



Title Treatment Options for Male Erectile Dysfunction:
A Systematic Review of Published Studies of Effectiveness

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Aim

To evaluate the efficacy and safety of treatment options for male erectile dysfunction, focusing on new FDA-approved therapies with the greatest resource and clinical implications for the U.S. Department of Veterans Affairs (VA).

Conclusions and results

A comprehensive search of the peer-reviewed published literature yielded studies on oral/transdermal therapies such as sildenafil (Viagra), yohimbine (Yocon, Yohimex, Aphrodyne, Erex), phentolamine (Vasomax), trazodone (Desyrel), aminophylline+isosorbide dinitrate+co-dergocrine, buflomedil transdermal electromotive administration, intraurethral alprostadil (MUSE), intracavernous injections such as alprostadil (Caverject), phentolamine+papaverine, alprostadil+phentolamine+papaverine (Trimix), and apomorphine, a treatment under development. The results indicate that: a) educating the patient and partner about the advantages and disadvantages of commonly used treatments is important; b) most patients desire a convenient noninvasive therapy such as oral medication; c) psychosexual counseling may be helpful in patients with psychogenic erectile dysfunction; and d) vacuum constriction devices, intraurethral and intracavernosal vasoactive drug injection therapy, surgical implantation of a penile prosthesis and oral medications are effective treatments for primary organic erectile dysfunction.

Recommendations

VA acknowledges that vacuum constriction devices, intraurethral and intracavernosal vasoactive drug injection therapy, surgical implantation of a penile prosthesis, and oral medications are effective treatments for primary organic erectile dysfunction. Oral medications are not recommended for use without restrictions in the VA population at the present time.

Methods

Comprehensive literature searches of randomized clinical trials published in English from 1995 through 1999 were conducted using MEDLINE, HealthSTAR, EMBASE, Current Contents and Cochrane computer databases. Search strategies used the following terms; impotence and erectile dysfunction, with the following subheadings; therapy, drug therapy, surgery, and disease management. The result was combined with clinical trials, controlled trials, randomized controlled trials, meta-analyses, guidelines, academic or systematic reviews, and multicenter studies. Information was also included from patient preference studies, postmarketing reports, product inserts, and FDA MedWatch announcements.

Further research/reviews required

Suggested areas for research are discussed in detail in the report.