Session # F3B

Lets Talk about Sex: Erectile Dysfunction in Primary Care

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1 –John Peter Smith Hospital - Fort Worth, TX
2- University of Colorado; Denver, CO
3- East Carolina University – Greenville, NC

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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

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Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at https://www.cfha.net/page/Resources_2019 and on the conference mobile app.

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Learning Objectives

- Describe current effective treatments for erectile dysfunction in primary care
- Describe at least 3 ways to incorporate partners into the treatment of erectile dysfunction in primary care
- Discuss challenges and opportunities in training the next generation in relationally based ED treatment

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Learning Assessment

- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.

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The Case

- Eric, 36 years old
  - In good health despite looking anxious
  - At end of visit, tells you he has been having problems “keeping it” for 6 mos
  - Now, a frequent problem
  - Pt insists that it just started “out of the blue”
  - Pts wife angrily blurts out “I know what’s wrong! He’s a liar!” and indicates she thinks he is having an affair … as he must be “using it” somewhere

- So you say … ?

A little background …

- Many family physicians may feel ill-equipped to talk about sexual and relational problems and lack the skills to effectively counsel on these matters (McDowell et al., 2010)
- 70% of adult patients want to talk about sexual topics with family physician
  - However, documented in as few as 2% of notes (Sadovsky, 2003)
- ED – occurs in 35% of men ages 40-70 (Boston University School of Medicine Sexual Medicine, 2019)
- Many ED cases can be explained by psychological antecedents including stress, depression, performance anxiety, pornography addiction, and relationship concerns (Weeks et al., 2016)

Assessment: Individual

- "inability to achieve or maintain an erection needed for satisfactory sexual activity"
- International Index of Erectile Functioning
  - If scale is needed
  - (Rosen et al., 1999)
- Key questions:
  - Alone or only together?
  - Previous history
  - What have you tried?

Table 2. Erectile Dysfunction: Related Conditions and Approaches to Evaluation

Related condition	*Approach to evaluation*
Cardiovascular disease	History and physical examination
Diabetes mellitus	A1C or fasting glucose level
Endocrine disorders (e.g., hypogonadism, hyperprolactinemia, thyroid disorders)	History and physical examination; if an endocrine disorder is suspected, consider laboratory testing
Genital pain	History
Hyperlipidemia	Lipid panel
Hypertension	Blood pressure
Metabolic syndrome	Blood pressure; fasting glucose, high-density lipoprotein, and triglyceride levels; waist circumference
Neurologic conditions (e.g., multiple sclerosis, Parkinson disease, spinal cord injury, stroke)	History and physical examination
Obesity	Body mass index, waist circumference
Peyronie disease	History and physical examination
Prostate cancer treatment (e.g., surgery, radiation, hormone therapy)	History
Psychological conditions (e.g., anxiety, depression, guilt, history of sexual abuse, marital or relationship problems, stress)	History
Sedentary lifestyle	History
Tobacco use	History
Trauma	History
Venous leakage	History and physical examination; if venous leakage is suspected, consider urology consultation for venous flow testing

Information from references 6 through 8.

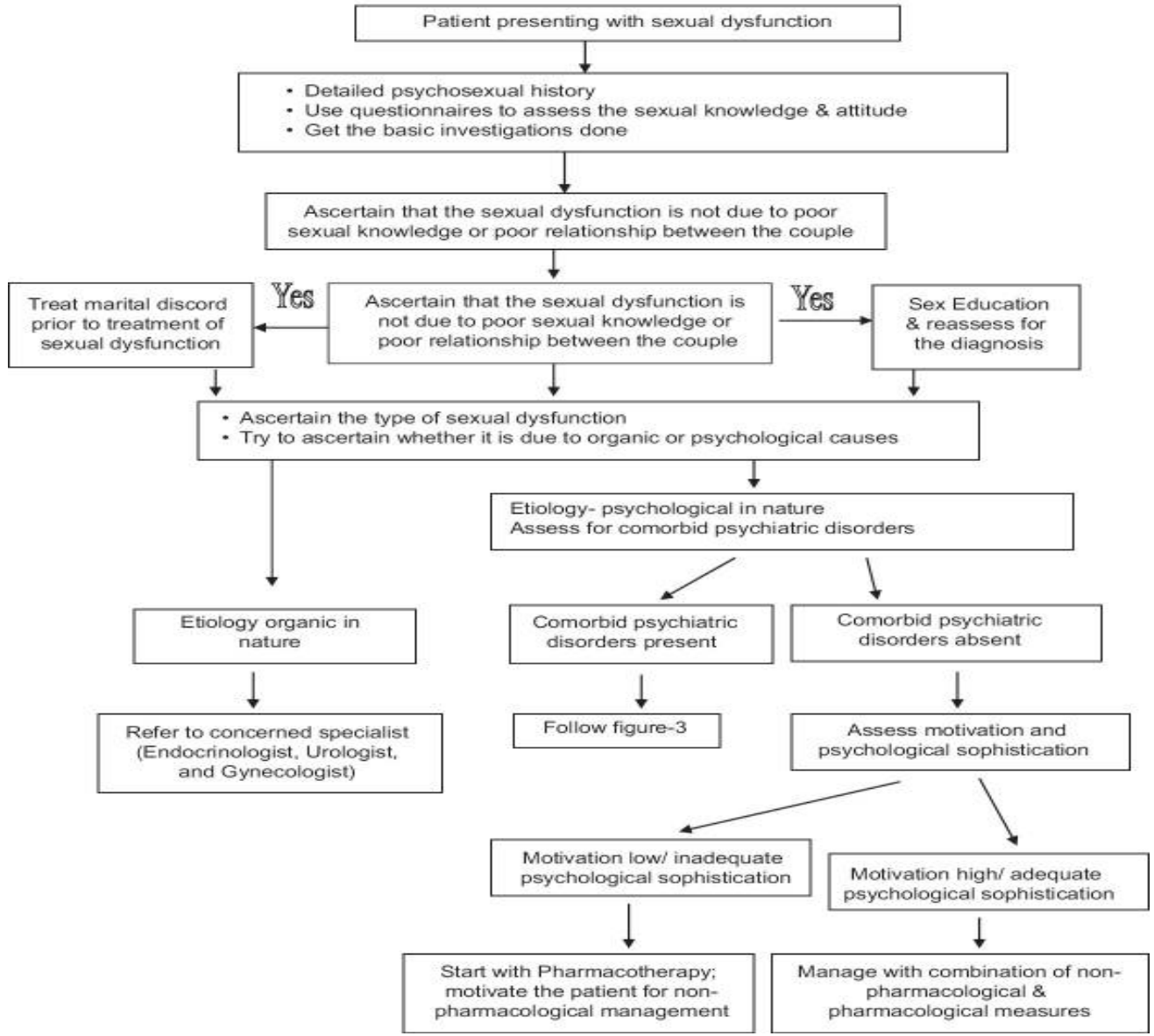
Assessment: Relational Context

ED that manifests as sexual problems can often be a function of relational distress. Conversing, ED can cause relationship distress.

- *For that reason, a thorough assessment of ED will include questions about:*

1. Current level of satisfaction with the relationship i.e. emotional intimacy, trust, commitment, etc.
2. Relational trauma such as perceived or actual infidelity
3. Level of communication about sexual satisfaction/concerns, emotions, stress, etc.
4. Changes in roles or responsibilities in the relationship
5. Status related to procreation (currently trying to conceive, recent vasectomy)

*** Each partner may be contributing to the problem. A good assessment will emphasize the dyads role in the etiology and treatment of the symptoms. Finally, a successful assessment will elucidate the positive aspects of the couple's relationship.


Patient presenting with sexual dysfunction
• Detailed psychosexual history
• Use questionnaires to assess the sexual knowledge & attitude
• Get the basic investigations done
Ascertain that the sexual dysfunction is not due to poor sexual knowledge or poor relationship between the couple
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Yes
Treat marital discord prior to treatment of sexual dysfunction
Yes
Sex Education & reassess for the diagnosis
• Ascertain the type of sexual dysfunction
• Try to ascertain whether it is due to organic or psychological causes
Etiology- psychological in nature
Assess for comorbid psychiatric disorders
Etiology organic in nature
Comorbid psychiatric disorders present
Comorbid psychiatric disorders absent
Refer to concerned specialist (Endocrinologist, Urologist, and Gynecologist)
Follow figure-3
Assess motivation and psychological sophistication
Motivation low/ inadequate psychological sophistication
Motivation high/ adequate psychological sophistication
Start with Pharmacotherapy; motivate the patient for non-pharmacological management
Manage with combination of non-pharmacological & pharmacological measures

Treatment: Family Physician

Treatment dependent on suspected etiology

- Vascular/Structural: DM, CAD/PAD, smoking, Peyronie
- Neurologic: DM, MS, spinal cord trauma, other rare conditions
- Psychological
- Hormonal/Medication: hypogonadism primary and secondary (i.e. central, DM, ext.), offending medications, other recreational/illicit substances (EtOH, marijuana)

Lifestyle Management – routine exercise, weight loss to improve DM, HTN, CAD, may also increase endogenous T levels. Substance cessation. Referral for CBT/other therapy

Medications (both direct and indirect)

- Stop/substitute offending medications if possible
- Therapy to manage medical contributors (testosterone for low T, antihypertensive, DM management)
- PDE-5 inhibitors if not contraindicated

Salvage therapies: Urology Referral (except for vacuum device)

Treatment: Relational Context

- CBT/evidence based couple interventions
  - Spectatoring
  - Sexual Script
  - Decoupling anxiety and sexual context
    - Conditioning 101
  - Expectancies about normal sexual functioning
  - Brief behavioral interventions for the couple (re: relationship)
  - Sensate focus
  - Sexual health education

Pick your team: Key Considerations

- Enlist the help of a therapist who has specific knowledge and skills in the treatment of sexual disorders and couples.
  - While the number of qualified or certified sex therapists is limited, referring providers can visit…
    - American Association of Sexuality Educators, Counselors, and Therapists (AASECT) website (www.aasect.org)
    - American Association of Marriage and Family Therapists (AAMFT) website (www.aamft.org) under "Therapist Locator."
    - Society for Sex Therapy and Research (www.sstarnet.org)
- Identify a medically-trained provider who is skilled in treating it systemically and relationally
- May need to enlist the help and support of a faith-based advisor
- Collaborate with other specialists who may be prescribing medications that have adverse side effects on sexual health
- Challenge: rural areas where access is limited, telehealth options may need to be explored.

Key take home points

- Psychogenic factors in ED does not rule out Pde5 inhibitors
- Always ask about solo sex
- Always consider what they’re not telling you
- Always consider the partner context
- How does your partner react?

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- Macdowell, W, Parker, R., Nanchahal, K, Ford., C, et al. 'Talking of Sex: developing and piloting a sexual health communication tool for use in primary care. Patient Educ Couns 2010; 81(3):332-7.
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- Rew, KT, & Heidelbaugh, JJ. Erectile Dysfunction. Am Fam Physician. 2016; 94(10)820-827
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Question & Answer

- What is one key step that you could take in your own practice toward increasing cross training?

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Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.

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References

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