

The HelpED Study: Impact of Change in Erection Hardness on the Self-Esteem, Confidence, and Quality of Life of Men With Erectile Dysfunction

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Objectives: To report change in the Erection Hardness Score (EHS) and its impact on scores of the Self Esteem And Relationship (SEAR) questionnaire and the modified Quality of Life domain of the Sexual Life Quality Questionnaire (mSLQQ-QOL) in men with newly diagnosed or untreated (during past 6 months) erectile dysfunction (ED) consulting a general practice physician or urologist (at baseline) compared with scores at follow-up (after 2-4 months).

Design and Methods: This observational, multicentre study in Belgium enrolled men (age ≥ 18 y) in a stable heterosexual relationship (≥ 3 mo). Ordinal logistic regression analysis was used to compare ordered groups (eg, EHS).

Results: 447 men were recruited, completed the baseline questionnaire, and gave consent (64% aged 51–70 years; 62% in a stable relation >10 years; 78 % with ED problems ≤ 3 years). Physician baseline data were completed for 77% (345/447) of eligible patients: 52% of these consulted to discuss ED, 80% had ≥ 1 ED risk factor, and a new ED treatment was proposed for 99%. At baseline, the mean \pm SD EHS was 2.3 ± 0.8 (range, 1–4), SEAR total score was 50.3 ± 24.3 (range, 0–100), and mSLQQ-QOL total score was 38.6 ± 26.9 (range, 0–100). The follow-up questionnaire was returned by 60% (266/447) of patients. The EHS improved for 75% (including 58% [57/98] of those with EHS3 who improved to EHS4), was unchanged for 23%, and deteriorated for 3% ($P < 0.0001$ for change between visits). For patients with versus without EHS improvement, there was greater improvement ($P < 0.0001$) on the mean \pm SD SEAR (32.4 ± 27.6 vs 5.42 ± 16.7) and mSLQQ-QOL (49.7 ± 30.7 vs 18.7 ± 25.2) total scores, and on all component items.

Conclusions: Improvement in erection hardness is associated with improvements in self-esteem, confidence, and quality of life of men with ED.

Topic: 7. ED Medical Treatment

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