Sexuality and erectile dysfunction: Results of a national survey

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BACKGROUND: Research into the sexual behaviour of men and women who experience sexual problems is lacking. In spite of much recent progress in the field of pharmacotherapeutics for erectile dysfunction (ED), there is little information on issues such as the importance of talking about sex between partners, and people’s satisfaction with their sex lives. There is also a perceived lack of communication between men, their partners and their physicians about erectile dysfunction. To obtain quantitative information, a large survey of the adult Canadian population was undertaken.

METHODS: Telephone interviews were conducted with adults across Canada. Respondents were drawn at random using predictive dialer technology. Final data were weighted to represent the adult Canadian population according to the latest census data. The margin of error was ±1.78% 19 times out of 20.

RESULTS: Most of the people who were surveyed were involved in a relationship at the time and most were able to have open discussions about sex with their partners. According to the respondents, the most difficult issue to discuss was sexual performance. The prevalence of ED was 27% of sexually active men, with one-third feeling that it impacted their quality of life. Only 25% of men with ED consulted a medical professional. Following those consultations, many respondents reported improved erectile function, but of those who had not consulted a medical professional, few intended to do so in the near future. However, most men with ED reported that they would be willing to discuss the problem if their physicians raised the issue, and agreed that physicians are responsible for screening for ED. While men reported that they would be open to routine screening, most had not been screened for ED.

CONCLUSIONS: This survey provided health care professionals with several key messages: health care professionals should ask their patients about their sexual health; they should take a sexual history as a regular part of the annual check-up; they should encourage their patients to discuss their sexual health with their partners; and they should understand that the patient’s quality of life can be improved when ED is dealt with in a positive, empathetic manner.

Key Words: Communication; Epidemiology; Erectile dysfunction

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Sexualité et dysérection : résultats d'une enquête nationale

CONTEXTE : Il ne se fait pas beaucoup de recherche sur le comportement sexuel des hommes et des femmes qui éprouvent des troubles de la sexualité. Malgré les progrès très récents en matière de pharmacothérapie pour la dysérection, l'on dispose de peu de données sur des questions comme l'importance du dialogue entre les partenaires sur le sexe et le degré de satisfaction des gens en ce qui concerne leur vie sexuelle. On perçoit également un manque de communication entre les hommes, leurs partenaires et les médecins quant à la dysérection. Nous avons donc mené une enquête de grande taille auprès de la population adulte au Canada pour obtenir des données quantitatives.

MÉTHODE : Nous avons réalisé des entrevues téléphoniques avec des adultes de partout au pays. Les répondants ont été choisis au hasard au moyen d'un composeur prédictif. Les données finales ont été pondérées en fonction du dernier recensement de manière à être représentatives de la population adulte au Canada. La marge d'erreur est ±1,78 % 19 fois sur 20.

RÉSULTATS : La plupart des répondants entretenaient une relation au moment du sondage et la plupart d’entre eux étaient capables d’avoir une discussion franche avec leur partenaire sur le sexe. À leur avis, la question la plus difficile à aborder était celle de la performance sexuelle. La prévalence de la dysérection était de 27 % chez les hommes sexuellement actifs, et un tiers ont déclaré que le trouble se répercutait sur leur qualité de vie. Seulement 25 % des hommes atteints ont consulté un médecin. Parmi ceux qui avaient consulté, beaucoup ont fait état d’une amélioration de l’excitation, mais, parmi ceux qui n’avaient pas consulté, peu avaient l’intention de le faire prochainement. Toutefois, la plupart des hommes souffrant de dysérection ont déclaré qu’ils étaient disposés à en parler à leur médecin si celui-ci soulèvait la question et ils s’entendaient pour dire que les médecins devaient faire du dépistage à cet égard. Même si les hommes se disaient ouverts au dépistage systématique, la plupart n’en avaient pas fait l’objet.

CONCLUSION : L’enquête a révélé plusieurs messages clés aux professionnels de la santé : 1) ceux-ci devraient s’informer de la santé sexuelle de leurs patients; 2) les antécédents sexuels devraient faire partie intégrante de l’examen annuel; 3) les médecins devraient inciter leurs patients à parler de leur vie sexuelle avec leur partenaire; 4) les professionnels devraient comprendre que la qualité de vie des patients atteints de dysérection peut être améliorée si le trouble est traité de façon positive et empathique.
than did women. Of those surveyed, 25% had not had sexual activity over the past year, the majority of whom were 65 years of age or older (Figure 1). Approximately 50% of interviewees reported having sex once or twice per week.

Talking about sex between partners
With changing sexual mores, 97% of respondents said that they were sometimes or always able to have open and honest discussions about sex with their partners. Not surprisingly, older men were more reserved than younger men in discussing issues of sexuality in a relationship. Over the past year, 28% of couples seriously discussed sex in their relationship. The issues that were discussed most frequently were: trying out new experiences, frustration at not having time for sex, lack of sexual appetite of one of the partners, or that one of the partners had refused sex. The most difficult subjects to talk about were sexual performance, exploring new experiences and infidelity (Figure 2).

Prevalence of ED
More than 25% of men reported that they had experienced anxiety about being able to perform sexually in the past year. Combining those who said they experienced ED over the past six months with those who scored lower than 21 on the Sexual Health Inventory for Men (SHIM), the prevalence of ED was 27% of sexually active men (16). In the subset of men over the age of 45 years, the incidence of ED was 32.2%. This was substantially lower than the incidence that was reported in the MMAS, which indicated a 52% rate of ED in men between the ages of 40 and 70 years. This discrepancy may have been methodological, because this question in this survey was answered by sexually active men.
only, and the MMAS was a survey of the general population. Furthermore, men with ED who stopped sexual activity were not asked to respond to the SHIM.

It is important to note that men failed to admit to themselves that they may have been suffering from ED. This was shown by the greater percentage of men who received a score of 21 or lower on the SHIM than those who indicated subjectively that they suffered from ED (Figure 4). This highlights that men do not, in general, understand the nature of ED and points to the need for primary care physicians to screen their patients for sexual health.

It is noteworthy that the prevalence of ED (by subjective assessment and SHIM) according to partners is significantly higher than that reported by men.

Impact of ED on quality of life
Most men with ED (66%) reported that it was relatively easy to deal with the issue of ED with their partners, and 90% felt that their partners were understanding about it. However, 38% of respondents said that ED had put a strain on their relationship. As well, 36% of men with ED felt that their condition had an impact on their quality of life (Figure 5).

Talking to a medical professional about ED
Only 25% of men with ED talked to a medical professional about ED, and 90% of those spoke to their family doctor. Most men (90%) reported that the medical professional was open-minded and responsive during the consultation, but only 71% said that they were satisfied with the outcome of the discussion. The two principle reasons for dissatisfaction were that the problem was not taken seriously (43% of dissatisfied men) and that the medical professional was not well-informed (30.6%) (Figure 6).

The most frequently reported outcomes of consultation were: no outcome (31.0%), antidepressant prescribed (19%) and sildenafil citrate (Viagra, Pfizer, Canada) prescribed (17.4%). Following the consultation, 48% of respondents saw an improvement in their erectile function and 32% felt that the consultation had a positive impact on their quality of life. Of those who did not consult a medical professional, only 24% intended to consult one in the near future. However, if the physician were to raise the issue, 80% of men with ED who had not consulted a medical professional would open up and discuss the problem. These data indicate that a physician consultation can result in improvement of erectile function and that men with ED would be open to a physician-initiated discussion, which puts the onus on the physician to start the process (Figure 7).

Attitudes toward ED
Most respondents (88%) agreed that ED is a medical condition that should get more attention from the medical community. The majority (82%) agreed that physicians have the responsibility to probe and question their patients on issues related to sexuality to help those with ED. This response stems from the belief of 91% of respondents that ED could affect the quality of life of those with ED. However, most men reported that they had not been screened for ED, regardless of their age. Men responded that they would be open to routine screening, with 95% believing that standardized questions about ED should always or sometimes be asked to male patients.

DISCUSSION
The present report represents the first large cross-Canada sexual survey. Sexual health was felt to be an important part of normal life for men and women of all ages, and most people reported being satisfied with their sex lives. It also appeared that there was a certain degree of comfort between partners in discussing sexual issues. However, one of the
more difficult areas to discuss was sexual performance, which is important because approximately one in three men reported that they suffer from ED. Most people felt that ED was psychogenic, thought to be caused by stress, psychological causes or aging. This belief results in sexual performance being one of the most difficult sexuality issues for partners to discuss with each other or with their physicians. Indeed, because of this lack of communication, the partner frequently becomes suspicious of the man’s fidelity.

Because of its perceived impact on quality of life, personal relationships, work and general self-esteem, it is disturbing that only 25% of men with ED find it easy to talk to their primary care physician about ED. One reason for this may be shame due to the perceived etiology of ED. In this case, consultation rates could be raised through public education that emphasizes the dominance of organic disorders in the etiology of ED. Hesitancy in discussing ED with a physician may also come from cues given by the physician, revealing his or her discomfort with the subject, which is easily perceived by the patient. The physician may feel too rushed during the average office day or may avoid the topic of ED with his patients due to a lack of understanding of the pathophysiology of ED and the various treatments that are currently available. However, four of five survey participants responded that, if their physician wished to talk about sexual issues, they would be happy to do so.

This survey provided health care professions with several key messages.

REFERENCES:
Erratum

In the article, “Sexuality and erectile dysfunction: Results of a national survey” (J Sex Reprod Med 2002;2(2):50-54), the following acknowledgement was inadvertently omitted:

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