

# Faster, harder, longer...

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“Oh, honey, it’s ok...with this new drug you’re able to penetrate me at least 50% of the time..and it seems to work fast, I’m barely undressed and you’re ready to go. You should try the other new drug, so you can complete intercourse 30% of the time, a day after taking it...”

The introduction of Viagra (sildenafil, Pfizer, Canada) revolutionized our understanding of erectile function. The International Index of Erectile Function and the Sexual Health Inventory for Men have become important tools in the scientific evaluation of erectile dysfunction. Success is measured by perception of turgidity, and a successful session includes a rigid penis, penetration and ejaculation. This might be more useful if everyone had the same partner in the clinical trials. Men measure success much differently than women. For example, we have a good day shopping if we get the power drill at Home Hardware and are back home in 45 mins, while our wives can shop all day, buy nothing and enjoy describing their day to their girlfriend. Men and women have sex like they shop – enough said.

By the end of the year there will be two new phosphodiesterase inhibitors, similar to sildenafil but with minor pharmacokinetic differences. A more rapid onset of clinical effect

and a larger window of opportunity may provide significance in clinical trials, but only widespread patient experience will tell us if these properties translate to improved couple satisfaction. Until then we will all be subject to scientific spin during the inevitable round of continuing health education activity that follows drug approval. Most of the activity will be centred around International Index of Erectile Function results and success in different patient populations (diabetics, for example). It is unlikely that we will see much about foreplay.

We might find more success in trying to understand the sexual relationships of our patients before trying new prescriptions. CHE activity could be directed to real couple issues and further our understanding of female sexual response. We need to understand what the definition of ‘successful intercourse’ is for our patients’ partners as in some cases it might include making dinner and doing the dishes before attempted penetration. If you still don’t know what I mean, rent *Annie Hall*.

I asked my wife, in an effort to improve our sex life (and maintain some credibility as a sexual medicine physician) what her sexual fantasies were. “Why do you want to know?” she replied, “none of them involve you.” Maybe our penocentric view of a 60% penetration rate being a success is fantasy as well.