

the spectre of failure, both sexual and emotional, for far too long – they need to be told they're getting something right. It's helpful – as well as accurate – to tell patients that “many couples find difficulty with ED – the fact you're still together is a real sign of the strength of your relationship”.

Rebuilding

Many couples, of course, will need more than simple validation – they'll need help in rebuilding their sex life. For most, it won't be a case of taking the treatment and instantly leaping on top of each other – not after years of withholding touch for fear of raising (or rather, not raising) the erection question. So it may be useful to give patients very basic advice: to reintroduce sex slowly, to include foreplay, to relax if things don't go according to plan first time round – and to come back if treatment doesn't work, with the reassuring rider that many treatment plans need adaptation.

“ They've lived with the spectre of failure for far too long; they need to be told they're getting something right. ”

Couples may also need help in rebuilding their relationship, or at the very least they may need to hear that seeking such help is not only common but also a sign of commitment rather than weakness. I would argue that every approach to ED – be that a script for medication or a referral on for further tests – be accompanied by at least a mention that the man and his partner may want to see a counsellor. Many won't need it but many will, and a blanket suggestion will make sure that those patients too embarrassed to admit partnership issues don't slip through the net.

The good news

The good news, then, is that treatment, support and referral are highly effective tools to tackle the couple issues that spin out from ED, and it's therefore totally reasonable to expect that with this support solving a man's ED will restore not only his sexual prowess but, over time, his and his partner's self-esteem and their relationship stability.

But there also may be an unexpected bonus. While researching this article, I came across a recent study⁴ suggesting that when men are successfully treated for ED their partners show a rise not just in emotional positivity

Sexual Health for Men: Answers at Your Fingertips. P Kell, V Griffiths. London, UK: Class Publishing, 2006. ISBN: 1-85959-011-X. Price: £14.99 (currently available from the publisher's website at the special offer price of £7.99). Pages: 181 (paperback)

My main issue with this book is that, quite simply, it doesn't do what it says on the tin. The title, *Sexual Health for Men*, suggests a wide-ranging tome that explores all aspects of male sexual well-being. Yet the book majors almost exclusively on erectile dysfunction (ED) and ignores most other sexual issues: sexually transmitted infections, for example, don't even get a mention in the index!

That's the bad news. The good news, however, is that the book's concentration on physiologically caused ED is superb. The book utterly meets its market – ED patients and their partners – exploring the problem in depth, with

an excellent 'question and answer' structure that really reflects typical issues and concerns. And it does this without falling into the two common traps of self-help books, namely being too academic or too patronising. The authors' medical background and experience means they are playing to their strengths here and it shows.

No, I wouldn't recommend this book for patients whose ED has already been diagnosed as psychological or relational. The book addresses these issues, but doesn't go into depth about underlying causes or even treatments; senseate focus, for example, is disposed of in one page.

But I would unhesitatingly recommend this to a patient who has been diagnosed with physiologically caused or medically treatable ED, or a health professional who needs an overview or reminder of the problem and its current solutions. The content is exhaustive, the index comprehensive, the 'useful addresses' section sound, the glossaries of medical terms spot on.

Box 1: Erectile difficulty, a couple problem: suggested ten-point action plan

- Be aware: when a patient presents with erectile difficulty, expect that there have been couple problems.
- Ask: a simple question such as “How does your partner feel about this?” is a good way in.
- Normalise: tell the patient clearly that erectile dysfunction is a common problem and often down to medical rather than relationship causes.
- Validate: however troubled their story, point out what the patient and his partner are doing right.
- Invite partner attendance: or at the very least, check with the patient that his partner knows what is happening.
- Encourage negotiation: encourage communication so both partners get what they want as they resume their sex life.
- Inform: if you suspect a lack of sexual knowledge or skill is adding to a couple's problems, give information.
- Pace: suggest the couple reintroduce sex gradually and that they not panic if treatment doesn't work first time.
- Reassure: make sure patient understands that coming back for 'tweaking' of treatment is to be expected.
- Refer on: mention and normalise couple counselling as a matter of course (www.relate.org.uk).

and sexual fulfillment, but also in physiological arousal, lubrication and arousal. Tackling ED may not only bring a smile to his face. It may also leave her smiling, too.

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- 2 Haro JM, Beardsworth A, Casariego J, Gavart S, Hatzichristou D, Martin-Morales A, *et al*. Treatment-seeking behavior of erectile dysfunction patients in Europe: results of the Erectile Dysfunction Observational Study. *J Sex Med* 2006; **3**: 530–540.
- 3 'Sex and the Modern Man'. A report based on a global survey commissioned by Bayer HealthCare, 2005. <http://www.vitalsexual.com> [Accessed 12 October 2006].
- 4 Goldstein I, Fisher WA, Sand M, Rosen R, Mollen M, Brock G, *et al*. Women's sexual function improves when partners are administered vardenafil for erectile dysfunction: a prospective, randomized, double-blind, placebo-controlled trial. *J Sex Med* 2005; **2**: 819–832.

The section on treatments was outstanding, explaining the 'pros and cons' of drug treatments in an easily accessible way, enabling any patient to weigh up the 'pros and cons' and appear in the consulting room both informed and resourced.

Above all, the book caters to every major concern that a man with ED and his partner might have, taking a range of viewpoints and a whole spectrum of issues. I particularly liked the 'question' purporting to come from the wife of a GP who himself had ED and was wary of approaching colleagues with his problem.

In short, if this book were re-titled *Physiologically Induced ED: The Ultimate Guide*, I'd award it a perfect '10'.

Reviewed by **Susan Quilliam**, BA, Cert Ed, MNLP
Freelance Writer, Broadcaster and Agony Aunt,
Cambridge, UK