

# Factors associated with discontinuation of erectile dysfunction treatment

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The factors associated with men ending treatment for erectile dysfunction have been reviewed in a study published in *IJIR: Your Sexual Medicine Journal*. The most influential factors reported were treatment ineffectiveness, side effects, the quality of one's intimate relationship and cost of treatment. The review also highlights the importance of men's beliefs with regards to erectile dysfunction and its treatment and suggests that these beliefs are potentially modifiable.

Erectile dysfunction, the persistent inability to develop or maintain a penile erection during sexual activity, is thought to affect up to 10% of men under 40 years and 70% of men over 70 years. Treatment includes medications delivered orally. Where these fail or are contraindicated, treatments are available which are administered via injection, or via suppositories. Finally, penile implants are available where all other treatments have failed.

The lead author; Mr Paul Williams said: "Erectile dysfunction can have a negative effect on men's quality of life. However, this can potentially be improved with successful treatment for the condition. The findings from our research indicate that rates of discontinuation for treatment are high. Understanding the reasons for discontinuation of treatment is essential with regards to improving treatment use and subsequently quality of life in this patient population".

Reviewing data on 14,371 men from 50 previous studies, researchers at City, University of London and East London NHS Foundation Trust, UK

assessed the rates of discontinuation of erectile dysfunction treatment and the factors associated with it. Results indicated that discontinuation rates varied across treatments and that adherence to erectile dysfunction treatment is suboptimal.

The authors found that 12.1% of men taking oral medication, 15.2% of men taking injected medication and 31.5% of men taking suppositories reported inadequate or inconsistent erectile responses as their reason for discontinuing treatment. 2.5% of men taking oral medication, 8.1% of men injecting medication and 15% of men taking suppositories stated that they stopped treatment due to [side effects](#) including headaches, Peyronie's disease (a build-up of scar tissue in the penis) or urethral pain.

Regarding the quality of sexual relationships, the most commonly reported factors influencing whether men continued with erectile dysfunction treatment were loss of interest in a sexual relationship. This was reported by 6.6% of men taking oral medication, 8.8% of injecting [medication](#), 8.9% of men taking suppositories and 6.9% of men with penile implants. 5.5% of men taking [oral medication](#) reported stopping treatment due their partner's perceived lack of interest in the sexual relationship, 5.5% of men described not being emotionally ready for sexual activity and 4.1% discontinued treatment because of conflict within their relationship. The findings appear to highlight the influence of the quality of a couple's sexual relationship on treatment use.

Mr. Paul Williams said: "Men's perceptions of their sexual relationships and their emotional readiness for [sexual activity](#) are important when considering the most appropriate treatment for a man and his partner."

The authors caution that due to an under-reporting of data on duration and severity of erectile dysfunction and relationship status in the majority of the included studies, the influence of these factors on treatment use could not be fully explored in this study. Further research

should explore how beliefs affecting treatment adherence can be addressed during treatment to improve the quality of life of men and their partners, according to the authors.

The review also highlights the importance of men's beliefs with regards to [erectile dysfunction](#) and its treatment, with a potential effect on treatment continuation.

Mr Williams said: "Perceived ineffectiveness of treatment has a subjective element based on, for example, treatment expectations prior to treatment. We found that men who reported treatment side effects to a healthcare professional were more likely to continue with treatment. Exploring any misconceptions patients may have in relation to their treatment could potentially be beneficial to increasing treatment utilisation and therefore something that could help health care professionals when faced with treatment failure."

The authors suggest that future research would benefit from using psychological theory to explore barriers and enablers to treatment utilisation, as well as from measuring how treatment is utilised by patients. Taking such steps may lead to interventions aimed at improving treatment utilisation in this patient population, according to the authors.

**More information:** Paul Williams et al, Men's beliefs about treatment for erectile dysfunction—what influences treatment use? A systematic review, *International Journal of Impotence Research* (2020). [DOI: 10.1038/s41443-020-0249-1](https://doi.org/10.1038/s41443-020-0249-1)

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