

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

period (0.68). The FSDP was able to distinguish between high and low scorers on the FSFI at baseline ($p < 0.001$). **CONCLUSIONS:** The FSDP has shown good psychometric properties and is an appropriate measure of quality of life in this patient population. Further validation studies are planned to evaluate this new instrument in patients with female sexual desire disorder.

BPH: CONSEQUENCES ON THE SPOUSE'S SEXUALITY

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Urinary problems secondary to benign prostatic hyperplasia (BPH) are found in 20 to 25% of the population of men over 50 years of age. This is thus a public health problem with a number of diagnostic, therapeutic and economic facets. The severity of the problem is assessed by the score obtained on the IPSS, a well-known and recognised questionnaire. **OBJECTIVE:** As part of the growing importance attached to the care giver, it is interesting to evaluate the consequences of this masculine pathology for the spouse. **METHOD:** As part of a cohort study, the GP gave the patient 2 PFM (Patient Family Measurement) self-questionnaires for himself and his spouse. For the analysis, 357 patient questionnaires and 316 spouse questionnaires were used. The sexuality of the patient was measured by the—IIEF-International Index of Erectile Function. Spouses were asked about their Sexual Desire—SD- and Overall Satisfaction—OS-. **RESULTS:** For BPH patients, all the IIEF dimensions are deteriorated according to the severity expressed by the IPSS score. This is particularly true for the SD (52.8 – 46.6 – 35.2) and OS (69.6 – 57.3 – 40.4) dimensions. For the spouses who answered the questionnaires, the SD lack or the overall dissatisfaction are directly correlated with the IIEF score expressed by their partners for the corresponding dimensions $p < 0.005$ —Spouse Sexual Desire: Nil to Weak: IIEF DS Dimension Score: 42.7—Medium to High: IIEF DS Dimension Score: 76.0—Spouse Satisfaction: Dissatisfied: IIEF OS Dimension Score: 46.1—Divided to Satisfied: IIEF OS Dimension Score: 67.2. **CONCLUSION:** The high spouse questionnaires' response rate showed the

interest and involvement of spouses in their husband's disease. BPH patients sexuality is deteriorated according to the pathology severity, spouses express this deterioration in the same way.

PWM16

BENIGN PROSTATIC HYPERPLASIA: RECOGNITION OF THE CONSEQUENCES OF THE PATHOLOGY FOR THE SPOUSE

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Urinary problems secondary to benign prostatic hyperplasia (BPH) are found in 20 to 25% of the population of men over 50 years of age. This is thus a public health problem with a number of diagnostic, therapeutic and economic facets. The severity of the problem is assessed by the score obtained on the IPSS, a well-known and recognised questionnaire. **OBJECTIVE:** As part of the growing importance attached to the caregiver, it is interesting to evaluate the consequences of this masculine pathology for the spouse. **METHOD:** As part of a cohort study, the GP gave the patient 2 PFM (Patient Family Measurement) self-questionnaires for himself and his spouse. For the analysis, 357 patient questionnaires and 316 spouse questionnaires were used. The rate of return of the spouse questionnaires (88%) was very satisfactory. The quality of life (QOL) of the patient was measured by SF12; the results consisted of 2 scores: mental (MCS-12) and physical (PCS-12). The norm observed in the American population, and from which the scores were standardised, was 50. In the patient where the QOL had deteriorated, all the scores were lower than this norm, (PCS-12 = 46 & MCS-12 = 47.2). This deterioration in the quality of life also applied to the spouse. (PCS-12 = 44.4 & MCS-12 = 45.9). For the PCS-12, the difference was significant. **CONCLUSION:** The rate of return of the spouse questionnaires showed the interest and involvement of spouses in their husband's pathology. The deterioration in the quality of life of the spouse highlighted the impact of the disease on those around him. In both the patient and the spouse, the quality of life deteriorated with the severity of the BPH.

PWM15