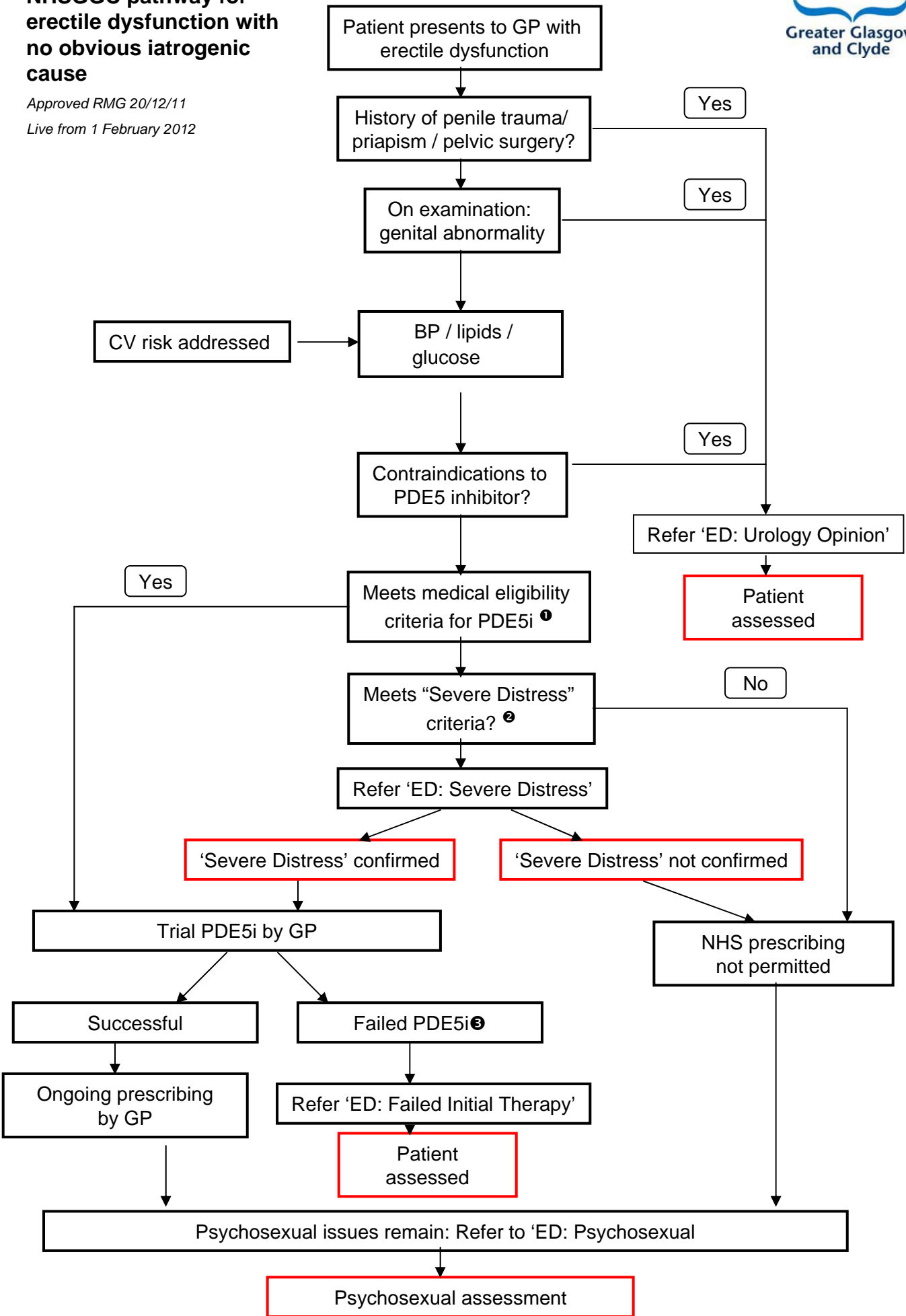


**NHSGGC pathway for
erectile dysfunction with
no obvious iatrogenic
cause**

Approved RMG 20/12/11
Live from 1 February 2012



¹ Medical Criteria:

all prostate cancer, spinal cord injury, MS, diabetes, renal failure, severe pelvic injury, spina bifida, single gene neurological disease, polio and Parkinson's disease

²Severe distress consists of at least **one** of the following:

- significant disruption to normal, social and occupational activity;
- marked effect on mood, behaviour, social and environmental awareness;
- marked effect on interpersonal relationships.

Sufficient description must be included to justify reason for NHS prescribing.

All severe distress referrals will be reviewed by a consultant psychiatrist.

Approval will be in writing. A face-to-face consultation may be offered.

³ 'Failed therapy' :the following should be considered before making referral

Patient has fully understood **mechanism of action** of prescribed medication including

- need for sexual stimulation with medication to achieve erection
- effect of food/alcohol on drug absorption (particularly sildenafil)
- post-dose timing (i.e. maximal effect of drug may not be achieved until 60 minutes after ingestion)

Patient should have tried **maximum dose** without success on at least 6-8 occasions before labelling as treatment failure.

(full dose titration is not always possible due to e.g. renal or hepatic dysfunction. In these cases seek specialist advice. Most patients should be commenced on lowest recommended dose. However, recommend moving to highest dose if first 2 attempts at low dose unsuccessful)

Ideally patients should be motivated and encouraged to engage in sexual activity **regularly**

(more than once per week) to improve response in initial stages.

It is not unreasonable to try an **alternative PDE5 inhibitor** if the first choice appears ineffective.

Patient and practitioner should confirm that treatment failure is not the result of **other patient factors** such as lack of opportunity, lack of motivation or other medical co-morbid factors.

Intolerable **adverse effects of drug** may also be considered as reason for specialist referral. However these frequently diminish with repeated drug use. Side effects experienced after the first few tablets should not lead to treatment discontinuation.

Dissatisfaction with treatment may also be encountered; this is most frequently associated with planning involved with taking "on demand" medication. These should be referred to consider alternatives.