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Editorial Comment on “Assessing Attitudes and Confidence in Managing Erectile Dysfunction Among Urology, Internal Medicine, and Family Medicine Providers”

Anael S. Rizzo, Joseph Borrell, and Juan J. Andino

First, we want to commend the authors on their impressive work. Despite the challenges of clinical practice and the issue of "survey fatigue," 138 physicians and advanced practice providers (APPs) across 3 different departments participated and completed the survey. This reflects the importance of the topic and its impact across multiple medical specialties.

One critical reason for the importance of this work is the looming shortage of healthcare physicians and providers. In 2019, there were 3.99 urologists per 100,000 persons in the U.S., and depending on the growth of residency programs, it is estimated that by the 2030s, this figure will drop to 3.1-3.3 urologists per 100,000 patients.¹ Meeting patient demand will become increasingly difficult as the supply of physicians and clinicians diminishes. This impending shortage of urologists underscores the importance of partnering with primary care physicians (PCPs) and APPs to provide a continuum of care for erectile dysfunction (ED). By fostering these partnerships and empowering PCPs to diagnose and manage ED in its early stages, we can broaden access to care while reserving urologic expertise for patients requiring advanced therapeutic options, such as penile implant surgery.

In addition to provider shortages, the aging US population will exacerbate this issue, as the demand for care will rise in parallel with a shrinking workforce. Some studies show that patients aged 65 and older use 65% of all urologic services and require urologic care at rates 3 times higher than the general population.¹ Given

that ED incidence increases with age, an aging population will lead to higher rates of ED. Dr. Burnett has demonstrated that among Medicare and employer-sponsored health insurance plans, the prevalence of ED is rising, yet only 22% of men receive therapies covered by their health plans.² These trends underscore an existing and likely worsening access-to-care issue. The authors emphasize the importance of collaboration and advocate for enhanced training and support for PCPs to expand their role in men's health. However, other solutions, such as expanding the APP workforce, leveraging telehealth, and integrating artificial intelligence into care delivery, may be necessary to bridge these gaps. The AUA public policy and advocacy committee has been working on these issues and engaging in federal advocacy, but much work remains to be done.

The authors also highlight the growing body of evidence demonstrating that first-line medications for ED, such as tadalafil, are associated with cardioprotective effects. Kloner et al found that tadalafil use was linked to a 19% reduction in major adverse cardiovascular events (MACE) and overall mortality.³ Given the overlap of comorbid conditions between ED and cardiovascular disease, these findings may shift the perception of ED treatment, which is often seen as solely about quality of life. With the hope of improving other health outcomes, primary care offices may be more inclined to screen for and treat ED with safe, effective medications.

Lastly, the authors underscore an important area for collaborative education efforts: the low awareness of high patient and partner satisfaction with treatment options, particularly the lack of knowledge about insurance coverage for the inflatable penile prosthesis (IPP). Studies report satisfaction rates of 92%-100% among men who received IPPs and 91%-95% among their partners, with all-payer databases indicating that around 80% of patients have IPP insurance coverage.⁴ Given that many patients are unaware of options beyond oral medications like

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tadalafil, raising awareness about surgical therapies for ED and ensuring patients can seek consultations when interested is crucial, particularly in cases of cancer survivorship or conditions like priapism, where the only long-term solution with lower financial toxicity may be an IPP.

This study provides valuable insight into the gaps in knowledge and confidence regarding ED management, revealing significant opportunities for targeted education across specialties. Importantly, these findings must be considered within the broader context of the challenges facing medicine today and in the future: workforce shortages, an aging population with increasing healthcare needs, and the necessity for multi-specialty collaboration. By working closely with our primary care colleagues in the education space, we can ensure that patients receive early access to first-line ED therapies, engage in preventive health efforts with both general and sexual health benefits, and refer patients with more severe ED to urologists and men's health specialists when needed.

Author Contributions

Joseph Borrell: Conceptualization, Writing—review and editing. Anael Rizzo: Conceptualization,

Writing—original draft, Writing—review and editing. Juan José Andino: Conceptualization, Supervision, Writing—original draft, Writing—review and editing.

Declaration of Competing Interest

The authors have no conflict of interest to declare.

References

1. Nam CS, Daignault-Newton S, Kraft KH, Herrel LA. Projected US Urology Workforce per Capita, 2020-2060. *JAMA Netw Open*. 2021;4:e2133864. <https://doi.org/10.1001/jamanetworkopen.2021.33864>
2. Burnett AL, Rojanasarot S, Amorosi SL. An analysis of a commercial database on the use of erectile dysfunction treatments for men with employer-sponsored health insurance. *Urology*. 2021;149:140–145. <https://doi.org/10.1016/j.urology.2020.11.051>
3. Kloner RA, Stanek E, Desai K, et al. The association of tadalafil exposure with lower rates of major adverse cardiovascular events and mortality in a general population of men with erectile dysfunction. *Clin Cardiol*. 2024;47:e24234. <https://doi.org/10.1002/clc.24234>
4. Khera M, Langston JP, Pollard ME, et al. Implantable penile prosthesis for erectile dysfunction: insurance coverage in the United States. *Urol Pract*. 2023;10:501–510. <https://doi.org/10.1097/UPJ.0000000000000416>