



Male Sexual Dysfunction: Current Diagnosis and Treatment

A Review of

Sexual Dysfunction in Men

by David L. Rowland

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Do you have male patients who come to you with complaints of sexual dysfunction? Would you like to know more about current research involving proper diagnosis and treatment of sexual dysfunction? Are you interested in learning more about some of the most common reasons for sexual dysfunction and how they can be addressed?

David Rowland's book *Sexual Dysfunction in Men* is an evidence-based guide that discusses some of the most

important considerations for treating male patients with sexual dysfunction. It is structured into six chapters, with the first three chapters serving as an introduction to the field focusing on definitions and terminology, theories and models, and a general framework for the evaluation of sexual dysfunctions. The latter three chapters focus primarily on the treatment of each of the four main sexual dysfunctions.

The book serves as an introduction to the field by clearly defining some of the basic ideas underlying sexual dysfunction while also providing practical, evidence-based methods for proper diagnosis and treatment of sexual dysfunction in males. Furthermore, the book discusses in detail different types of therapies and counseling strategies specific to each disorder, empowering clinicians to leverage their sexual dysfunction-focused biopsychosocial formulation to provide up-to-date treatment for their clients.

Sexual Dysfunction in Men is written in a clear and concise manner that engages the reader regardless of level of expertise in the field. Rowland strikes a delicate balance by making the book easy for the layperson to understand and directly clinically applicable for the seasoned mental health professional. Clinicians with limited exposure to male sexual dysfunction will find this book particularly useful both as a clinical guide and as a reference resource.

We praise Rowland for the thorough manner in which he approaches each topic; for example, he explains down to the molecular level how erection results from relaxation of smooth muscle cells that are in turn regulated by the neurological system. However, a deeper discussion of medication management might have been useful for medical providers.

The way the chapters are structured promotes a progressive understanding of each condition, which allows the reader to easily connect each additional element of the disorder discussed. Rowland begins the book by providing a broad understanding of the field of male sexual dysfunction and briefly discussing many general topics ranging from field-specific terminology to common comorbidities and diagnostic scales.

In addition, Rowland briefly introduces the four most common disorders: low sexual desire, erectile dysfunction (ED), premature ejaculation, and delayed and inhibited ejaculation. Subsequently, he explores the historical and current theories and models of sexual dysfunction, and he discusses how the many different factors, including

biological, psychological, relationship, and sociocultural, play significant roles in male sexual dysfunction. Later in the book, each of the four most common disorders is explored and discussed in greater detail, with a focus on diagnosis, comorbidities, and current best treatment.

A notable advantage of the book is the thorough overview of each disorder, in which Rowland discusses in detail the limitations and the inherent subjectivity of treatment. For example, in the subchapter on treatment of ED, he starts by discussing how the definition is mainly subjective and functional. He recommends the use of diagnostic scales such as the Sexual Health Inventory for Men and the International Index of Erectile Function as a possible way to standardize the diagnosis. However, he warns that such instruments are as subjective as the patient's judgment because they are based on self-reporting.

Continuing his thorough approach, Rowland not only addresses the current understanding of the subject matter but also includes discussion of historical debates in order to provide a fuller understanding of the current opinions in the field. In the subfield of ED, historically there has been a distinction between psychogenic and biogenic etiologies in the diagnosis of ED. Rowland cites this debate to emphasize the strength of the current understanding of this dichotomy.

This distinction is of much less importance now due to the effectiveness of phosphodiesterase inhibitors in the treatment of most, if not all, types of ED. Rowland's discussion of the process by which the current understanding was reached provides greater clarity into other aspects of ED as well. When one is assessing the prevalence of ED, the same distinction again arises in that there is a significant increase in prevalence and relevant health issues with age, going from 8 percent in 20- to 29-year-olds to 37 percent in 70- to 75-year-olds, as seen in the multinational Men's Attitudes to Life Events and Sexuality (MALES) study (Fisher et al., 2004).

Occasionally Rowland presents issues but then does not continue discussion with further important examples. He addresses the importance of medical comorbidities seen with ED and discusses the implications of both when such comorbidities are known and when they are not yet known: "ED is not a specific disease process, but rather just one manifestation of a more general cardiovascular malfunction" (p. 47).

In such cases, ED can be a red flag that alerts the clinician to the potential for a severe underlying vascular or neurological illness that requires further evaluation. In addition, certain lifestyle choices such as smoking, lack of exercise, and dietary preferences might play a larger role than what is described by Rowland. There has been ongoing research in this area, including a randomized control trial showing that lifestyle changes are associated with improvement in sexual function (Esposito et al., 2004).

In addition to the comorbidities mentioned in the book such as vascular conditions, neurological illness, and medications causing ED, other research has identified lower urinary tract symptoms as an independent risk factor for sexual dysfunction in older men that should also be investigated, as they are usually caused by benign prostatic hypertrophy (Rosen et al., 2003). Along with a more in-depth discussion of the effect of lifestyle choices, presentation of this information would have strengthened the connection of ED and comorbidities requiring more extensive evaluation (see Montorsi et al., 2010, for a more detailed source).

The fourth chapter of the book, in addition to describing treatment for each disorder, provides informative tables that compare different treatment strategies by effectiveness and convenience. The text could have benefitted from having an algorithm for the treatment of ED, possibly similar to the one published in "Summary of the Recommendations on Sexual Dysfunctions in Men" (Lue et al., 2004).

The major limitation of the book is that medication management and follow-up care are not addressed as thoroughly as are the other topics. Rowland is very thorough in the therapy section, with exploration of psychosexual counseling strategies, including how to maximize their efficacy when they are combined with pharmacological management. However, in the pharmacological section, it would have been beneficial if he had provided greater detail to serve as a double-check and reference for treatment of clients also receiving medication. For example, he could have listed which physical conditions or medications are contraindicated with the use of phosphodiesterase inhibitors.

As in many aspects of mental health, follow-up and continued assessments are the cornerstone to providing the best possible care. Specifically, in this particular field a provider should also be mindful of follow-up not only with the client but with his partner as well. Although we acknowledge that this is a condensed volume, readers might

benefit from a thorough discussion regarding follow-up strategies in order to improve medication effectiveness, minimize nonadherence, and maximize patient satisfaction with future visits.

Extensive research has been conducted on follow-up care that could help provide a more complete guide to patient care (see, for example, Montorsi et al., 2010). The most common reasons for nonresponse to sildenafil among 100 men included inadequate dosing, use just before sex, use after a large meal, and use without sexual stimulation (Hatzichristou et al., 2005). Discontinuation rates of PD-5 inhibitors ranging from 20 percent to 50 percent despite efficacy rates between 44 percent and 91 percent (Althof, 2002) are startling but may be due to the resistance of men, women, and couples regarding treatment for ED. Althof concluded by stating that to be effective, clinicians must go beyond the simple restoration of erectile function to help patients become active lovemakers again.

Overall, Rowland's book achieves its central aim of taking a very complex topic and compressing it into an easily digestible 100-page manual for mental health professionals interested in expanding their clinical knowledge on how to effectively diagnose and treat the most common causes of male sexual dysfunction. The material is thorough and clear, providing a useful guide, especially to the clinician interested in a therapy-centered approach to treatment.

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Footnotes

Disclosure Notice: Anita Clayton has worked with several pharmaceutical companies developing medications for female sexual dysfunction. She has received grants and consultant fees, served on advisory boards, and owns restricted stock; she has also published a book on the topic for the general public.