Quality of life (QoL) has become one of the important parameters in the evaluation of treatment and assessment of medical conditions, and it may be an important tool in determining the urgency of the need for therapeutic intervention for erectile dysfunction (ED). It is important to evaluate QoL of the couple, because men and women alike will suffer because of male erectile disability. Future drug trials, as well as studies of sexological intervention programs, should involve both partners.¹

“Many men view erectile dysfunction as a male problem and it may not occur to them to include their wife or partner in the discussion with their doctor,” said Kimberly Resnick-Anderson, LISW. Resnick-Anderson is an AASECT-certified sex therapist and director of Summa Health System’s Center for Sexual Health. “Women tend to view ED as a couple’s problem since it impacts both people in a relationship. Encouraging the patient to include his wife or partner in discussions about treatment can lead to better outcomes.”

Recent studies have shown medication in conjunction with couples counseling is more effective than just medication alone. A referral to a sexual health therapist helps couples deal with the physical, emotional and psychological issues which can arise when resuming lovemaking after a long hiatus.

In one New Zealand study, women listed the following concerns about their partner’s use of PDE-5s:

- Decrease in foreplay and an excessive focus on penetrative sex
- Less emotional connection with their partner
- Unwanted change in habits, duration, frequency and mode of sexual activity
- Offended by their partner’s reliance on a “chemically induced” erection
- Fear of addiction
- Pain caused by increased sexual activity
- Lack of consultation/negotiation as to the initiation and frequency of sexual activity
- “Sex on demand” (i.e., overt and subtle pressure from partner to have sex)
- Side effects from medication taken by their spouse/partner
- Worries about infidelity after starting to take medication
- Coercion to have sex in order to “not waste a pill” and to “get their money’s worth”

According to one study, almost 35 percent of patients discontinued the use of Viagra – even after successful restoration of sexual function. Why? The reasons reported were primarily emotional or relationship oriented.³

Some of the factors contributing to patients’ discontinuing treatment included:

- Length of time the couple was asexual before seeking treatment
- Male partner’s approach to resuming sexual activity with his partner
- Male partner’s expectations of how PDE-5s will change his life
- Each partner’s physical and emotional readiness to resume lovemaking
- The meaning for each partner of using a medical intervention to restore lovemaking ability
- The quality of the couple’s non-sexual relationship

Sexual disabilities and problems cannot be seen as isolated sexual phenomena that only involve one symptom-bearer with one symptom. Because of this, one can emphasize the importance of involving the couple, both in drug trials and in sexological intervention programs – be they psychotherapeutic or pharmacological.⁴

Please consider including a referral to a sexual health therapist as part of the treatment plan to assist patients and their partners in making a successful transition to a better quality of life during ED therapy.

Call (800) 237-8662 to schedule an appointment with a therapist at Summa Center for Sexual Health or call (888) 720-5318 to schedule an appointment with a urologist.

³Potts, A. The downside of Viagra: women’s experiences and concerns. Soc of Health & Illness 2003