

Madigan Army Medical Center

Referral Guidelines

Erectile Dysfunction

Diagnosis/Definition

Erectile dysfunction (ED) is the gradual onset of the inability to achieve an erection sufficient for penetration.

Initial Diagnosis and Management

- The most important aspect of diagnosis is the medical and psychosexual history, and a directed physical examination.
- Vasculogenic:
 - Does the patient have uncontrolled diabetes, cardiac, or vascular disease?
 - Has the patient started on a new or complicated multi-drug antihypertensive program?
- Neurogenic:
 - Does the patient have an undiagnosed neurological disease (e.g. MS, cord lesion)?
- Psychogenic/Endocrinologic:
 - Does the patient have normal desire for sex (libido)? If not, consider obtaining serum testosterone and prolactin. Also consider thyroid dysfunction.
 - Does the patient have recent life stressors, new onset depression, or chronic alcohol abuse?
 - Does the patient have premature ejaculation?
- Organic:
 - Does the patient achieve erections but have difficulty maintaining them?
 - Does the patient have nocturnal erections?
 - Does the patient have excessive penile curvature (Peyronies Disease)?
- Consider changing the patient's antihypertensive program or antidepressant medication, as appropriate.
- Prior to specialty referral, please obtain the following baseline labs to rule out organic etiology for erectile dysfunction: Serum Chemistry with glucose, serum Testosterone (drawn in AM), PSA, TSH, and urinalysis.

Ongoing Management and Objectives

- For those with organic impotence, consider trial of sildenafil (Levitra { vardenafil } Levitra Prescribing Guideline), provided the patient has none of the following conditions:
 - Concomitant use of organic nitrates, either chronic or prn (e.g., Isordil, Nitrobid, nitroglycerine, Nitrostat, amyl nitrate).
 - Any known allergies to a type 5 phosphodiesterase inhibitor.
 - CHF with borderline low blood pressure or borderline low volume status.
 - Complicated, multi-drug antihypertensive programs.

Indications for Specialty Care Referral

- Vasculogenic: Urology referral for post-traumatic, post-surgical, or post-irradiation ED.

- Neurogenic: Neurology referral for suspected neurological disease.
- Psychogenic: Psychologic counseling for suspected life stressors.
- Endocrinologic: Endocrine referral for suspected endocrine disorder (hypogonadism, thyroid dysfunction, hyperprolactinemia).
- Organic: Urology referral for vardenafil failures (ineffective after 3 doses), excessive penile curvature and/or painful erections, or if thorough history and physical examination suggests primary organic impotence.

Criteria for Return to Primary Care

Satisfactory use of vacuum constriction device (VCD), intracorporal injection therapy, intraurethral suppository, or penile prosthesis.

Please also see the Erectile Dysfunction Clinical Standard

Last Review for this Guideline: **June 2009**

Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator