

Under-reporting of erectile dysfunction among men with unrelated urologic conditions

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To evaluate the incidence of erectile dysfunction (ED) in men with unrelated urologic conditions paying special attention to the reasons for patient under-reporting. We asked 500 consecutive men over age 50 visiting their urologist's office for problems unrelated to ED, whether or not they had any difficulty with their potency. Those who gave a positive response were then asked to complete a questionnaire to assess their reasons for under-reporting and whether they had had any previous discussions with their primary-care physicians regarding their sexual function. Out of 500 men, 218 (44%) reported experiencing some degree of ED. Reasons for failure to discuss ED with their urologist included: 161 out of 218 (74%) were embarrassed; 27 out of 218 (12%) felt that ED was a natural part of aging; 20 out of 218 (9%) were unaware that urologists dealt with the problem of ED; and 10 out of 218 (5%) did not consider the problem worthy of attention. Only 48 of the 218 men with ED reported having previous discussions about their problem with their primary-care physicians. Of the 170 patients who did not report having such discussions, 140 (82%) reported that they would have liked their primary-care physician to have initiated a discussion of ED during their routine visits. In conclusion, a significant percentage of older men with some unrelated urologic complaint also suffer from some degree of ED and remain undiagnosed unless specifically questioned about this problem. By far, the most common reason for under-reporting of ED was patient embarrassment. While urologists are able to elicit information regarding erectile function on specific questioning, patients appear comfortable and willing to discuss their potency with primary-care physicians.

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Introduction and overview

Erectile dysfunction (ED) is defined as the inability to achieve or maintain an erection satisfactory for sexual performance,¹ and is the most common sexual problem among men. In all, 52% of men between the ages of 40 and 70 report some degree of ED.² ED increases in frequency and severity with increasing age,³ and while the male population itself is growing, the population of men older than 60 is expected to increase 60% from 1992 to 2105.⁴ In the Massachusetts Aging study, population projections for men 40–69-years old suggest an annual detection of 17,781 new cases of ED in Massachusetts and 617,715 new cases in the United States as a whole.⁵ We recognize that ED adversely affects the quality of life of the increasingly larger population of men who suffer from it;³ yet, as recently as 1992 the NIH

described the public and professional knowledge of ED as inadequate.¹ The recent arrival of sildenafil to the marketplace has increased the public and professional awareness of ED, although it likely remains under-reported. With these issues in mind, we sought to evaluate the incidence of ED in men with unrelated urologic conditions, paying special attention to the reason for patient under-reporting.

Methods

Between 1997 and 1999, we asked 500 consecutive men over the age of 30 visiting their urologist's office for problems unrelated to ED, whether or not they had any difficulty with their potency. Those who gave a positive response were then asked to complete a written questionnaire to assess their reasons for under-reporting and whether they had had any previous discussions with their primary-care physicians regarding their sexual function.

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Results

In all, 500 men were questioned. Of the 500, 218 (44%) reported experiencing some degree of ED (Figure 1). Of the 218 men, 161 (74%) were embarrassed and therefore did not want to discuss their ED with their urologist; 27(12%) felt that ED was a natural part of aging and therefore did not discuss their ED with their urologist; 20 (9%) were unaware that urologists dealt with ED and therefore did not discuss it with their urologist; 10 (5%) did not consider the problem worthy of attention and therefore did not discuss their ED with their urologist (Figure 2).

Of the 218 men who had experienced ED, only 48 (22%) reported having previous discussions with their primary-care physician (Figure 3). Of the 170 men (78%) who did not report having such discussions, 140 (82%) reported that they would have liked their primary-care physician to have initiated a discussion of ED during their routine visits (Figure 4).

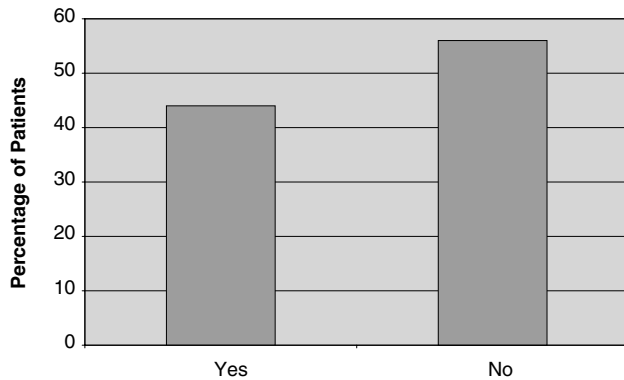


Figure 1 Patients with unreported ED.

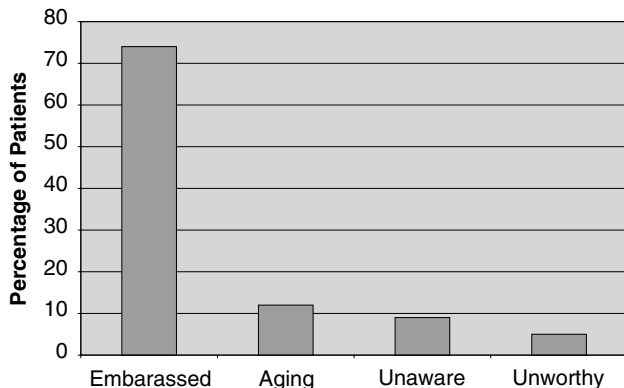


Figure 2 Reasons patients did not discuss ED.

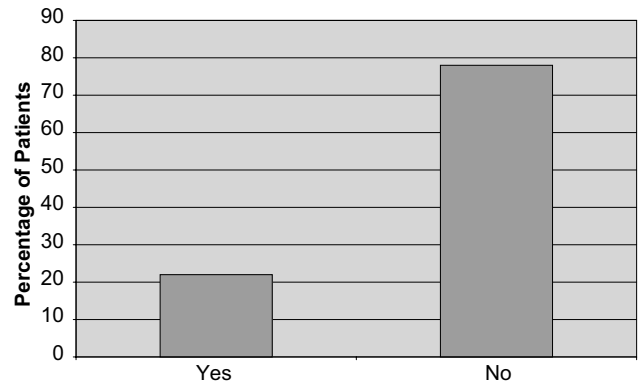


Figure 3 Percentage of patients who discussed sexual function with primary-care physician.

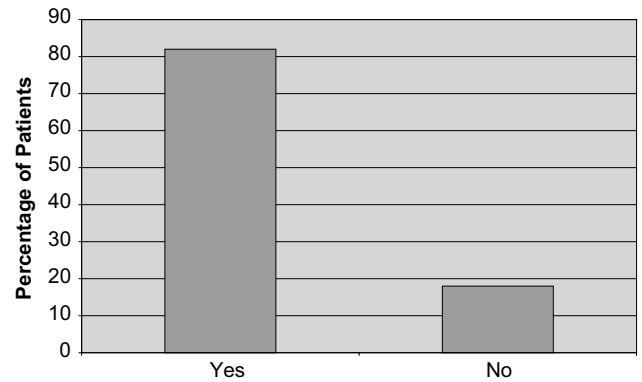


Figure 4 Percentage of patients who desire to discuss ED with primary-care physician.

Discussion

Of our respondents, 44% reported some degree of ED. This number is consistent with previous studies.⁶ It is estimated that between 10 and 30 million American men suffer from ED.¹ Yet in 1996 there were only 1.3 million office visits relating to ED, as reported by the National Ambulatory Medical Care Survey.⁶ The 1993 NIH Consensus Conference on Impotence stated that ED remained poorly understood by the public and by health-care professionals. They further suggested that the public lack of information and the reluctance of physicians to address sexual concerns have been, in part, responsible for denying patients the benefit of existing treatments. The conference also notes that patients may wish that their physicians inquire about their sexual lives, but are often too inhibited to initiate discussions on their own.¹

Although the NIH comments on the patient's inhibitions regarding the initiation of conversation on ED seem common sense, a review of the recent

urologic literature yielded no specific information regarding the degree of under-reporting of ED or the reasons for such under-reporting. Common sense is of course correct on this issue: we found that by far the most common reason for under-reporting was embarrassment. Our study also suggests that while few primary-care physicians initiate discussions regarding ED, the majority of men (78%) who suffer from ED would be willing to discuss the topic. The Medical Clinics Of North America in an issue dedicated to the aging male patient stated that it should be mandatory for primary-care physicians to discuss ED with all their older male patients.⁷ A recent study by Rutchik⁸ however offers some new information. He surveyed 85 family practice physicians and found that 82% reported being comfortable or somewhat comfortable in making a diagnosis of erectile dysfunction. Yet, only 51% inquired about ED in patients who had identifiable risk factors, and only 15% reported routinely inquiring about ED in patients older than 40.

A potential criticism of our work is the study population: men who were already seeing a urologist. One might suggest that this population of men, already in the health-care system at a level of the surgical subspecialist, is more willing than average to discuss their medical problems. If true, this would only underscore our findings since our population of men surveyed would have overestimated the number of men willing to discuss their ED.

Conclusion

A significant percentage of older men with unrelated urologic complaints also suffer from some

degree of ED and remained undiagnosed unless specifically questioned about this problem. By far, the most common reason for under-reporting was patient embarrassment. While urologists are able to elicit information regarding ED with targeted questioning, patients appear comfortable and willing to discuss their potency with their primary-care physician.

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