

TOM ELLIOTT MBBS
ENDOCRINOLOGY & INTERNAL MEDICINE

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Erectile Dysfunction Careplan

Erectile dysfunction (or ED), the inability to achieve or maintain a satisfactory erection, is a common problem that can be successfully treated in the vast majority of cases.

Causes of ED

Normal erectile function requires the normal supply of three things – male hormone (testosterone), blood supply to the penis and nerve supply to the penis. It is normal for an erection to subside after ejaculation.

Premature ejaculation: If your problem is that you ejaculate too quickly (“premature ejaculation”) and therefore quickly lose your erection you should talk to your family doctor about the medication paroxetine best known as a treatment for depression. The usual dose for premature ejaculation is one 20 mg tablet taken 4 hours before expected sexual activity (ie not every day). This treatment is very effective. (see attached prescription).

Low testosterone: level is an uncommon cause of ED. Men with low testosterone levels may notice that they are less interested in sex and/or have fewer sexual thoughts. They may notice that ejaculation takes much longer than before and that the volume of semen is much less. If you notice such symptoms, ask your family doctor for a blood test to measure your testosterone level. The best test is “free testosterone” – if the level is low you should have two other blood tests – FSH and prolactin. Low testosterone is best treated by taking injections of testosterone into the muscle every 2 weeks or so. Testosterone may also be given as a gel, cream or tablet. Testosterone treatment should not be taken without the cause of low testosterone being determined.

Poor blood supply to the penis is a fairly common cause of ED. Men who have poor circulation in their legs or who have a history of heart attack or stroke may have an element of poor blood flow. Providing the blood supply is not severely decreased, the treatments mentioned below are often effective. Blood pressure lowering medication, particularly beta blockers, often worsen blood supply to the penis and exacerbate ED. Alternative blood-pressure lowering medication is usually available.

Damage to the nerve supply to the penis is the commonest cause of ED. Common causes of nerve damage (“neuropathy”) are diabetes and alcohol excess. In individuals with diabetes, improving blood glucose control and controlling blood pressure & cholesterol may help to prevent worsening of ED (and will benefit overall health) - see Type 2 Diabetes Careplan.

Treatments of ED

There are three relatively new medications of the class “PDE5 inhibitors” that are moderately effective in treating ED caused by either poor blood flow or neuropathy. They are Viagra, Cialis and Levitra. In maximal doses, these three drugs are equivalent in their effects. You may ask “how likely would one of these treatments work for me”. To answer that question I would ask you to ask yourself “what is the best erection I can get using all the tricks I know on a 1 to 10 point scale? (with 10 being a very hard teenage erection and 7 being required for usual vaginal sex). On average Viagra, Cialis and Levitra increase your score by 3. Thus if your best erection is a 5, you may get an 8 which would be very satisfactory. Even if your best erection is <4, it is still worth trying one of those drugs a few times.

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Dosage:

Viagra comes in 25, 50 and 100 mg tablets. Each costs the same. You can save money therefore by breaking higher strength tablets if you find that a lower strength works for you. Viagra should be taken 60 minutes or more before anticipated activity on an empty stomach. 100 mg is the usual maximal dose. Don't give up until you have tried it at least 3 times. Duration of action is up to 4 hours.

Levitra comes in 5, 10, and 20 mg pills. 20 mg is the usual maximal dose. Higher doses may be used. Levitra works in 30-60 minutes, lasts up to 4 hours and does not need to be taken on an empty stomach.

Cialis comes in 10 and 20 mg pills. 20 mg is the usual maximal dose. Cialis works in 60 minutes or so and lasts up to 36 hours and does not need to be taken on an empty stomach.

All three agents should not be taken with nitrates or nitroglycerine as severe low blood pressure may occur. Common side effects include stuffy nose and headache.

Other treatments: For men who do not respond to PDE5 inhibitors, two other simple therapies should be considered. The first alprostadil can either be inserted into the urethra ("Muse") or injected directly into the shaft of the penis ("Caverject"). Stronger medication including yohimbine and papaverine can also be mixed with alprostadil. The injection technique needs to be taught by an experienced physician. The second treatment which almost never fails but which is expensive is a vacuum pump. The best known of these devices is the ErecAid Esteem <http://www.timmmedical.com/erecaid/> Go online to learn more about such devices.

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Patients name

Rx

Viagra / Levitra / Cialis ____ mg tabs

**take 1 tablet 45-60 minutes before activity
do not combined with nitroglycerine or nitrate medication**

**supply 12 tablets
3 repeats**

Paroxetine 20 mg tabs

**take 1 tablet 4 hours before activity
supply 30 tablets
no repeats**

Testosterone for intra-muscular injection 100 mg/ml

**take ____ ml every _____ days
by deep intra-muscular injection**

**supply two 10 ml vials of testosterone
supply ten 2.5 ml syringes & ten 20 or 21 G 1 1/2 needles
3 repeats**

Doctors Signature

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Laboratory Requisition

ORDERING MD —

CC: The Patient Clinic

PATIENT INSTRUCTIONS — get this blood test done on an empty stomach – preferably after an

overnight fast – go to one of the following labs

- Lifelabs or BC Biomedical Labs
- if none of the above available in your area go to your local hospital laboratory

LAB TESTS REQUESTED —

free testosterone

FSH

prolactin

SIGNATURE M.D.