## **Erectile Dysfunction Pathway in Primary Care - September 2018 - Surrey and NW Sussex**

Patient presents with persistent inability to attain/maintain an erection that permits satisfactory sexual performance

ED is an early indicator for cardiovascular disease and it is important to screen and investigate men presenting with ED

Take history:
Sexual History (i.e. present & previous erection quality/duration/rigidity etc.)

ii) Full Medical History (i.e. high risk medical factors i.e. diabetes/hypertension)

iii) Full medication/recreational drug history

 iv) Psychosexual History: if possible differentiate between physical and psychological causes. http://www.patient.co.uk/health/erectile-dysfunctionimpotence

## 2. Examination:

 i) Cardiovascular risk assessment including measurement of:

- BMI
- BP
- waist circumference
- ii) Examination for:
- Testicular atrophy
- Penile abnormalities e.g. peyronie's disease
- Hypogonadism
- reduced body hair
- iii) Gynaecomastia
- iv) For patients with prostate symptoms, perform rectal examination and consider PSA depending on outcome of examination

## 3. Investigations:

- Full Blood Count
- Thyroid Function test
- HbA1c
- Fasting glucose
- Lipid profile
- Cortisol
- Prolactin Levels
- Total Testosterone (TT):
  - ⇒Sample should be taken in the morning between 9am and 11am
  - ⇒If the testosterone is low or borderline repeat the testosterone measurement and measure: (a) Follicle-stimulating Hormone (FSH) (b) Luteinizing Hormone (LH)
- LFTs
- Consider
  - ⇒PSA
- ⇒DRE

4. Urine analysis to rule out renal disease

