Shock therapy to help erectile dysfunction

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(Medical Xpress) -- A new study published in the Journal of Sexual Medicine shows that a little shock to the penis may help treat severe erectile dysfunction that does not respond well to prescription drug treatments.

Extracorporeal shock wave therapy uses sound waves and is used to break up kidney stones, though the waves used for this study were of a lesser intensity. These low intensity sound waves have been shown to improve blood flow to the heart and increase blood vessel growth. Because of this, researchers believed that the waves may help to increase the blood flow to the penis in patients with erectile dysfunction.

This study included 29 men with an average age of 61 with more severe cases of erectile dysfunction that had not responded well to medication. Participants were given a survey to assess sexual function. The average score of the participants before the study was 8.8. The participants then underwent 12 shock therapy treatments over the course of nine weeks. Each therapy treatment session consisted of 300 shocks over the period of about three minutes and were done along five different points on the penis shaft. The nine week treatment plan included two sessions per week for the first three weeks, the middle three weeks were without treatment and then two sessions a week for the final three weeks.

Two months after the shock treatment had stopped, participants were again asked to take the questionnaire evaluating their sexual function and the results showed an average increase of 10 points and eight participants had achieved normal sexual function.
While this treatment and this study show promise, the researchers admit that with only 29 participants, the study was small and the results may be due to a placebo effect. Larger studies need to be conducted in order to truly evaluate the effectiveness of the extracorporeal shock therapy in severe erectile dysfunction.


ABSTRACT
Introduction. Low-intensity shock wave therapy (LI-ESWT) has been reported as an effective treatment in men with mild and moderate erectile dysfunction (ED).
Aim. The aim of this study is to determine the efficacy of LI-ESWT in severe ED patients who were poor responders to phosphodiesterase type 5 inhibitor (PDE5i) therapy.
Methods. This was an open-label single-arm prospective study on ED patients with an erection hardness score (EHS) ≤ 2 at baseline. The protocol comprised two treatment sessions per week for 3 weeks, which were repeated after a 3-week no-treatment interval. Patients were followed at 1 month (FU1), and only then an active PDE5i medication was provided for an additional month until final follow-up visit (FU2). At each treatment session, LI-ESWT was applied on the penile shaft and crus at five different anatomical sites (300 shocks, 0.09 mJ/mm2 intensity at 120 shocks/min).
Each subject underwent a full baseline assessment of erectile function using validated questionnaires and objective penile hemodynamic testing before and after LI-ESWT.
Main Outcome Measures. Outcome measures used are changes in the International Index of Erectile Function-erectile function domain (IIEF-
ED) scores, the EHS measurement, and the three parameters of penile hemodynamics and endothelial function.

Results. Twenty-nine men (mean age of 61.3) completed the study. Their mean IIEF-ED scores increased from 8.8 ± 1 (baseline) to 12.3 ± 1 at FU1 (P = 0.035). At FU2 (on active PDE5i treatment), their IIEF-ED further increased to 18.8 ± 1 (P


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