

South East London guidance for managing erectile dysfunction (ED) in primary and secondary care

This guidance was developed by a short life urology sub-group of the South East London Integrated Medicines Optimisation Committee (SEL IMOC, formerly the Area Prescribing Committee).

There are two pathways: (i) Management of ED in primary care and (ii) Management of ED in secondary care for patients who have been referred after progressing through the primary care treatment pathway.

Approval date: December 2020 **Review date:** December 2022 (or sooner if evidence or practice changes)

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Management of Erectile Dysfunction in Primary Care in South East London

Initial Assessment

History

- True nature & severity of sexual function
- Previous treatments (success & failure)
- Medication for comorbidities
- Alcohol, tobacco and illicit drug use
- Past medical and surgical history
- Symptoms of hypogonadism and Lower urinary tract symptoms (LUTS)
- Possible organic cause
- Possible psychogenic cause
- Level of exercise tolerance

Examination

- Secondary sexual characteristics
- Check for gynaecomastia and reduced body hair to assess degree of androgenisation
- BMI
- Blood pressure (BP) and pulse
- Genital exam e.g. Peyronie's plaques, size of testes
- Digital rectal examination (>50 years old or risk factors)
- Neurological and vascular assessment

Investigations

- FSH/LH
- Testosterone & sex hormone binding globulin (SHBG) (pre 09.30-fasted)
- Prolactin if testosterone is low
- HbA1c or Fasting blood glucose
- lipid profile
- PSA if >50 years old OR >40 years old with family history of prostate cancer or Afro Caribbean

Initial management

Treat

- **Manage modifiable risk factors** e.g. BP, reduce stress, stop smoking, weight loss, reduce alcohol intake & stop illicit drugs, explore psychosexual causes. Manage raised cholesterol and HbA1c as per local guidance
- ***Prescribe PDE-5 inhibitor on a when required basis unless contra-indicated**

Start and continue for a minimum 6-8 doses before titrating

Ø Sildenafil 50mg when required up to max 100mg/dose/day

Ø **OR** tadalafil 10mg when required up to max 20mg/dose/day

NOTES: -generic prescribing only
 -choose agent with lowest acquisition cost
 -those outside SLS criteria must purchase tadalafil treatment via private prescription
 -quantity at discretion of prescriber

Refer

To urology

- complex medical issues e.g. sickle cell
- history of trauma to the genital area/pelvis/spine
- borderline hypogonadism (testosterone level 8-12nmol/L)
- abnormality of the penis
- failed two different PDE-5 inhibitors
- raised PSA for any age group

To endocrinology

- men with severe hypogonadism (testosterone <7nmol/L on repeat early morning bloods)
- hyperprolactinaemia

To cardiology

- men with severe/unstable cardiovascular disease BEFORE starting PDE-5 inhibitor

To psychosexual services

- men with a psychogenic underlying cause
- severe mental distress

Follow up in 6-8 weeks

Treatment failure

Defined as- Insufficient erection for penetrative sex

Treatment success

Continue "when required" PDE-5 inhibitor

- Confirm appropriate use of PDE-5 inhibitor up to max dose*
- Reconsider comorbidities and risk factors and manage where possible.
- Consider possibility of hypogonadism (which makes PDE-5 inhibitors ineffective).
- Enquire about how and where medication obtained, to ensure that a licensed product has been used.
- Trial alternative PDE-5 inhibitor as listed above for 6-8 doses up to max dose

* Instructions for patients starting a PDE-5 inhibitor

Note : 30 - 35% of men fail to respond to initial treatment with PDE-5 inhibitors largely due to inadequate counselling and unrealistic expectations. Therefore, advise patients of the need for:

- normal sexual stimulation
- normal desire
- adequate dosage
- not to use with alcohol or illicit drugs
- use licensed product from a reputable source
- for sildenafil take on an empty stomach
- wait adequate time : sildenafil – 60 minutes
tadalafil – 30 minutes

Follow up in 6-8 weeks

Treatment failure

Refer to urology if insufficient erection for penetrative sex

Treatment success

Continue "when required" PDE-5 inhibitor

Further information available from: (resources accessed 19/08/2020)

- The British Association of Urological Surgeons (BAUS): https://www.baus.org.uk/patients/conditions/3/erectile_dysfunction_impotence
- Patient information leaflet on erectile dysfunction: <https://www.baus.org.uk/userfiles/pages/files/Patients/Leaflets/Erectile%20dysfunction.pdf>
- European Association of Urology (EAU) <https://uroweb.org/wp-content/uploads/EAU-Guidelines-Male-Sexual-Dysfunction-2016-3.pdf>
- National Institute for Health and Care Excellence (NICE): <https://cks.nice.org.uk/erectile-dysfunction>

