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Help-Seeking Interval in Erectile Dysfunction: Analysis of Attitudes, Beliefs, and Factors Affecting Treatment-Seeking Interval in Turkish Men With Previously Untreated Erectile Dysfunction

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ABSTRACT: In this study, we report data on attitudes, beliefs, and factors affecting the help-seeking interval among Turkish men with erectile dysfunction to determine whether they are different from those previously published in the literature. Out of 279 Turkish men complaining of erectile dysfunction attending our clinic between December 2006 and March 2008 without the need for referral, 202 were interviewed from a standardized questionnaire covering demographic details, relationships, help-seeking intervals, and attitudes and beliefs. Eleven patients interrupted the questionnaire and only 191 individuals who had never sought medical help for their erectile dysfunction completed the study. The mean age of the study population was 50.1 (20–80) years. Overall, 93.7% of participants had engaged in sexual intercourse during the year preceding the interview. The mean help-seeking interval and the mean estimated time elapsed since last satisfactory sexual intercourse were 24.5 (1–360) and 10.5 (1–180) months, respectively. Patients with low household income and education level had a relatively longer help-seeking interval than the remaining sample. No statistical correlation was seen between treatment-seeking interval and patient age, duration of marriage or continued relationship, and presence of premature ejaculation. Main reasons for delayed consultation included embarrassment (n = 63, 33%) and thinking of erectile dysfunction as a natural process of aging (n = 51, 26.7%). To enable earlier diagnosis and management of erectile dysfunction, emphasis should be put into the provision of affordable health care and wide public education about erectile dysfunction as an entity requiring prompt medical consultation.

Key words: Turkey, ED, sexual behavior.

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Erectile dysfunction (ED), a highly prevalent illness with estimated prevalence rates of 39% among 40-year-old men and 67% among 70-year-old men (Feldman et al, 1994), is often assumed to be a natural concomitant of the aging process, to be tolerated along with other conditions associated with aging (NIH Consensus Conference, 1993). In an another study, the prevalence of ED in men aged 40–80 years was 32% (Moreira et al, 2006). However, it is in fact a complex disorder with a multifactorial etiology, typically including a combination of psychological and physical factors (Shabsigh et al, 2004).

Despite the data from the National Health and Social Life Survey showing that ED is associated with poor physical and emotional health and impaired quality of life (Laumann et al, 1999), ED remains largely undertreated, with only around 30% of men with ED seeking professional help; the percentage of those who actually receive treatment is even lower (Kubin et al, 2003). In another study, help-seeking rate in patients with ED in the United States and Germany were reported as 56% and 21%, respectively (Shabsigh et al, 2004). This can possibly be attributed to the fact that little was known about treatment-seeking behavior of men with ED until the end of the 20th century.

In 2000, the Cross-National Survey on Male Health Issues was undertaken to evaluate the prevalence of ED in 6 countries (United States, France, Germany, Italy, Spain, and United Kingdom), to determine treatment-seeking behavior among men with ED, to assess their attitude toward the condition, and to evaluate the drivers and barriers to seeking treatment (Shabsigh et al, 2004). Interestingly, data from this survey revealed that a minority of men with ED seek treatment, and common barriers for not doing so included the belief that ED would resolve spontaneously (younger men) and that ED was a normal part of aging (older men).

Before 2002, data about ED in Turkey did not exist. The first study to identify the prevalence and sociodemographic, medical, and lifestyle correlates of ED in Turkey was

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Table 1. *Distribution of study population according to age, educational status, and household income*

Study Population Characteristic	No. of Individuals	Individuals, %
Age, y		
20–29	11	5.7
30–39	24	12.6
40–49	32	16.8
50–59	53	27.7
60–69	41	21.5
70–80	30	15.7
Education		
≤Primary school	62	32.5
≤Secondary school	88	46
≥University study	41	21.5
Income level, Turkish lira/y		
Low (2467–6264)	44	23
Medium (6265–16 035)	132	69.1
High (≥16 036)	15	7.9
Relationship status		
Married/ongoing relationship[a]	177	92.7
Single	11	5.7
Divorced	3	1.6

[a] Mean duration of relationship: 25 years (range, 9 months to 51 years).

performed in 2002 on 1982 men 40 or more years old, and it revealed a prevalence of 36% for moderate and severe ED cases (Akkus et al, 2002).

In this study, we report data on attitudes, beliefs, and factors affecting the help-seeking interval among Turkish men with ED to determine whether they are different from those previously published in the literature.

Materials and Methods

The study was conducted at a urology clinic in our institution, which is a publicly funded European Board of Urology (EBU)–certified training center accessible by patients from different regions of Turkey.

Participants

Overall, 279 individuals complaining of ED attended our clinic between December 2006 and March 2008 without the need for referral. Fifty-six participants were excluded because they had already tried over-the-counter phosphodiesterase type 5 inhibitors for a mean period of 3.2 (1–5.4) months (n = 56), they refused to participate at introduction (n = 21), or they interrupted the questionnaire provided (n = 11).

Accordingly, only 191 men who had never sought medical help for their ED were included in our study.

Methods

After ethics committee approval and obtaining written consent, all interviewed participants were asked to complete a structured computer-based and self-administered questionnaire (see Supplemental Data, available online at http://www.androlgyjournal.org).

The questionnaire elicited information regarding demographic details, relationships, attitudes, and beliefs. Those who reported "married or in an ongoing relationship" were required to specify the duration of their marriage or relationship. The classification of household income into "low" (2467–6264 Turkish lira/y), "medium" (6265–16 035 Turkish lira/y), or "high" (16 036 and more Turkish lira/y) was based on the distribution of income in Turkey according to the Turkish Statistical Institute classification in 2004 (TÜİK, 2004).

All participants answered questions addressing estimated time elapsed from last satisfactory sexual intercourse and time interval between onset of complaint and seeking help. To assess respondents for premature ejaculation (PE), they were prompted by computer to self-rate their control over ejaculation on a scale ranging from 1 to 7. Respondents with a self-rate of 4 or less were accepted as having premature ejaculation PE (Nicolosi et al, 2005).

The participants were also offered a list of possible reasons for not seeking medical help and were instructed that they were allowed to choose more than 1 or write their own reasons, including attitudes and beliefs regarding the sexual problem and the patient-doctor relationship. Additionally, all patients were required to answer 2 sequential questions: "During routine consultation in the past 2 years, has your doctor asked you about possible sexual difficulties without you bringing it up first?" and "Do you think a doctor should routinely ask patients about their sexual function?"

Statistics

Spearman correlation analysis was employed to evaluate the relationship between age of patient, duration of marriage, and treatment-seeking interval, whereas help-seeking intervals of patients with different characteristics were compared using Mann-Whitney *U* test.

Results

The mean age of the study population was 50.1 (20–80) years. More than half of the study participants were employed (n = 99, 51.8%) and almost one-third (n = 62, 32.5%) had only achieved their primary school education. The detailed distribution of study population according to their age, household income, and educational and marital status is illustrated in Table 1.

Erectile Dysfunction

Most of the interviewed men (n = 179, 93.7%) said they had sexual intercourse within 1 year preceding the interview. The mean help-seeking interval and the mean estimated time passed from last satisfactory sexual intercourse were 24.5 (1–360) and 10.5 (1–180) months, respectively.

Table 2. *The relationship between treatment-seeking interval and factors with possible effect on medical help-seeking behavior*[a]

Education	Mean Treatment-Seeking Interval, mo	Income	Mean Treatment-Seeking Interval, mo	Time From Last Satisfactory Intercourse, mo
≤Primary school	34.8	Low	41.9	16.8
≤Secondary school	23.8	Moderate	23.4	9.5
≥University study	15.3	High	8.2	5.2

[a] Time from last satisfactory intercourse, $r = .23$, $P < .001$; premature ejaculation, $P < .162$; age, $r = .014$, $P < .847$; duration of relationship, $r = .053$, $P < .463$.

Factors Affecting Medical Help-Seeking Behavior

Among the various comparisons in the total sample, it was clearly seen that interviewed men with low household income and education level had a relatively longer help-seeking interval than the remaining sample. The treatment-seeking interval was also significantly influenced by the estimated time elapsed from last satisfactory sexual intercourse, and comparing patients according to estimated time from last satisfactory sexual intercourse revealed a longer interval since last satisfactory sexual intercourse in the low-income category (Table 2).

In contrast, no statistically relevant correlation was proven between treatment-seeking interval and age and duration of marriage or continued relationship.

Also, to explore the effect of the presence of PE on help-seeking interval, the Mann-Whitney *U* test was employed and showed that although premature ejaculation was observed in 62 men (32.5%), as a factor, it did not affect treatment-seeking interval (Table 2).

Attitudes and Beliefs of Respondents About Diagnosis and Treatment of ED

Of the 191 men questioned, 99 (51.8%) believed older people have no sexual desire and as much as 39 (20.4%) said they would consider medication for their ED.

Although more than three-quarters (n = 147, 76.9%) of respondents suggested that health professionals should routinely ask patients about their sexual performance, only 10% (n = 19) of the total sample were asked about possible sexual problems on previous routine general practitioner (GP) visits (Table 3).

By far the most common reasons for late presentation were embarrassment (n = 63, 33%) and belief that the problem is a natural process of aging 26.7% (n = 51). An almost similar number of interviewed men cited an inability to afford healthcare and thinking that the problem is self-limited as reasons for not seeking professional help (n = 32, 16.8% and n = 30, 15.7%, respectively; Table 2). Finally, belief that the doctor would not be able to help and that the GP was the opposite sex were the least cited reasons (n = 9, 4.7% and n = 6, 3.1%, respectively; Table 3).

It is noteworthy to mention that no respondent cited other or more than 1 reason for delayed attendance.

Discussion

In this research, we examined help-seeking interval, sociodemographic features, sexual problems, and beliefs

Table 3. *Attitudes and beliefs about management of erectile dysfunction and reasons for delayed professional help-seeking among interviewed participants*

	No. of Participants Citing Yes (%)	No. of Participants Citing No (%)	No. of Participants (%)
Attitudes and beliefs			
Would consider medication to resolve their complaint	39 (20.4)	152 (79.6)	
Believe that older people do not have sexual desire/intercourse	99 (51.8)	92 (48.2)	
Previously asked about presence or absence of sexual problem during routine GP visits	19 (10)	172 (90)	
Believe that inquiry about possible sexual problem should be conducted by doctors during routine health checks	147 (76.9)	44 (23.1)	
Reasons			
Embarrassment			63 (33)
Think it is a natural process of aging			51 (26.7)
Believe it is a self-limited/nonserious problem			32 (16.8)
Affordability of medical care is a problem			30 (15.7)
Think that doctor is not able to resolve the problem			9 (4.7)
Uncomfortable talking to GP (opposite gender)			6 (3.1)

Abbreviation: GP, general practitioner.

and attitudes regarding treatment seeking among Turkish men aged 20–80 years complaining of ED with no prior professional help or advice for their problem.

Our study group started to seek medical help after a mean period of 24.5 months. In a similar analysis in Italy and the United Kingdom, the mean treatment-seeking interval was 12 and 36, respectively (Shabsigh et al, 2006).

Although the mean estimated time passed from last satisfactory sexual intercourse was 10.5 (1–180) months, the vast majority (93.7%) of respondents had sexual intercourse within 1 year preceding the interview. This can be explained on the basis that absence of satisfactory intercourse does not preclude the possibility of unsatisfactory intercourse. The importance of differentiation between the two is crucial in the management of those patients; ensuring satisfying sexual intercourse and not simply sexual encounters.

In spite of a strong correlation between erectile dysfunction and aging (Kinsey et al, 1948; NIH Consensus Conference, 1993; Feldman et al, 1994), our study revealed that age is a statistically insignificant factor in determining help-seeking interval. A possible explanation could be the belief that ED is a natural process of aging, reducing the actual number of elderly men with ED seeking medical help.

The vast majority of respondents were married or in a stable relationship, which is consistent with data from published studies (Bacon et al, 2003; Nicolosi et al, 2005). This high percentage (92.7%) can be explained on the basis that respondents were more motivated to seek help because of the presence of a stable partner or spouse. Nevertheless, no association between relationship status and treatment-seeking interval was proved in our study.

Sociodemographic characteristics such as education level and household income are among the determining factors of help-seeking behavior of men with health problems in Turkey (Hayran et al, 2000). Similarly, our findings demonstrate that men with low household income and education status tended to seek professional help relatively late. Additionally, the percentage of men reporting affordability of medical care as a reason for not seeking medical help is consistent with results obtained from an earlier cross-sectional study to determine health-seeking behavior in Turkey (Hayran et al, 2000).

The later study also indicates that even when Turkish people decide to seek medical help, they have a tendency to use cheaper practices and therapists recognized by society but not by the state in general (Hayran et al, 2000), which is consistent with our results showing only 1 in 5 men would consider medication to resolve their complaint.

Data from our study suggest that embarrassment and thoughts that ED is a self-limited or a natural process of aging were the principal reasons cited by the study group for deferring medical consultation. Additionally, although the majority of patients thought that inquiry into their sexual function should take place during routine health checks, only 1 in 10 patients were actually asked questions directly related to their sexual health during GP visits. As a result, primary care physicians need to further patient-physician communication and add questions about sexual functioning and satisfaction to their initial patient workups.

Limitations of the Study

A weakness of our study is the retrospective nature of determining help-seeking intervals in men with erectile dysfunction and the adoption of computer-based self-completed, nonvalidated questionnaires avoiding face-to-face contact with respondents. Although self-completion can reduce reporting bias (Fenton et al, 2001), interviewer-administered assessment modes perform better in test-retest comparisons and thus seem more reliable (Schroder et al, 2003).

Preselection and the relatively low study population number involving 1 site—a university clinic—are other limitations. Nevertheless, our institution is well-known and publicly funded and is an EBU-certified training center accessible by patients of variable social class from different regions of Turkey and, to the best of our knowledge, this is the first study analyzing the treatment-seeking behavior of Turkish men with ED.

A further limitation of our study is the absence of psychological causes in the list of reasons for not seeking medical help. This can be explained by the social and cultural backgrounds of Turkish population that renders direct inquiry into personal, interpersonal, and/or partner change issues a rather difficult and unyielding task; therefore, in our daily practice, eliciting answers to sensitive questions usually necessitates the help of a psychiatrist.

Conclusions

ED is an important entity that, once it appears, disrupts the quality of life. With advances in medicine, an increase in life expectancy of people has led to an observable rise in interest in ED (Nicolosi et al, 2005). Despite this, ED remains underscreened, underdiagnosed, and undertreated mainly because of the delay in seeking help. Our study revealed that education status, income level, embarrassment, and a patients' beliefs are among the factors predicting help-seeking interval in ED patients. For this reason, we believe that provision of affordable health care and wide public education about ED as a disease requiring medical consultation are essential initial steps in its management.

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