

Erectile dysfunction: Doctors' perspectives on patients' concerns

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Submitted May 25, 2012. Accepted for publication Jun 29, 2012.

doi: 10.3978/j.issn.2223-4683.2012.06.10

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Erectile dysfunction is a problem which has become increasingly prevalent in modern societies. Although typically not life-threatening, it is of special concern because it can dramatically lower the quality of life and cause mental/social problems. In recent years, many new drugs and equipment have been developed for the management of ED. However, the proper application of these interventions is highly depended on the knowledge, awareness and attitudes toward of clinicians towards ED.

Recently, a questionnaire-based survey was conducted targeting clinicians during the Fifth Great Wall Translational Andro-Urology Forum (GTAUF2012) in conjunction with the launch of the new journal *Translational Andrology and Urology (TAU)* held in Hainan International Conference and Exhibition Center, Haikou, China on March 8-12, 2012. A total of 147 clinicians responded to the survey, although not all the questions listed in the form were answered and the quality of a small proportion of the feedbacks might be questionable.

According to the data obtained from the survey, most respondents reported that less than 200 ED patients visited their outpatient departments every month (<100 visits, n=71 (48.30%); 100-200 visits, n=48 (32.65%)). Twenty clinicians (13.61%) reported that their monthly outpatient ED visits reached 200-500 and only seven respondents (5%) had to manage more than 500 patients every month, which may be explained by the specialties of their institutions and by the possibility that the questionnaires were not filled in by professionals in this field (*Figure 1A*).

For the age distribution, ED was most common in the 40-50 year age group (n=62.5, 42.52%), followed by 30-40 year age group (n=45.5, 30.95%). Patients aged 50 years or higher accounted for 21.09%, whereas those younger than 30 years were least (n=8, 5.44%) (*Figure 1B*). The most common cause of ED in men was stress (n=74, 50.34%), followed by underlying diseases (n=51, 34.69%) such as diabetes. Less than 10% of ED patients visited their doctors due to trauma (*Figure 1C*). The main complaint evoked by the patients was

“ED affects sexual life (not for birth)” (which accounted for about 47.21%). About one fourth (n=25.8, 25.92%) of the patients visited their doctors because they felt “ED takes away their feeling of being a man”. About 17.55% (n=25.8) of the patients felt “mental stress due to various reasons” (*Figure 1D*). The majority of ED patients spent ¥1,000-5,000 or the treatment of their disease: ¥5,000-10,000 accounted for 52.38% (n=77) and ¥1,000-5,000 31.97% (n=47) (*Figure 1E*). For severe cases, surgical treatment would be accepted under two conditions: “medical treatment and other therapies have failed” (n=67, 45.58%) and “huge mental stress due to conditions such as divorce” (n=56.5, 38.44%). Only 15 patients (10%) might seek surgical treatment due to severe congenital conditions (*Figure 1F*). The major factor that may affect the acceptance of surgical treatment was the effectiveness and side effects of a specific surgery (n=94, 63.95%), although the previous success cases (n=30, 20.41%) and costs (n=20, 13.61%) could also affect decisions in a few patients (*Figure 1G*).

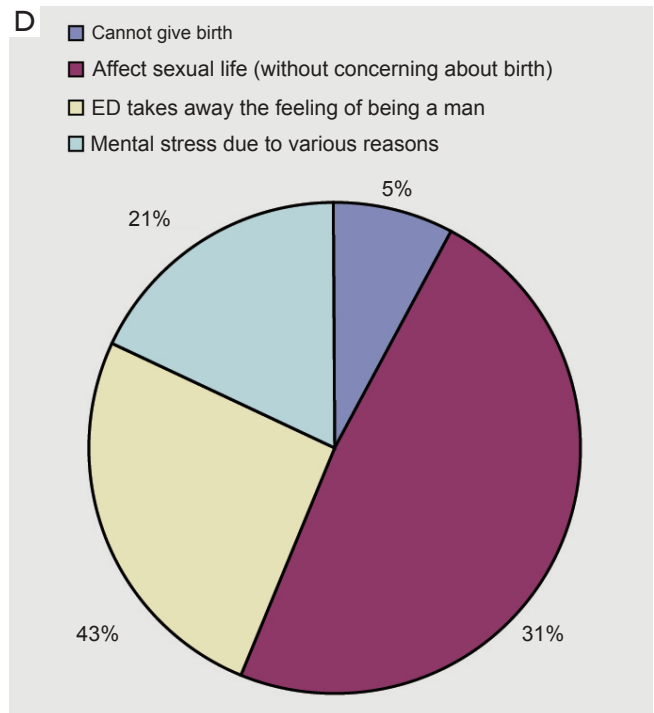
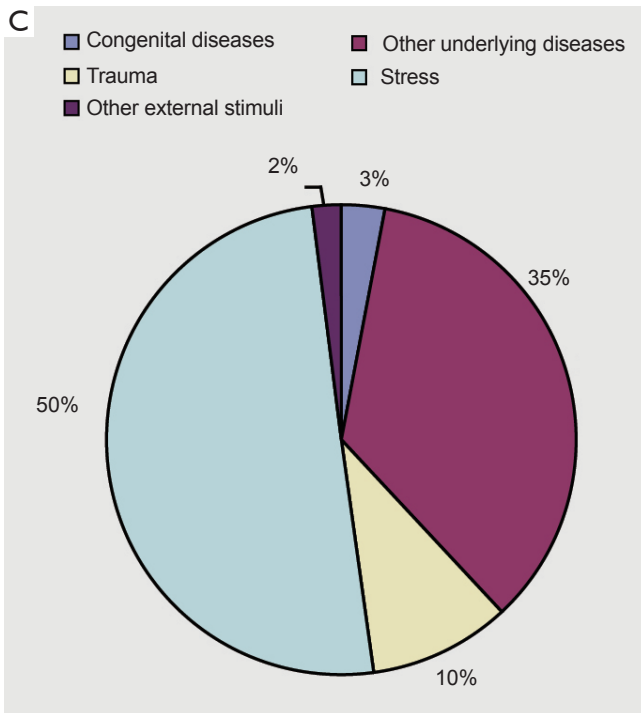
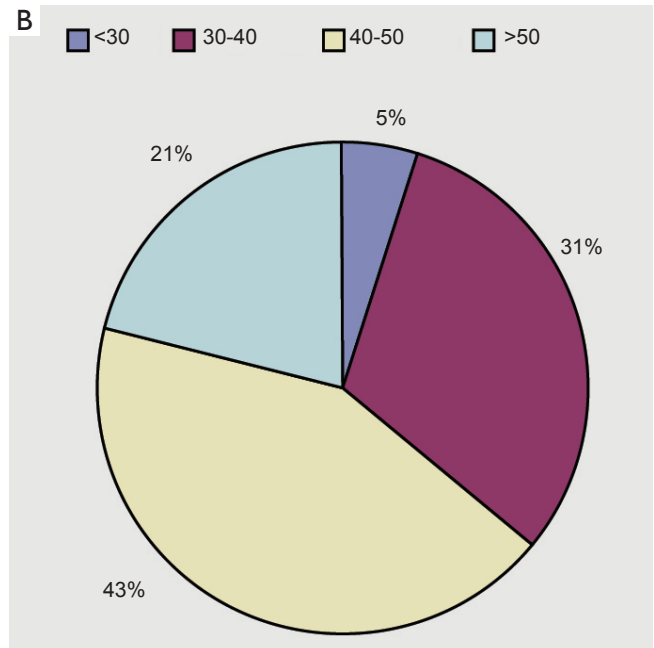
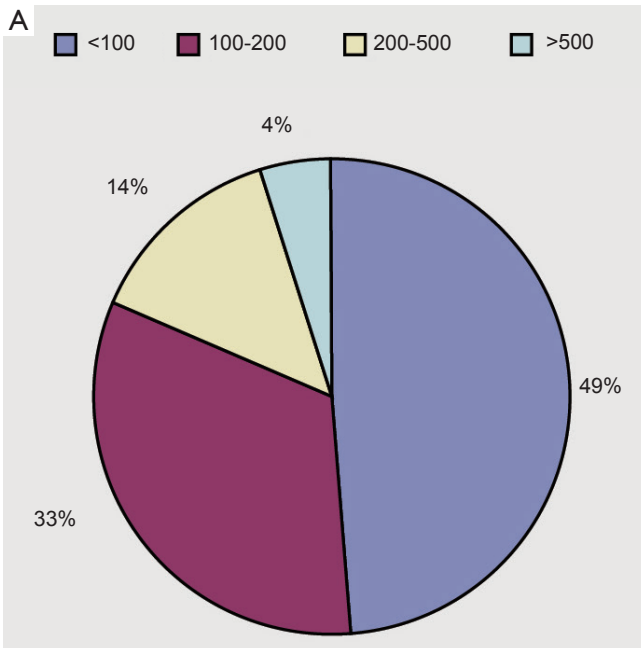
In summary, quite a few mid-aged ED patients may visit their doctors due to the impaired quality of life and other mental/social problems. Although most patients would prefer medical treatment costing ¥1,000-10,000, quite a few severe ED patients may accept surgical treatment, with their main concerns on the effectiveness and side effects rather than costs. Since ED is caused by diverse causes and currently available drugs have many limitations, surgical treatment based on more sophisticated equipment and procedures may provide more promising solutions.

Acknowledgements

None.

Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.



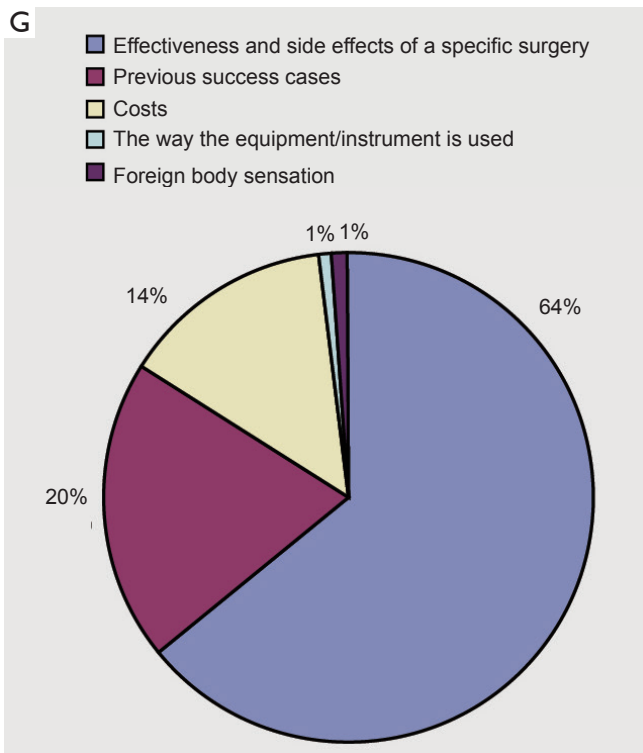
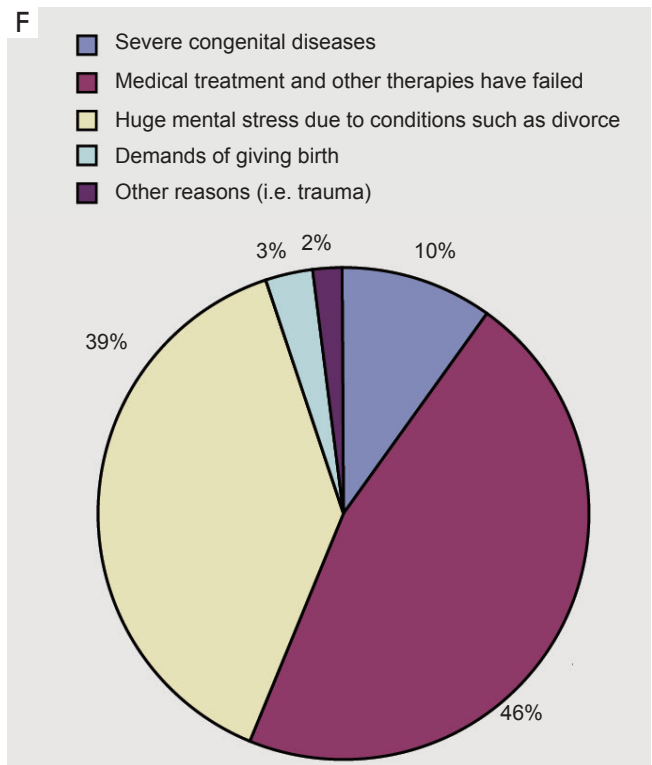
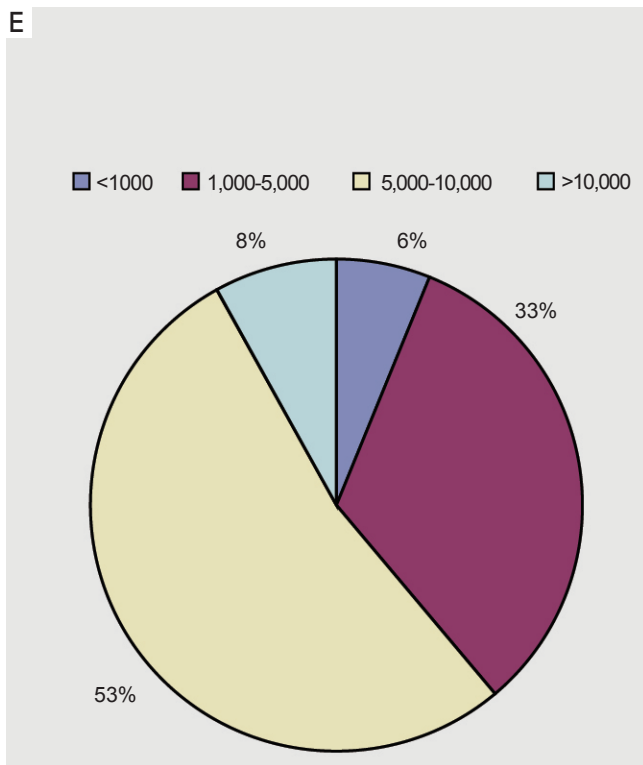


Figure 1 A: Outpatient ED visits per month; B: Age distribution of ED patients; C: Causes of ED; D: Main complaints of ED patients; E: Costs of ED treatment; F: Under which condition will an ED patient accept a surgery; G: Factor that may affect the acceptance of surgical treatment.

Cite this article as: Ji KL, Gu LJ. Erectile dysfunction: Doctors' perspectives on patients' concerns. *Transl Androl Urol* 2012;1(2):126-128. doi: 10.3978/j.issn.2223-4683.2012.06.10