable when interviewing someone of the opposite gender or younger than 18 or older than 65

McCance KL, Moser R Jr, Smith KR. (1991) A survey of physician's knowledge and application of AIDS prevention capabilities. *American Journal of Preventive Medicine* ,7: 141-145.



Sexual History Taking Statistics

- Patients-
 - 75% of patients feared the physicians would dismiss their sexual concerns or that they would embarrass the physician
 - <33% of patients feel comfortable talking to physicians about their sexual health concerns
 - 10% spontaneously discuss their concerns

Marwick C. (1999) Survey says patients expect little physician help on sex. *Journal of the American Medical Association*. 1999;281: 2173-4.

Ende J, Kazis L, Ash A, Moscovitz MA. (1989) Measuring patients desire for autonomy: Decision-making and information-seeking preferences among medical patients. *Journal of General Internal Medicine* ;4:23-30.



Why Should Doctors Bother with ED?

- Highly prevalent
- Important to patient/couple
- Uncover and treat serious co-morbidities
- Treatment improves patient's quality-of-life¹
- Relatively easy to treat
- Highly satisfying for the clinician
- May lead to increased compliance in the treatment of other medical problems
- Patient-clinician relationships²
- Symptoms of clinical depression in patients with ED and depression³

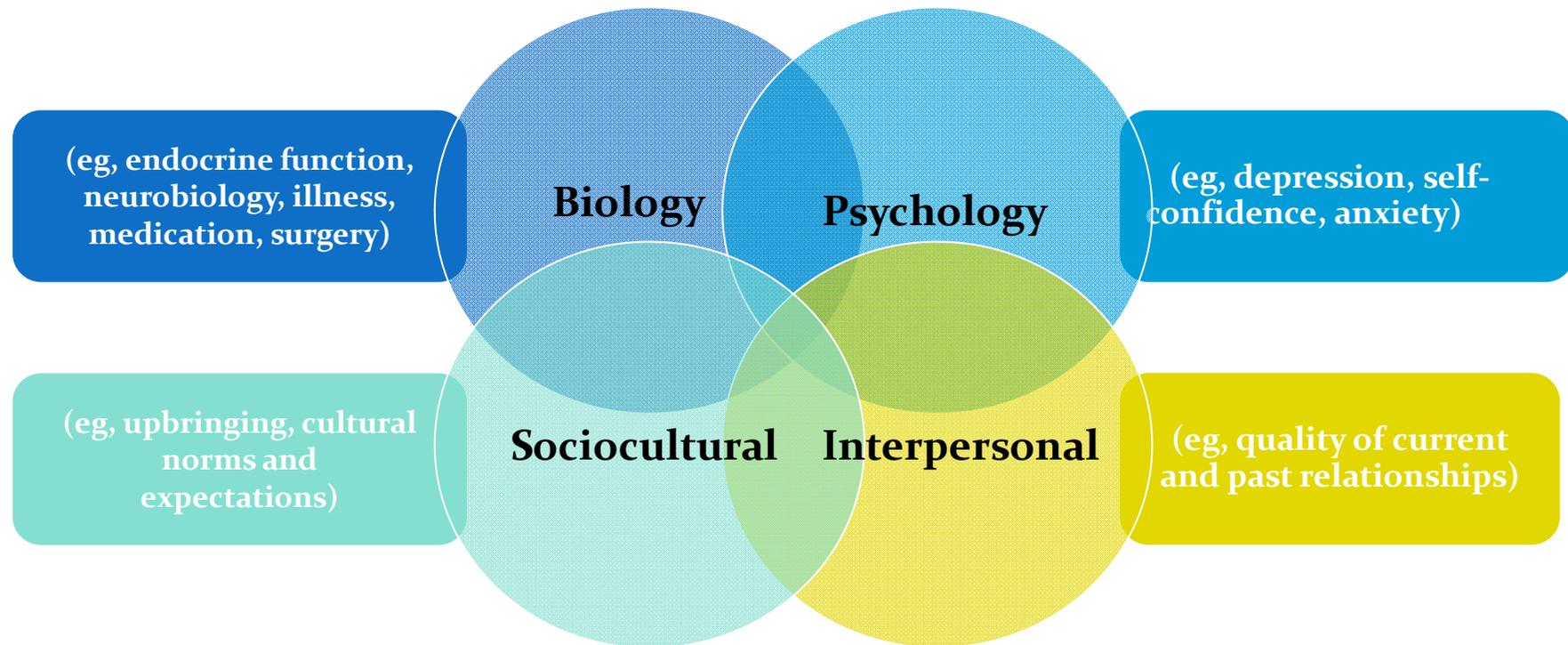
Althof, . Urology. 2002, 59(6): 803 –810.

Eid JF, Sadovsky R. Cliniguide® to Erectile Dysfunction. Lawrence DellaCorte Publication; September 1, 2001.

Seidman SN, et al. Am J Psychiatry. 2001;158:1623-1630.



Biopsychosocial Model of the Male Sexual Response



Althof SE, et al. *J Sex Med.* 2005;26:793-800. Rosen RC, Barsky JL. *Obstet Gynecol Clin North Am.* 2006;334:515-526.



Biopsychosocial Model

- Biopsychosocial Model- captures the ever changing influences of biology and psychological life
 - Regardless of the precipitating causes, over time, changes in both domains occur
 - Emphasizes the psychological impact the dysfunction has upon the individual, the couple's sexual equilibrium, and the fluctuating influence of medication, lifestyle, and disease

Althof, S. E., & Seftel, A. (1999). *Annual Review of Psychiatry*, 18(5), 55-87.

LoPiccolo, J. (1992). In Rosen & Leiblum (Eds.), *Erectile disorders: Assessment and treatment* (pp. 171-197). New York: Guilford.

Rosen, R., & Leiblum, S. (1995). *Journal of Consulting & Clinical Psychology*, 63, 877-890.

Perelman MA. *Journal of Sexual Medicine*, 2006; 3(1 suppl): 52. Abstract 121



Etiological Factors

- Predisposing
 - Constitutional factors
 - Developmental factors
- Precipitating
 - Immediate triggers for sexual problems
- Maintaining
 - Performance anxiety
- Contextual
 - Immediate conditions that affect the outcome of a sexual encounter



The Partner As a Precipitating Factor for Sexual Dysfunction

- There is a dynamic and reciprocal relationship of one partner's sexual function, sexual satisfaction, physical and mental health to the other partner's sexual health and satisfaction
- The partner's role as a precipitating or maintaining factor has been overshadowed by focusing on individual medical, psychological, or interpersonal factors upon sexual function



Sexual Equilibrium



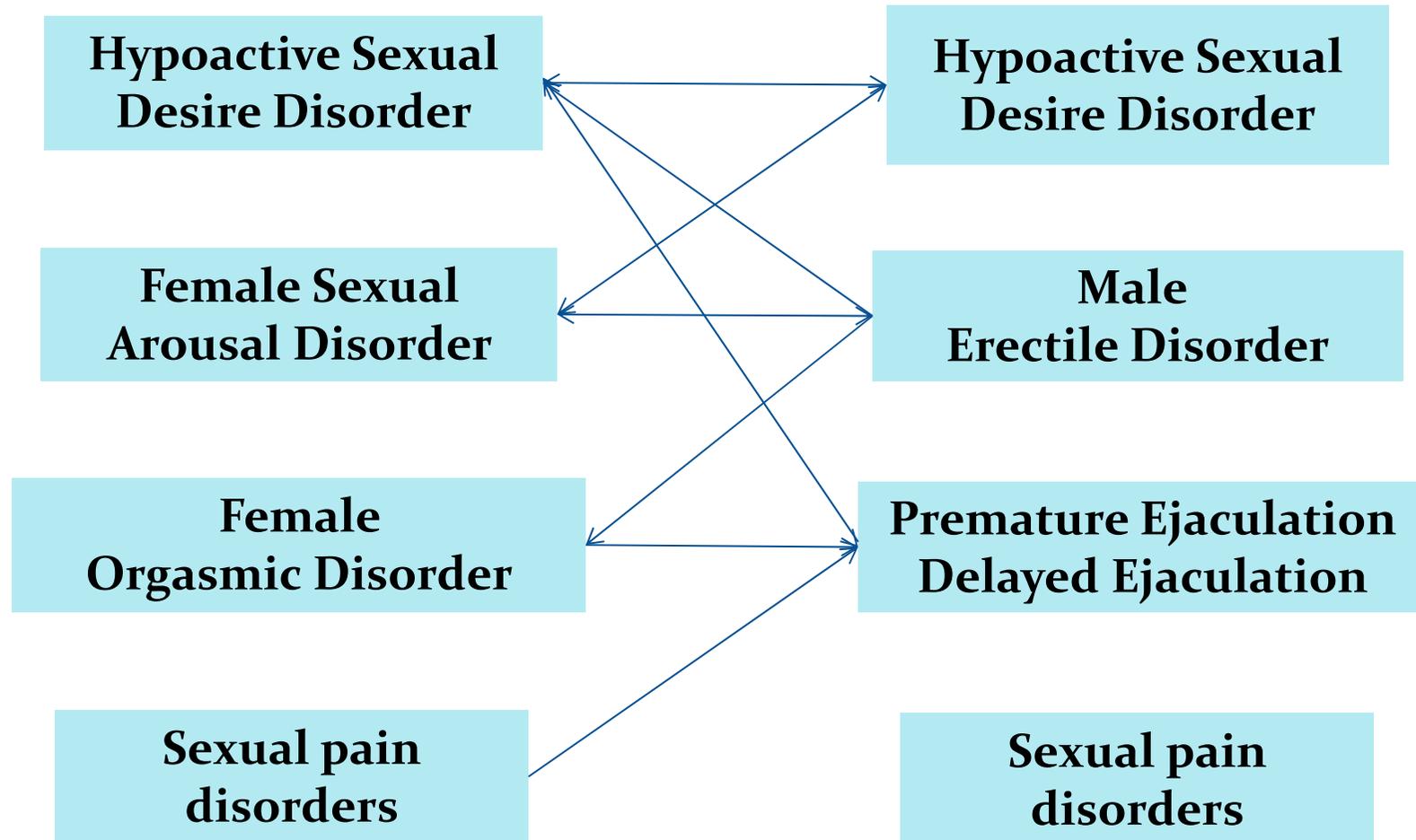
Like a sexualized version of Newton's second law of motion, the sexual equilibrium implies that any change in one partner will produce a change in the other



Male and Female Sexual Dysfunctions

Women

Men



Typical Presentation of ED

- 54 year old, married man with either AODM or hypertension, on one medication
- Presents 18 months after the onset of the symptom
- Has not been sexual for months
 - Avoidant, narcissistically wounded, depressed



Understanding the Biopsychosocial Context: The Man

- Denies or minimizes the problem
- Avoids lovemaking
 - Frequency drops from once a week to zero
- Affectionate touch decreases
- Goes to bed earlier or later than partner
- Depressed, irritable, does not feel normal
- Decreased quality-of-life
- Negatively impacts non-sexual relationships

Dunn ME. *J Am Osteopath Assoc.* 2004;104(suppl 4):S7; Althof SE. *Int J Impot Res.* 2002;14(suppl 1):S100; Swindle RW et al. *Arch Sex Behav.* 2004;33:20. Montorsi F, Althof SE. *Urology.* 2004;63:762.



Understanding the Biopsychosocial Context: The Woman

- Wonders, “Does he love me?”
- Wonders, “Is he still attracted to me?”
- Wonders, “Is he having an affair?”
- Unwilling to initiate lovemaking because she does not wish to embarrass him
- Some women are content not to be sexual



Prospective Opening Questions

- Are you satisfied with the quality of your sexual life?
 - What might make it better?
- Are there any sexual problems or worries that you would like to discuss with me today?
- Sometimes people who suffer from _____ (e.g., diabetes, hypertension, depression; or are on beta blockers, SSRIs) have sexual issues. Are there any concerns you would like to discuss with me?
- If yes, to the opening question the clinician should identify the problem, take a history and perform laboratory tests as appropriate



Psychological Assessment: An Overview

- Sexual Desire, Arousal, Orgasm, Satisfaction
 - Lifelong vs acquired, generalized vs. situational
- Assess motivation to resume lovemaking
- Performance anxiety
- Quality of relationship
 - High percentage of female partners of men with ED have sexual dysfunctions
- Life stresses
- Mental health screen
 - Depression, anxiety, substance abuse, prior MH contact



Screen for Depression

- Validated questionnaires
 - PHQ-9, Beck Depression Inventory, CESD
- Symptom review
 - Mood
 - Sleep
 - Appetite
 - Energy
 - Outlook on life
 - Hopelessness
 - Suicidality

McCabe M & Althof S. Psychosocial Outcomes Associated with Erectile Dysfunction. *Journal of Sexual Medicine*, 2014, 11(2): 347-363



Rapid Assessment Technique

Variability vs. Constancy

On a 0 – 10 scale rate the quality of your erection under the following circumstances

- | | | | |
|----------------|-----|----------------|-----|
| • Morning | - 9 | • Morning | - 5 |
| • Fantasy | - 8 | • Fantasy | - 5 |
| • Masturbation | - 7 | • Masturbation | - 5 |
| • Foreplay | - 6 | • Foreplay | - 5 |
| • Intercourse | - 5 | • Intercourse | - 5 |

Variability is the hallmark of psychogenic problems.



Temporal Factors Related to ED

- Relationship deterioration
- Health issues in either partner
- Work difficulties
- Financial stresses
- Concerns with children
- Attempts to conceive



Follow-up Questions

How much does this issue bother you?

What obstacles/barriers stopped you from coming in sooner?

What is your partner's response to this issue?

Is your partner interested in resuming lovemaking?

Does he/she have any sexual problems?



Sad but True!

**Giving patients
an erection is
the easy part...**



Getting them to make love again is much more difficult



The Broader Context

| Patient Variables | Partner Variables | Relationship Concerns | Couple-Sexual Issues | Contextual Variables | Expectation From Treatment |
|--------------------------|--|---------------------------------|-----------------------------|-----------------------------|------------------------------------|
| Performance anxiety | Health status | Quality of overall relationship | Interval of abstinence | Current life stresses | Meaning of using medication |
| Depression | Emotional readiness to resume lovemaking | Suspected or actual affairs | Sexual scripts | Finances | Realistic/unrealistic expectations |
| Health status | Sexual disinterest | Power and control struggles | | | Myths |
| | | | | | Fears |



Most Common Sexual Barriers

- Male performance anxiety
- Focus becomes getting and keeping the erection
- Woman is not ready, feels pressured
- Couple out of synchrony
- No time for romance/courtship
- Sex has become mechanical, boring
- Long period of abstinence coupled with avoidance of all physical affection and intimacy puts pressure on the man and the partner



Qualitative Research Focusing on Men with ED and Their Partners

Treatment Seeking:

- Men's false beliefs result in not seeking treatment
 - If my problem is psychological I should be able to take care of it myself
 - Feared becoming "addicted" to PDE₅
 - Erections lasting 36 hours
- Treatment naïve men are resigned to living with ED
- Treatment naïve women are resigned to their partner not doing anything to remedy the problem

McGraw S, Rosen R, et al. Perceptions of erectile dysfunction and phosphodiesterase type 5 inhibitor therapy in a qualitative study of men and women in couples experiencing effects of erectile dysfunction. *Journal of Sex and Marital Therapy*, 2013, 1-18.



Couple's Psychological Responses to ED and Treatment

- Couples with good relationships weather the difficulties more positively than couples who had prior relationship issues
- When the cause of ED was unclear to both partners
 - He felt “unmanly”
 - She felt “rejected”
- Successful treatment often eliminated these feelings because the couples finally saw ED as a physical-functioning deficit rather than an attractiveness or virility deficit
- Many men were angry, frustrated, anxious, embarrassed, moody
 - They often felt alone



Measures of Erectile Function

| International Index of Erectile Function (IIEF) | | |
|--|--|---|
| Items | Features | Domains |
| 15 | Screening and Outcome Assessment 4 Week Recall Period | Erectile Function Intercourse Satisfaction Orgasmic Function Sexual Desire Overall Satisfaction |

| Erection Hardness Scale | | |
|--------------------------------|---------------------|----------|
| Items | Time Administration | Domains |
| 1 | Outcome Assessment | Hardness |

Rosen, R et al (1997) *Urology* 49: 822–830
 Mulhall J et al (2007) *Journal of Sexual Medicine* 4:1626–1634



Treatment Satisfaction

| Erectile Dysfunction Inventory of Treatment Satisfaction (EDITS) | | |
|---|--|------------------------|
| Items | Features | Domains |
| 11 pt version 5 part version | Outcome Assessment 4 Week Recall Period | Treatment Satisfaction |

| Treatment Satisfaction Scale (TSS) | | |
|---|--------------------|--|
| Items | Features | Domains |
| 13 pt version 12 part version | Outcome Assessment | Satisfaction with Medication Ease with Erection Satisfaction with Erectile Function Pleasure from Sexual Activity Satisfaction with Orgasm Sexual Confidence (pts) Confidence in Completion (part) |

Althof S, et al (2001) *Urology* 57: 960-965.

DiBenedetti D, et al (2005) *European Urology* 48: 503-511



Patient Self-Assessment Questionnaire: (SHIM) — Evaluating ED Severity

Over the past 6 months: 1. How do you rate your confidence that you could get and keep an erection?

| Very low | Low | Moderate | High | Very high |
|----------|-----|----------|------|-----------|
| 1 | 2 | 3 | 4 | 5 |

2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?

| No sexual activity | Almost never or never | A few times (much less than half the time) | Sometimes (about half the time) | Most times (much more than half the time) | Almost always or always |
|--------------------|-----------------------|--|---------------------------------|---|-------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 |

3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?

| Did not attempt intercourse | Almost never or never | A few times (much less than half the time) | Sometimes (about half the time) | Most times (much more than half the time) | Almost always or always |
|-----------------------------|-----------------------|--|---------------------------------|---|-------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 |

4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?

| Did not attempt intercourse | Extremely difficult | Very difficult | Difficult | Slightly difficult | Not difficult |
|-----------------------------|---------------------|----------------|-----------|--------------------|---------------|
| 0 | 1 | 2 | 3 | 4 | 5 |

5. When you attempted sexual intercourse, how often was it satisfactory for you?

| Did not attempt intercourse | Almost never or never | A few times (much less than half the time) | Sometimes (about half the time) | Most times (much more than half the time) | Almost always or always |
|-----------------------------|-----------------------|--|---------------------------------|---|-------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 |

Diagnostic Scores for SHIM

- **SHIM**
 - 22-25: No ED
 - 17-21: Mild
 - 12-16: Mild/Moderate
 - 8-11: Moderate
 - 1-7: Severe

SHIM = Sexual Health Inventory for Men



The Desperateness of Men with ED



Sexual Symptoms as the Patient's Friend

- Symptoms have an adaptive function. They have been “created” to help the patient solve some dilemma
 - Her loss of sexual desire allows her to regain power in the relationship
- That is why overly aggressive interventions fail. The couple is not yet ready to give up the symptom

