GPSA
GENERAL PRACTICE SUPERVISION AUSTRALIA

Erectile dysfunction

Erectile dysfunction (ED) is defined as 'the consistent or recurrent inability to attain and/or maintain penile erection that is sufficient for satisfactory sexual activity'. It is a common (50% of men aged 40 to 70 years) and troubling condition, but due to its sensitive nature, it is frequently not well identified and managed in Australian general practice. ED can have a profound impact on a patient's wellbeing. Early diagnosis, treatment (including counselling) and follow up are therefore important roles for the GP. ED is a condition that most registrars will not have managed before and supervisors can help educate their registrars on a patient-centred and evidence-based approach to this condition.

TEACHING AND LEARNING AREAS

- Pathophysiology of ED – organic (vascular, neurological, endocrine, drugs), psychogenic or mixed
- Risk factors for ED
- How to take a sexual history
- Key features on history, including features differentiating organic from psychogenic etiology, degree of ED, other sexual dysfunction, medical and surgical history, medications
- Use of validated tool for symptom severity e.g. SHIM
- Appropriate examination, including male genital examination
- Appropriate investigations
- Assessment and management of psychosocial impact – relationship, anxiety, mood etc.
- Assessment and management of comorbidities
- Pharmacological management of ED, including medications, side effects, CI, dosing etc.
- Indication for referral and appropriate pathways

PRE- SESSION ACTIVITIES

- Read the 2017 AFP article Much more than prescribing a pill – Assessment and treatment of erectile dysfunction by the general practitioner

TEACHING TIPS AND TRAPS

- Reluctance for patients to discuss ED is common and GPs should be proactive in raising this condition with men
- Psychological responses are very common contributors to organic ED and a mixed aetiology is usual
- It is essential to take into account the patient's cultural, personal and sexuality background when assessing ED
- A useful normalising statement is '*Many men at your age are at risk of sexual dysfunction – do you have questions or concerns about your sexual function?*'
- Always consider the patient's partner – asking the patient's partner to join them for a follow up visit can be helpful
- Endocrine disorders other than diabetes are rare causes of ED
- Psychosexual education and addressing modifiable risk factors are the first steps in ED management
- ED should be regarded as an early warning sign for CVD - it has a similar or greater predictive value for CV events compared with traditional risk factors, such as family history or smoking

RESOURCES

Read

- Health Male Andrology Australia clinical practice guide on erectile dysfunction
- Therapeutic guidelines chapter on Erectile Dysfunction
- 2022 Clinical guidelines on the management of erectile dysfunction

Listen

- 2019 MJA podcast on erectile dysfunction

FOLLOW UP & EXTENSION ACTIVITIES

- Registrar to undertake clinical reasoning challenge and discuss with supervisor

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Clinical Reasoning Challenge

Brian Roth, a 55-year-old farmer, presents to you with a six-month history of not being able to 'get it up'. He says that his erections have got worse over this time and is now not able to have sex with his wife. He feels embarrassed and has lost some interest in sex.

He denies any other physical symptoms and has no past medical history of note. He is an ex-smoker (22 pack years) and rarely drinks alcohol. He takes no medications.

QUESTION 1. What are the key features on further history to help differentiate a predominantly organic from a psychogenic cause? List up to THREE further features on history.

1 _____

2 _____

3 _____

QUESTION 2. Examination is unremarkable apart from a BMI of 32 and BP 150/94. You suspect a predominantly organic cause of his erectile dysfunction. What are the MOST IMPORTANT investigations to order at this point? List up to THREE.

1 _____

2 _____

3 _____

QUESTION 3. Investigations are normal. What are the MOST IMPORTANT broad aspects of management? List up to FOUR broad aspects of management.

1 _____

2 _____

3 _____

4 _____

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ANSWERS

QUESTION 1

What are the key features on further history to help differentiate a predominantly organic from a psychogenic cause? List up to THREE features on history.

- Precipitating event
- Morning erections/non-coital erections
- Symptoms of stress/anxiety
- Intermittent versus constant
- Other risk factors for organic disease e.g. FHx

QUESTION 2

Examination is unremarkable apart from a BMI of 32 and BP 150/94. You suspect a predominantly organic cause of his erectile dysfunction. What are the MOST IMPORTANT investigations to order at this point? List up to THREE.

- BSL/HbA1c
- Lipids
- Testosterone (screen for hypogonadism in a patient with ED and hypoactive desire, incomplete response to PDE5 inhibitor treatment, or with known type 2 diabetes)

QUESTION 3

Investigations are normal. What are the MOST IMPORTANT broad aspects of management? List up to FOUR broad aspects of management.

- Patient education on likely aetiology of organic ED
- CV risk factor modification – weight and BP
- Pharmacological therapy
- Follow up to monitor progress

GPSA is supported by funding from the Australian Government under the Australian General Practice Training Program 20/04/2024