

LETTERS TO THE EDITOR

**A Letter to the Editor on the Article by Farnam et al.—
Author's Response**

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We greatly appreciate the comments of Dr. Rutte et al. regarding our recent study on the effectiveness of sexual counseling models in health care [1]. We agree with them that to find a more cost-effective alternative for standard models, such as Permission, Limited Information, Specific Suggestions, and Intensive Therapy (PLISSIT), we should perform a cost-effectiveness study. We will need further analyses to address this question, and we prefer to answer this question in a separate paper. The primary purpose of our article was to assess whether group therapy such as Sexual Health Model (SHM) can be as effective as individual therapy like PLISSIT model in women with sexual problems.

As suggested, we have reanalyzed the data for sexual function and sexual distress according to treatment groups. These results suggest that both sexual function and sexual distress contribute to the both group treatments. With only 44 women in SHM, it was difficult to draw firm conclusions in multivariate analysis of variance about the differences between group treatments analysis.

Assessing the efficacy of this intervention in larger samples is therefore warranted.

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Reference

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Viewing Sexual Stimuli Associated with Greater Sexual Responsiveness, Not Erectile Dysfunction: A Comment

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Upon review of Drs. Prause and Pfaus' manuscript, "Viewing Sexual Stimuli Associated with Greater Sexual Responsiveness, Not Erectile Dysfunction," I feel obliged to question the authors' presentation of their data, analysis, and far-ranging conclusions. The vast availability of pornographic videos through the Internet has led to a host of social, physical, interpersonal, and emotional problems for our patients [1–5]. Drs. Prause and Pfaus are right in focusing the medical community's attention on one reported physical complication: pornography-induced erectile dysfunction. Unfortunately, I do not see how this study advances our understanding of the phenomenon.

The authors' description of the study population was seriously incomplete. The authors cite four published studies as the source of the study population (see Table 1) [6–9]; however, upon examination of those studies, I can only source 234 of the 280 men assessed in this investigation. Forty-six men are unaccounted for. The authors provide no accounting of the origin of their study population, nor characterization or identification of

the source of the subpopulations selected for assessment of the outcome measures. For instance, in only one study [6] were subjects assessed for erectile dysfunction through use of the International Index of Erectile Function (IIEF). The 2013 Prause paper reports on IIEF results from 47 men, yet the authors of the present study report on IIEF findings in 133 men. Were these 86 additional subjects excluded from analysis in the 2013 study, or were they from some other uncharacterized database? Multiple other discrepancies are found between the manuscript and the cited sources (Table 1).

The apparent inclusion of these subjects from the 2013 Prause study [6] in the analysis of sexual arousal and sexual desire raises further concerns. While this investigation was designed to address sexual arousal and desire in the laboratory setting in response to the viewing of pornographic films, the 47 men in the 2013 Prause study were shown still photographs rather than films. It seems unlikely that the viewing of still photographs generates a level of arousal comparable with explicit pornographic videos [10]. The

Table 1 Discrepancies identified in manuscript

	Index study	Source 1	Source 2	Source 3	Source 4	Unexplained discrepancy
Authors	Prause and Pflaus	Moholy, Prause, Proudfit, Rahman, and Fong	Prause, Staley, and Fong	Prause, Staley, and Roberts	Prause, Moholy, and Staley	
Published	<i>Sexual Medicine</i> , current issue	<i>Cognition & Emotion</i> , 2014	<i>Sexual Addiction & Compulsivity</i> , 2013	<i>Psychophysiology</i> , 2014	<i>Archives of Sex Behavior</i> , 2013	
Number of male subjects	280	61	83	43	47 (including 4 gay)	46 subjects unaccounted for
Number of male subjects viewing porn	Reported as 280 (Aims) and 136 (Results)	Not reported	Not reported	43	47	Two different subject counts cited in report
Number of partnered male subjects viewing porn	59	Not reported	Not reported	Not reported	Not reported	46–180 subjects unaccounted for
Mean hours of porn viewing by male subjects (SD)	Descriptive statistics not provided	Not reported	Not reported	0.4 hours/week (0.8)	0.6 hours/week (1.8)	Source of subpopulation used for assessment of erectile function not identified
Number of male subjects with IIEF scores	Reported as 133 (Outcomes) and 127 (Results)	Not reported	Not reported	Not reported	47	Key parameter used for all outcome measures not characterized for any subpopulation
Sexual arousal scale	0 to 9	0 to 7	0 to 9	0 to 7	Not reported	Two different subject counts cited in report
Stimulus	"Varied"	20-second film	3-minute film	3-minute film	Photographs	80–86 subjects unaccounted for

IIEF = International Index of Erectile Function.

authors offer no justification for the inclusion of data from these subjects, nor any accounting to indicate that these subjects were excluded from their analysis of sexual arousal and desire. Moreover, it is clear from the published manuscripts that the other three studies providing subjects for this investigation [7–9] used videos of inconsistent duration (20 seconds to 3 minutes). Without uniformity of the erotic stimulus, the legitimacy of pooling data from the various sources is questionable.

It is disturbing that the authors do not provide descriptive statistics about the study's central parameter: the hours of pornography viewed. While the authors report that they have clustered the data into three bins (none, less than 2 hours, more than 2 hours), they do not provide basic population statistics such as the mean, standard deviation, median, or range for hours of pornography viewing for the overall population or any subpopulation. Without understanding the populations in terms of the critical parameter, the reader cannot translate the study findings to the care of his/her individual patients.

The hours-viewed parameter itself is poorly defined. We are not told if the self-report of hours referenced the preceding week, the average over the last year, or was entirely left to subject interpretation. Were there subjects who were new porn users who had not had enough exposure to develop erectile or other sexual issues? Were there subjects who were previously heavy users who had recently cut down or eliminated their pornography viewing? Absent a well-defined and consistent referent, the porn use data are uninterpretable.

Furthermore, the authors do not report on relevant viewing parameters such as total pornography usage, age of onset, presence of escalation, and extent of sexual activity with partner which may have bearing on male sexual functioning [11,12]. In addition, the exclusion of hypersexual men (the men who generally complain about pornography-induced erectile dysfunction) raises questions about the relevance and generalizability of the study's erectile function findings.

Even more disturbing is the total omission of statistical findings for the erectile function outcome measure. The statistical tests that the authors used are not identified, although the reader is told that there were "several." No statistical results whatsoever are provided. Instead, the authors ask the reader to simply believe their unsubstantiated statement that there was no association between hours of pornography viewed and erectile function. Given the authors' conflicting assertion that erectile function with a partner may actually be improved by viewing pornography (with fruit fly studies cited for support), and their boastful prepublication promotion of their findings on Twitter (<https://twitter.com/NicolePrause/status/552862571485605890>), the absence of statistical analysis is most egregious.

The authors clearly devoted much time and energy to their research project. It is unfortunate that they have not provided the reader with sufficient information about the population studied or the statistical analyses to justify their conclusion that pornography is unlikely to negatively impact erectile functioning. While there is some indication in the data that nonporn-addicted men watching brief pornography films may have increased sexual arousal and desire, this is hardly a novel finding.

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Red Herring: Hook, Line, and Stinker

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A red herring is not a delicacy that we have had the pleasure of trying, but we are fond of its use as an English idiom. In our "Viewing Sexual Stimuli Associated with Greater Sexual Responsiveness, Not Erectile Dysfunction", we speculate that viewing erotic films might resemble such a fish/idiom with respect to causing erectile dysfunction (ED). The letter writer weaves a nefarious tale of "gays", "missing data", and "egregious" problems in our original study [1]. This sounds like a good read indeed, if any of the problems had actually occurred.

No questions were raised about the strong finding that the more men viewed sex films at home the stronger sexual desire they reported for their partner. In fact, this result was described as "hardly novel". Also, no questions were raised about the poor literature published in this area. We were pleased to find that our original report was replicated and extended by a recent independent laboratory study that examined male sexual function even more broadly [2]. Hence, we seem to agree that viewing sex films at home does not inexorably impair the desire for one's