# A tiger by the tale

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Not only is the treatment of sexual problems evolving, due largely to industry's interest in pharmacotherapy, but who delivers the treatment is changing as well. The results of a national survey on sexuality and erectile dysfunction (ED) (pages 50-54) confirm the prevalence of sexual difficulties in healthy, active couples and highlight the potential difficulties in providing advice and treatment to this population. While urologists continue to be major providers of care for men with erectile difficulties, they have little expertise in female sexual function and couples therapy. This, and the volume of work that needs to be addressed, suggests that other health care providers may eventually become the resource for patients with sexual concerns. The majority of prescriptions for sildenafil citrate (Viagra, Pfizer, Canada) originate in the primary care physician's office. Dr Brock's (pages 61-65) simplified approach to the evaluation and treatment of erectile dysfunction demonstrates a physician-friendly approach that does not require specialized training to deliver. As urologists, we are not ready to hand the entire treatment of ED over to primary care physicians…yet.

Where do urologists fit in the sexual health scheme? Certainly, our interest in specialized areas of ED, such as postprostatectomy patients, traumatic injuries and penile deformities, helps define our specialty. The introduction of a number of new erectile agents and the recognition of androgen deficiency in the aging male (ADAM) will exert considerable pressure on us to develop a broader view of men's health. By the end of 2003, physicians will have the choice of at least four agents for treating ED and possibly five testosterone preparations, compared with one and two, respectively, in 2001. Defining our role as resource physicians for ED and leaders in the area of testosterone replacement therapy will take considerable effort. Urologists are uniquely suited to understanding the potential of these new therapies as well as the safety issues with respect to testosterone and abnormal prostate growth, but we are a procedurally based specialty. Expanding this expertise to include the psychosocial side of ED and ADAM is necessary to maintain our roles as experts. We have used our historical role to capture this patient population, and now we must evolve if we are to keep it.

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