

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 $\pm 1.78\%$ 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*

Résumé à la page suivante

*The Canadian Male Sexual Health Council (CMSHC) is an affiliate health council of the Canadian Urological Association and is composed of a diverse group of sexual health educators from across Canada

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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 $\pm 1,78\%$ 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'érection, 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 soulevait 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.

Although several large surveys of sexual behaviour have been conducted in the United States, research into this area has been lacking in Canada. There is a dearth of quantitative information on such issues as the importance of talking about sex between partners, and people's satisfaction with their sex lives. These data are needed because they provide guidance for specialists and primary care physicians on the need for intervention when patients may be having sexual problems. This is similar to the way in which a physician would normally inquire if his or her patient were experiencing a lack of appetite or some other medical complaint. One of the more frequent, yet underestimated issues that affects patients' sex lives is erectile dysfunction (ED), which is defined as the inability to achieve and/or maintain a penile erection of sufficient rigidity to permit satisfactory sexual relations. It is estimated that ED affects roughly 30 million Americans, which has been extrapolated to yield two to three million Canadians, based on large epidemiological studies such as the Massachusetts Male Aging Study (MMAS) (1) and Canadian census data (2). MMAS and its recent follow-up report (3), which surveyed cohorts of men over an eight- to 10-year period, revealed that diabetes, depression, high cholesterol, heart disease, hypertension, medication and tobacco use are major risk factors for ED.

Great strides have been made over the past decade in the understanding of the physiology of erection and the pathophysiology of ED. The widespread availability of effective oral therapy has heightened public awareness of ED and has focused the efforts of researchers around the world. Along with increased basic and clinical research, the development of effective oral treatments has led to a freer discussion of ED in general. Despite this, there is still a perceived lack of communication between men, their partners and their physicians about ED, which is an issue of great concern to all

members of the Canadian Male Sexual Health Council and to all physicians who treat couples with sexual concerns. The present clinical survey was conducted to address these issues and to determine the level of knowledge and comfort with sexual topics that Canadian couples currently enjoy.

METHODS

Telephone interviews were conducted with 3009 men and women. Respondents were drawn at random from the adult Canadian population using predictive dialer technology. All interviewees were at least 18 years of age and all interviews took place between April 28 and May 24, 2001. To maximize interviewee comfort and, hence, honesty of responses, interviewers were of the same sex as the interviewees. The questionnaire was designed to take 15 min for members of the general population to complete, and 20 min for men (or their partners) who had encountered erectile difficulties. Validity and fluidity of the questionnaire were tested with 10 respondents in English and French.

At least 300 interviews were conducted in each region of Canada, with the exception of the Yukon, Northwest Territories and Nunavut. Final data were weighted according to age, sex and region to fully represent the adult Canadian population according to the latest census data (Table 1). The margin of error of this survey was $\pm 1.78\%$ 19 times out of 20.

RESULTS

Baseline

The response rate was 42%, which was considered to be high for the qualitative and sensitive nature of the questionnaire. Of those who were surveyed, 75% were involved in a relationship at the time and of those, 80% lived with their partners. The average number of sexual partners in a lifetime was six, but men reported having more partners

TABLE 1
Distribution of telephone interviews by region, April 28 to May 24, 2001

Region	Unweighted (%)	Weighted (%)
Atlantic Canada	301 (10.0)	231 (7.7)
Quebec	600 (19.9)	723 (24)
Ontario	954 (31.7)	1143 (38)
Prairies	302 (10.0)	214 (7.1)
Alberta	352 (11.7)	292 (9.7)
British Columbia	400 (13.3)	397 (13.2)
Territories	100 (3.3)	9 (0.3)
Total	3009 (100)	3009 (100)

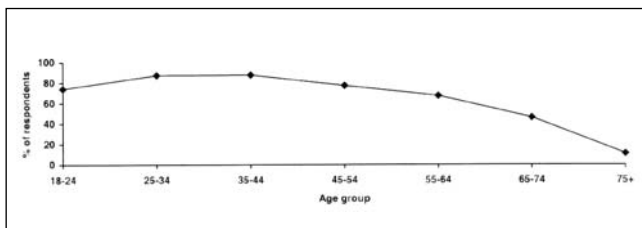


Figure 1) Respondents who reported sexual activity over the past 12 months, by age (years)

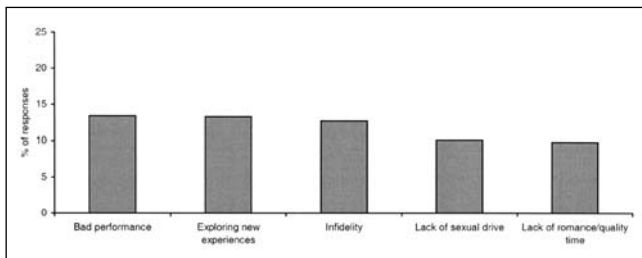


Figure 2) Issues that were reported to be difficult to talk about between partners

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).

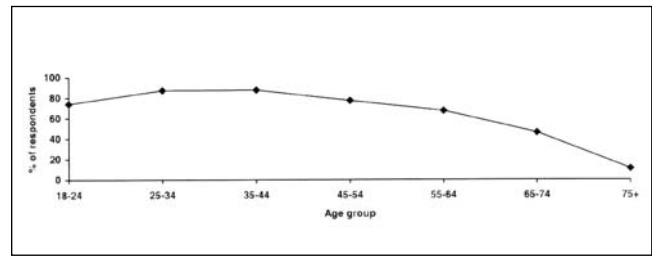


Figure 3) Respondents who spoke with a physician about sexuality within the past two years

The overwhelming majority of respondents (93% of men and 91% of women) said that sex was an important part of their lives, even at ages older than 65 years. Yet, given the importance of sex and the difficulty of discussing some key issues, it was remarkable that more than 80% of respondents had not talked to their physician about anything related to their sex lives or sexuality (Figure 3).

The fact that men have difficulty discussing certain sexual issues with their partners is supported by observations from clinical practice. Men responded overwhelmingly that they had not discussed issues such as ED with their partners, yet they falsely assumed that their partner was aware of the problem. Upon further investigation, however, the majority of partners felt that the man was having another sexual relationship, because if he was not having sex with the partner, then “obviously he is having sex with someone else”.

Knowledge and perspectives on ED

As more has been learned about ED and its etiology, it is increasingly apparent that the vast majority of ED is organic, rather than psychogenic cause (4-6). Yet, when asked if ED is physical or psychological in etiology, only 19% of survey respondents answered that it was physical, while 45% answered that it was psychological, and 28% gave both as an answer. When asked what caused ED (with no prompting), stress and other psychological factors were suggested as the major causes (7-9). Even when participants were provided with a list of possible causes, stress, psychological factors, depression and alcoholism were associated more closely with ED than known important ED risk factors such as diabetes, high cholesterol, heart disease, hypertension or tobacco use (7-15).

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

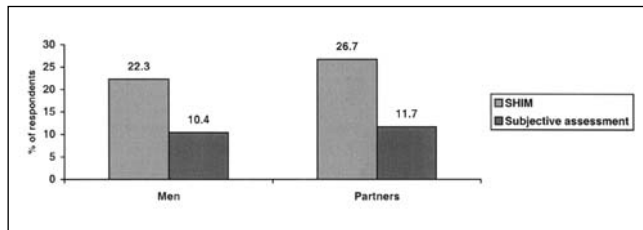


Figure 4) Incidence of erectile dysfunction through the Sexual Health Inventory for Men or subjective assessment

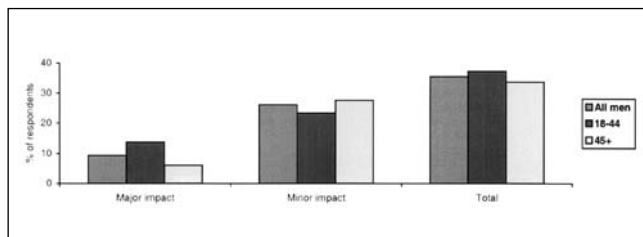


Figure 5) Effect of erectile dysfunction on quality of life

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) pre-

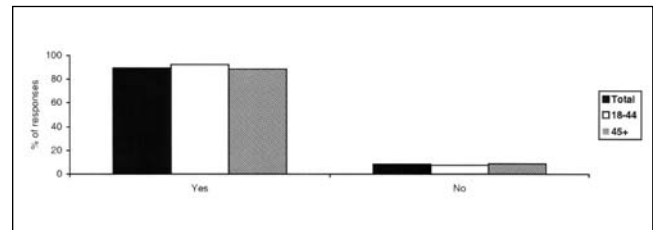


Figure 6) The physician was open-minded and responsive when subjects or their partners discussed erectile dysfunction

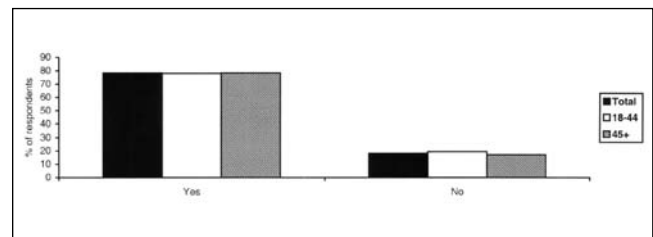


Figure 7) Willing to discuss erectile dysfunction if physician raised the issue

scribed (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.

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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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