"Doc, if it were you, what would you do?": A survey to evaluate attitudes toward men's health treatment modalities.

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Introduction

- Little data exists evaluating the attitudes that andrologists have towards the current treatment modalities for managing men's health conditions.
- We surveyed treatment providers for common men's health conditions to assess their treatment preferences from the standpoint as a patient.

Methods

- An online survey was distributed via Surveymonkey to members of the Sexual Medicine Society of North America (SMSNA) and the European Society for Sexual Medicine (ESSM).
- 37 questions and 6 domains of men's health – erectile dysfunction (ED), ejaculatory dysfunction, Peyronie's Disease (PD), hypogonadism, benign prostatic hyperplasia (BPH), and incontinence

Table 1. Peyronie's Disease (w/ preserved erectile function)

	30° Dorsal Curvature	60° Dorsal Curvature	90° Dorsal Curvature	Hourglass Deformity	Ventral Curvature
Intralesional Verapamil (%)	1	2	1	2	2
Intralesional Interferon (%)	1	1	1	3	3
Intralesional CCH (%)	32	30	12	17	13
Plication (%)	12	27	15	3	43
PEG (%)	5	20	31	23	8
Penile Prosthesis (%)	1	8	16	14	9
Intralesional therapy followed by surgery (%)	2	8	17	1	0
No intervention (%)	44	4	5	35	22

- **51%** of respondents would use (CCH) injections in the acute phase of PD.

Table 3. Premature Ejaculation

	US based providers	Non-US based providers
Sex/behavioral therapy (%)	27	53
Topical therapy (%)	36	6
PDE5i (%)	7	6
Daily SSRI or other antidepressant (%)	20	15
On-demand SSRI (%)	8	21
Tramadol (%)	2	0

Results/Demographics

	N	%
Gender		
Male	88	81
Female	21	19
Geographic Area of Practice		
North America	68	63
Europe	26	24
Other	15	14
Practice Setting		
Single provider	18	17
Academic	44	40
Hospital based	27	25
Large group practice	17	16
Other	3	3
Fellowship Training		
Yes	65	60
No	43	40

Table 2. Erectile Dysfunction

	N	%
First choice PDE5i (≥1 answer)		
Sildenafil on demand	35	33
Tadalafil on demand	40	38
Vardenafil on demand	8	8
Avanafil on demand	9	9
Tadalafil daily	42	40
Second line if refractory to PDE5i		
Vacuum Erection Device	6	6
Intraurethral Suppository	12	11
Penile Prosthesis	9	9
Vascular Surgery	1	1
Intracavernosal Injections	77	73
Type of penile prosthesis		
Malleable	13	14
2-piece inflatable	9	10
3-piece inflatable	71	76
Type of inflatable device		
Coloplast Titan	37	40
AMS 700 CX	18	19
AMS 700 LGX	27	29
Ambicor	6	6

Table 4. Hypogonadism

	N	%
Hypogonadism treatment w/out fertility preservation (≥1 answer)		
Selective estrogen receptor modulator (e.g. Clomiphene citrate)	19	22
Aromatase inhibitor (e.g. Anastrozole)	7	8
Testosterone therapy	73	86
Human chorionic gonadotropin (hCG)	8	9
Lifestyle modifications	35	41
None	0	0
Hypogonadism treatment with fertility preservation		
Selective estrogen receptor modulator alone	33	39
Aromatase inhibitor (ARI) alone	4	5
Human chorionic gonadotropin (hCG) alone	18	21
Combination testosterone and hCG/clomiphene/ARI therapy	17	20
Lifestyle modifications	10	12
None	3	4

- For borderline low testosterone (300-400 ng/mL) with symptoms, **69%** would still pursue testosterone therapy.

Table 5. Post-prostatectomy Incontinence

	Mild (0-1 pad/day)	Moderate (2-4 pads/day)	Severe (>4 pads/day)
Kegel exercises only (%)	83	23	11
Male urethral sling (%)	13	60	18
AUS (%)	0	15	69
None (%)	4	2	1

Conclusions

- Some management decisions, such as the use of CCH in the acute phase of PD and testosterone replacement for borderline low testosterone, are contrary to conventional wisdom regarding these treatments.
- This may illustrate a changing landscape of thinking in regards to "best line" therapy for these conditions.

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