

Erectile Dysfunction

Primary care assessment¹

- **History:** Psychological, organic or mixed: onset, duration, situational, morning erections, trialled therapy, previous pelvic surgery, trauma. Underlying cause
- **Examination:** General examination including BP and waist circumference, neurological examination and CVD. Assess for metabolic syndrome and secondary sexual characteristics. Genitals: hypogonadism, phimosis, penile lesions and penile plaque. Digital rectal examination
- **Investigations:** HbA1c, lipid profile, testosterone +/- Prolactin, consider PSA. IIEF short form or SHIM form.

Lifestyle advice²

- Identifying underlying risk
- All changes as effective in improving erectile function:
 - Weight loss
 - Exercise
 - Smoking cessation
 - Improved diet
- Commence treatment for underlying condition (diabetes, hyperlipidaemia and cardiovascular disease)

Criteria for secondary referral to Urology:

- **Underlying malignancy (USOC)**
- **Associated penile lesion (USOC)**
- **Anatomical cause identified – phimosis or Peyronie’s Disease (Routine)**
- **Treatment failure – 2x PDE5i at maximum dose on 6 occasions (Routine)**
- **Patient preference – patient does not want to try medical therapy (Routine)**
- **Underlying endocrine cause – joint referral to urology/endocrine (Routine)**

Red flag symptoms present

- Abnormal DRE/PSA
- New penile lesions/persistent penile lesion despite treatment
- Penile mass
- Significant risk of cardiovascular disease/unstable angina
- Consider discussion with on call urology if penile trauma (penile fracture)

Initial treatment

- All patients should have access for psychosexual counselling
- Younger patients (<35):
 - Ensure no underlying organic conditions
 - Refer for psychosexual counselling
 - If situational – counsel against use of pornography
- Ensure *patient is fit* to resume sexual activity (Princeton III Consensus³). If intermediate to high risk should be referred to cardiology
- Commence PDE5i of choice, considering patients sexual habits, and counsel RE side effects and optimisation.

1. EAU Guidelines – Sexual and Reproductive Health 2025

2. Gupta et al “The effects of lifestyle modification and cardiovascular risk factor reduction on erectile dysfunction: a systematic review and meta-analysis” Arch Intern Med 2011

