**OBJECTIVE:** Few studies have assessed the effect of erectile dysfunction (ED) treatment for psychological adjustment. This study assessed the impact of ED therapy on psychological functioning at baseline and 12-month follow-up using a battery of 10 standard psychological measures previously used in ED research. **METHODS:** Using an observational ED disease registry, clinical, sociodemographic psychological, and HRQoL information was collected at baseline prior to treatment and at 3, 6 and 12 months later. Psychological measures included the Beck Depression Inventory, a Life Satisfaction question, Marital Happiness item from the Locke Wallace Marital Adjustment Test, Mental Health Index 5, SF 36 Vitality scale, SOS 10 (a measure of general psychological health), State Trait Anxiety measure, and three MOS subscales (Positive Affect, Belonging/Loneliness, Marital Functioning). Only men who reported undergoing ED treatment were included in this analysis sub-sample. Patients were classified as treatment responders based on improvements in IIEF scores. Group means at baseline and 12-months and change between timepoints were compared using t-tests. **RESULTS:** The cohort consisted of 89 patients. 40 (45%) responded to therapy by the IIEF criteria. At one year, responders reported better psychological functioning on 7 measures, with differences being significant ($p < .05$) on Life Satisfaction, Marital Happiness, Positive Affect, and SOS 10. Responders reported significant improvement ($p < .05$) from baseline on 3 measures (Life Satisfaction, Positive Affect, and SOS 10) and a significant decline on one (SF 36 Vitality). **CONCLUSIONS:** Diagnosing and successfully treating ED has a significant impact on patient psychological functioning. These results should encourage providers to actively diagnose and treat ED. Data from this study show that men who fail primary therapy for ED should be offered secondary treatment, as many men in this study who failed prior therapies still reported improved psychological functioning when they began an effective secondary treatment.

**PWM13**

## PREDICTORS OF RESPONSE TO ERECTILE DYSFUNCTION TREATMENT AT 12 MONTHS: RESULTS FROM THE EXCEED DATABASE

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**OBJECTIVE:** Response to erectile dysfunction (ED) treatment has typically been reported over a three-month period in a number of pharmaceutical trials. Little is known about the factors associated with response to treatment over a longer period. The current study examines predictors associated with response to treatment at 12 months in a group of men enrolled in an ED disease registry study. **METHODS:** Clinical information was collected at baseline and HRQOL data was collected at baseline, 3, 6, and 12-months. Eighty-nine men reported receiving ED treatment while enrolled in the study and completed the 12-month HRQOL questionnaire. Scores on the IIEF erectile functioning scale at baseline and 12-months were compared. Men who reported a 4-point or greater improvement were considered treatment responders (N = 40). Forty-nine men were classified as non-responders. A multivariate logistic regression model predicting treatment response at 12 months and controlling for age and baseline erectile functioning was specified. **RESULTS:** Men who were treatment responders at the 12-month follow-up were significantly more likely at baseline to have a partner who encourages sex (OR = 4.230, p = .0369), be unmarried (OR = 0.05, p = .0020), report greater rigidity during sex (OR = 4.814, p = .0288), and have more frequent morning erections (OR = 4.360, p = .0432). **CONCLUSIONS:** Long-term response to ED treatment is significantly associated with baseline erectile functioning (as measured by frequency of morning erections and penile rigidity during sex) and the supportiveness of a partner. Practitioners can use this information to guide patient expectations for treatment outcomes and to recommend other treatment if relationship concerns are present.

**PWM14**

## DEVELOPMENT OF A NEW QUALITY OF LIFE INSTRUMENT TO EVALUATE FEMALE SEXUAL DESIRE

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**OBJECTIVE:** To evaluate the psychometric properties of a new disease specific instrument, the female sexual desire profile (FSDP). **METHODS:** The FSDP is a self-assessment questionnaire containing eight items that address the occurrence of sexual desire and sexual receptivity. The study enrolled a total of 174 patients with hypoactive sexual desire disorder in 5 countries (Canada, UK, Poland, Hungary and The Netherlands) randomized to receive either active treatment or placebo. Patients completed the FSDP on a daily basis during the baseline and treatment periods. Standard psychometric analyses were conducted. **RESULTS:** Confirmatory factor analysis was undertaken to provide evidence of a single construct of desire in the FSDP. All FSDP questions loaded onto the factor in excess of 0.4. Three questions had high loadings in excess of 0.7 (items 2, 4 and 5). The FSDP had good internal consistency, 0.72 for the baseline data and 0.86 for the treatment period. There was no indication of item redundancy. The FSDP scores showed a moderate correlation with desire domain of the Female Sexual Function Index (FSFI) for the baseline period (0.39) and treatment