

Guidelines for Primary Care Management of Erectile Dysfunction

GP to perform initial assessment to include sexual history, relevant blood tests, Blood pressure, Genital examination,

Suggest Psychogenic

- Sudden onset
- Good or better early morning erections/self-stimulated ones
- Relationship problems
- Variable, depending on circumstances

First line treatment with PDE5 Inhibitors and monitor response

Consider counselling

PDE5 Inhibitors

Sildenafil - Viagra

Tadalafil – Cialis
(Consider daily dose if possible)

Vardenafil - Levitra

If fails on at least 2 PDE5 Inhibitors or unable to tolerate medication then refer to Urology to consider alternative treatment

Suggest Organic

- Gradual onset
- Lack of Tumescence
- Normal Libido
- Relevant Medical History
- Smoker
- Difficulty with penetration

Further Investigations

Clinical Features suggestive of Hypogonadism- Testosterone, thyroid function

Symptoms of bladder outflow obstruction – DRE and PSA

If serum Testosterone low – LH FSH and Prolactin

Afro Caribbean patients – haemoglobinopathy screen

IF NORMAL - First line treatment with PDE5 inhibitors

IF ABNORMAL - REFER TO UROLOGY / ENDOCRINOLOGY AS APPROPRIATE

PDE5 Inhibitors are contraindicated in men taking Nitrates

For further information contact:-

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