

ERECTILE DYSFUNCTION (ED) presented in primary

INVESTIGATIONS

- History
- Physical examination to exclude peripheral arterial disease, hypogonadism, prostate abnormalities, local external penis abnormalities
- Investigate known risk factors (CV, DM, lipids, smoking, alcohol, lifestyle)
- Bloods: testosterone, serum lipids and fasting glucose **OR** HbA1C

Abnormal testosterone
Nmol/L
Age<50: <10
50-75: <9
75+: <8

Testosterone normal

Testosterone abnormal

TREATMENT

PDE5 inhibitor

- Discuss treatment goals, expectations and SLS criteria
- Inform PDE5i requires sexual stimulation (not an initiator)
- Titrate up and **try on 8 different occasions at max dose** before classed as non-responder
- Review 6-12 monthly
- Ensure no **CONTRAINDICATIONS**: concomitant nitrates in any form, guanylate cyclase stimulators, potent CYP3A4 inhibitors, hypotension, Non-Arteritic Anterior Ischemic Optic Neuropathy, severe renal or hepatic impairment

• **1st line: SILDENAFIL (generic only) PRN**

Usually starting at 50mg and increasing to 100mg if ineffective, or decreasing to 25mg if needed.
Provide **NHS prescription for all ED patients, not restricted to SLS.**

Repeat testosterone with an early morning level and:
- FSH/LH
- PSA
- PROLACTIN if testosterone <5
- FBC including hematocrit

Testosterone normal:
PDE5 inhibitor

Abnormal:
REFER to
ENDOCRINOLOGY

SLS criteria

All other treatments for ED can only be provided on PRIVATE PRESCRIPTION unless, patient meets SLS criteria: ▪ diabetes ▪ post-prostatectomy ▪ renal failure treated by transplant or dialysis ▪ spinal cord injury ▪ single gene neurological disease ▪ radical pelvic surgery ▪ prostate cancer ▪ multiple sclerosis ▪ poliomyelitis ▪ spina bifida ▪ parkinsons disease ▪ severe pelvic injury ▪ NHS patients treated for ED before 14.9.98. **Severe distress is no longer listed SLS criterion.**

• **2nd line: generic TADALAFIL 10/20mg PRN dose**

Private Rx unless patient is eligible for NHS treatment as above. Daily formulations 2.5mg and 5mg not to be prescribed on NHS.

QUANTITIES: One treatment per week will be appropriate for most patients – prescribe 4 tablets per month.
However, the maximum frequency of once per day may be prescribed on NHS by a GP if required and clinically appropriate.

REFER to **UROLOGY** if:
• Failure of **both** PDE5 inhibitors **AND**
• Patient meeting SLS criteria for NHS treatment and requiring other treatment options:
- vacuum erection devices*
- intracavernous injection
- intraurethral application
- topical cream
- penile prosthesis

Common choice of cost effective vacuum erection devices initiated in Rotherham: Rapport Classic SM2000 by Owen Mumford Ltd or Farnhurst Elite ES101 by R and G Products Ltd. Corresponding replacement rings to be prescribed by GP when required – refer to urology clinic letter for recommended brand and size for each patient.