

# HOSPITAL PHYSICIAN®

## UROLOGY BOARD REVIEW MANUAL

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## Erectile Dysfunction

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## Table of Contents

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Preface .....	ii
Overview .....	1
Normal Anatomy and Physiology of the Penis .....	2
Pathophysiology and Risk Factors .....	4
Evaluation and Diagnosis .....	6
Nonsurgical Treatment .....	15
Surgical Treatment .....	18
Board Review Questions .....	20
Answers .....	21
Explanation of Answers .....	21
References .....	22

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#### I. OVERVIEW

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- A. **Definition.** The 1992 National Institutes of Health Consensus Panel defined erectile dysfunction (ED) as the inability to achieve or maintain an erection sufficient for satisfactory sexual function.<sup>1</sup>
- B. **Prevalence.** ED is one of the most common chronic medical disorders in men older than age 40 years.
1. It is estimated that up to 30 million men suffer from ED; the disorder is a major quality of life issue for an increasingly aging population.<sup>1</sup>
  2. In the Massachusetts Male Aging Study, 52% of men aged 40 to 70 years reported some degree of ED.<sup>2</sup> In the same study, the percentage of men reporting complete impotence increased from 5% to 15% with age (ie, from 40 to 70 years).
- C. **Classification**
1. **Severity**
    - a. **Mild ED.** Ability to attain and/or maintain an erection is mildly decreased, and satisfactory sexual performance is intermittent.
    - b. **Moderate ED.** Ability to attain and/or maintain an erection is moderately decreased, and satisfactory sexual performance is infrequent.
    - c. **Severe ED.** Ability to attain and/or maintain an erection is severely decreased, and satisfactory sexual performance is rare or absent.
  2. **Psychogenic versus organic**
    - a. **Psychogenic causes.** Lue<sup>3</sup> recently proposed the following subclassification of psychogenic causes of ED:
      - 1) Type 1: Anxiety, fear of failure (eg, sexual phobia, performance anxiety)
      - 2) Type 2: Depression (including drug- or disease-induced depression)
      - 3) Type 3: Marital conflict, strained relationship
      - 4) Type 4: Ignorance and misinformation (eg, about normal anatomy,