

Instructions for Clinicians scoring this Questionnaire

Add the numbers corresponding to the answers for questions 1 through 5.

If the patient's score is 21 or less, erectile dysfunction (ED) should be addressed. The SHIM score characterises the severity of the patient's ED in the following manner:

22-25	No ED
17-21	Mild ED
12-16	Mild-to-moderate ED
8-11	Moderate ED
5-7	Severe ED

Score:

A men's health education service sponsored by



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ED FROM A PARTNER'S POINT OF VIEW

ED may lead to a rocky patch in any relationship, even if you have been together a long time. You may have to be the first person to bring the discussion into the open and break the ice. We have listed below some tips to help you to talk to your partner if you think he is suffering from ED:

If your partner feels pressured into sex, his confidence will be low, and he may be less likely to talk openly to you. Don't try to create situations where your partner feels like you are expecting sex. In this way it will be easier for you to start a conversation about your relationship.

Do not make light of the subject. For centuries erectile problems have been the source of poor humour and derision, and remember that this is one of the main reasons your partner will be feeling vulnerable and low. Try to understand what he's going through. Act as his reminder that the condition is a medical one and that the only way forward is to talk openly about it and seek treatment.

Work together as a team and encourage him to seek treatment. As a partner it can be easy to misinterpret feelings of inadequacy as male pride but remember that just as sex is an important part of a relationship, it is also an important dimension to a man's identity and sense of well-being.

Be supportive about seeking treatment. Offer to go with him to the first GP appointment if you think this will help, but he may also want to do this on his own. If he does want to go on his own, you can help by reassuring him and making him feel prepared and positive about how treatment can help not only physically, but also emotionally, and help to restore your relationship. If he is not happy with his treatment, encourage him to go back to his GP until he finds one which enables you both to rediscover the kind of sex you desire.

When you do decide to have sex, try to take it slowly and make sure your partner does not feel rushed or pressured into the situation.



How's your love life?



1 IN 2 MEN OVER 40 SUFFER FROM ERECTION DIFFICULTIES. DON'T BE EMBARRASSED, SAY TO YOUR DOCTOR 'I NEED 10 MINUTES TO TALK'

IF YOU'RE HAVING ERECTION DIFFICULTIES

You are not alone...

ED (Erectile Dysfunction) is a common problem. Nearly half of men over the age of 40 will experience difficulty with the hardness of their erection, or difficulty in maintaining an erection at some point in their lives.

Your doctor needs to know about it...

There may be a medical cause related to your problem that can be diagnosed. Too many men wait too long before they get help. So it's really important that you acknowledge what's going on and talk to your doctor about it.

You can talk to your doctor about it...

Mentioning ED may be embarrassing for you, but not to a doctor. They will have had this same conversation with many of their patients. Just say 'I need 10 minutes to talk'

Your doctor can help find you a solution...

These days there are a range of effective treatments available. These are:

ORAL TREATMENTS: For most people, ED treatment in the form of tablets is the most convenient and simple to use. There are differences between tablets, so talk to your GP about which one will be most suitable for you.

VACUUM DEVICES: A vacuum is created by the pump, causing the penis to fill with blood and harden, producing an erection.

INJECTIONS: This involves injecting a drug directly into the shaft of the penis when you want to achieve an erection.

HORMONE TREATMENTS: There are a small proportion of ED cases that are due to hormonal imbalances, this can be restored with testosterone replacement.

SURGERY: Most common is the surgical insertion of either a semi-rigid rod or an inflatable implant into the penis.

SEXUAL & RELATIONSHIP THERAPY: Your doctor may find that psychological factors are a potential cause of your ED. Your GP may then refer you for sexual or relationship therapy.

www.sortedin10.co.uk

This website offers practical information and advice on erection difficulties as well useful links to other related websites. Like all ED websites it's no substitute for sparing 10 minutes to talk to your doctor.

ED MYTHS AND FACTS

Erectile dysfunction (ED), sometimes known as impotence, is a medical condition. It is defined as: the persistent inability to get or keep an erection that is hard enough to achieve the kind of sex desired by you and your partner.

ED may not only affect your relationship, but also your sense of identity, self-esteem, job and even social life. Many myths still surround the condition:

MYTH: 'It's all in the mind'

FACT: While the mind is involved in the process of getting an erection, estimates suggest that in 75% of cases, there is an underlying physical medical condition. They include: vascular conditions (e.g. high blood pressure, heart disease), diabetes (up to 75% of men with diabetes develop ED), neurological conditions (e.g. spinal injury, pelvic surgery), medications (e.g. those for high blood pressure or psychiatric disorders).

MYTH: 'It's just what happens when you get older'

FACT: Although ED does tend to predominantly affect men over 40, it doesn't mean that just because you are older you will automatically have problems, there are many other reasons for ED. ED may sometimes be a symptom of an underlying health problem such as high blood pressure, high cholesterol or diabetes. You are more likely to suffer from all these conditions as you get older.

MYTH: 'There is nothing the GP can do – it will sort itself out'

FACT: Talking to your GP is crucial to solving the problem. Ignoring ED could make it worse. Your self confidence is likely to decrease if you are experiencing sexual problems and if you put too much pressure on yourself, you could make it worse. It could also mean that the underlying cause of your ED is going unnoticed. Visiting your GP will enable you to find out what is causing your ED, and he/she could provide you with a treatment that suits you.

Questionnaire: Do I have ED?

This questionnaire is designed to assess your sexual health, and to help your doctor determine if you are suffering from erection difficulties. Please answer the following questions and hand this questionnaire to your doctor at the beginning of your consultation, so that he/she can advise you of any future action.

Each question has 5 possible responses. Circle the number that best describes your own situation. *Select only 1 answer for each question.*

Over the past 6 months:

1. How do you rate your confidence that you could keep an erection?

1 Very low 2 Low 3 Moderate 4 High 5 Very high

2. When you had erections with sexual stimulation, how often were your erections hard enough for penetration (entering your partner)?

1 Almost never or never 2 A few times (much less than half the time) 3 Sometimes (about half the time) 4 Most times (much more than half the time) 5 Almost always or always

3. During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?

1 Almost never or never 2 A few times (much less than half the time) 3 Sometimes (about half the time) 4 Most times (much more than half the time) 5 Almost always or always

4. During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?

1 Extremely difficult 2 Very difficult 3 Difficult 4 Slightly difficult 5 Not difficult

5. When you attempted sexual intercourse, how often was it satisfactory for you?

1 Almost never or never 2 A few times (much less than half the time) 3 Sometimes (about half the time) 4 Most times (much more than half the time) 5 Almost always or always