Erectile Dysfunction (ED) and Sexual Health Protocol

Disclaimer

This AI generated protocol is provided for informational and example purposes only. It is not intended to serve as medical, legal, or regulatory advice. Healthcare providers and organizations should review and adapt this protocol to align with their specific clinical practices, regulatory requirements, state laws, and institutional policies. Any implementation of this protocol should include regular updates based on evolving best practices, local regulations, and expert consultation.

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1. Purpose and Scope

This protocol outlines evidence-based practices for the evaluation and management of erectile dysfunction (ED) and male sexual health concerns. It is designed for use by Advanced Practice Providers (APPs) in urology, men's health clinics, and primary care settings.

2. Assessment and Diagnosis

- Perform a comprehensive medical and sexual history, including onset, duration, and severity of symptoms.
- Assess risk factors such as hypertension, diabetes, cardiovascular disease, obesity, and psychological factors (e.g., stress, depression).
- Conduct a focused physical exam, including genital, cardiovascular, and neurological assessments.
- Obtain baseline labs: testosterone levels, fasting glucose, lipid profile, thyroid function tests (TFTs), and prostate-specific antigen (PSA) if indicated.
- Utilize validated questionnaires like the International Index of Erectile Function (IIEF) to assess severity.

3. Treatment and Management

- **Lifestyle Modifications:**
    - Educate patients on weight management, exercise, smoking cessation, and alcohol reduction.
- **First-Line Pharmacological Therapy:**
    - Prescribe phosphodiesterase-5 (PDE5) inhibitors (e.g., sildenafil, tadalafil) as the first-line therapy.
    - Educate on appropriate use, timing, and potential side effects (e.g., headache, flushing).
- **Second-Line Therapy:**
    - Consider intracavernosal injections (e.g., alprostadil) or vacuum erection devices for non-responders.

    - Discuss intraurethral suppositories or testosterone replacement if indicated.
- **Psychological Interventions:**
    - Address contributing psychological factors with counseling or therapy.
- **Monitoring and Follow-Up:**
    - Reevaluate symptoms and treatment response at 4-6 weeks and adjust therapy as needed.
    - Monitor for adverse effects and patient satisfaction.

4. Patient Education and Counseling

- Discuss the etiology and multifactorial nature of ED.
- Emphasize realistic expectations with treatment, including medication efficacy and potential side effects.
- Provide information on lifestyle changes that improve sexual function.

5. Documentation and Follow-Up

- Record the initial assessment, treatment plan, and patient consent.
- Document follow-up visits, changes in symptoms, and treatment modifications.
- Ensure thorough documentation of patient education and counseling.

6. Referral and Collaboration

- Refer to urology for complex or refractory cases, especially when surgical intervention is considered.
- Collaborate with mental health professionals for cases with significant psychological components.
- Engage endocrinology if hypogonadism or hormone imbalance is suspected.

7. Compliance and Quality Assurance

- Follow evidence-based guidelines from the American Urological Association (AUA).
- Maintain certification and continuing education in men's sexual health.
- Conduct periodic protocol reviews to ensure alignment with the latest clinical standards.
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This protocol is intended for educational purposes only and should not be considered medical advice. Providers are encouraged to review, personalize, and adapt this protocol to align with their clinical judgment, specific patient needs, and current evidence-based practices. Local regulations, clinical guidelines, and individual practice settings should also be taken into account.

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