Dear Colleague

TREATMENT FOR ERECTILE DYSFUNCTION - PATIENTS WITH SEVERE DISTRESS

Summary

1. This letter follows on from NHS PCA(M)(1999)9/PCA(P)(1999)3 and provides guidance for the NHS in Scotland on the identification and management within specialist services of those men diagnosed to be suffering from severe distress on account of their erectile dysfunction.

The letter:

• sets out the definition of specialist services for this purpose;

• provides advice on the appropriate criteria to be applied in determining those patients suffering from severe distress as a consequence of their erectile dysfunction;

• recommends that treatment should be available from specialist services in cases where erectile dysfunction is causing severe distress; and

• provides advice on the provision and continuation of treatment.

Background

2. The National Health Service (General Medical Services) (Scotland) Amendment (No. 3) Regulations, which came into effect on 1 July 1999, limit the use of NHS prescriptions by GPs for the treatment of erectile dysfunction. Treatment for this condition may be available from specialist services for those men who are not eligible for NHS prescriptions from their GP. Funding for this care will be part of normal arrangements between Health Boards and NHS Trusts, who will have to consider the priority it is to be given in light of local circumstances and other clinical priorities. The Department recommends that treatment should be available from specialist services in cases where erectile dysfunction is causing severe distress.
Specialist Services

3. Within the context of treatment for erectile dysfunction, specialist services are defined as those services which are commissioned by Health Boards and delivered through a service agreement with an NHS Trust. Local agreement will be necessary to determine the referral pathway, which may vary depending on the organisation of services locally. Mental health services, sexual dysfunction services, urology services, or genito-urinary medicine services may be involved in the care of these patients.

Referral by GPs

4. The decision about referral of individual patients for specialist services is a matter for the clinical judgement of the GP concerned, who may arrange for the referral of patients as appropriate. The Department recommends that a referral should be made where the GP is satisfied that the man is suffering from erectile dysfunction and that this is causing him severe distress. In determining whether a patient is suffering from severe distress it is recommended that the following criteria should be taken into account:

- significant disruption to normal, social and occupational activity;
- marked effect on mood, behaviour, social and environmental awareness;
- marked effect on interpersonal relationships.

Prescribing by Specialist Services

5. Specialist services will operate their usual arrangements for prescribing and dispensing these treatments, which may be on an in-house form (for dispensing by the NHS Trust dispensary/pharmacy) or form HBP (for dispensing through a community pharmacy). Prescriptions written for dispensing in the community should be endorsed "SLS" otherwise the community pharmacist will be unable to supply the medicine to the patient.

Frequency of Treatment

6. The frequency of treatment will need to be considered on a case by case basis, but doctors may find it helpful to bear in mind that research evidence about the frequency of sexual intercourse (Johnson A, Wadsworth J, et al, Sexual Attitudes and Lifestyle Survey, UK 1990/91, 1994) shows that the average frequency of sexual intercourse in the 40-60 age range is once a week. After initial stabilisation, the Department advises doctors that one treatment a week will be appropriate for most patients treated for erectile dysfunction. If the doctor in exercising his or her clinical judgement considers that more than one treatment a week is appropriate, he or she should prescribe that amount on the NHS through hospital prescribing arrangements.
Continuing Treatment

7. Patients who are prescribed treatment for erectile dysfunction on the NHS following the guidance in this letter should continue to receive their treatment through the specialist services. We advise that arrangements for follow-up and the provision of further treatment, should be determined according to the needs of each patient. These may include arrangements for repeat prescriptions which may or may not include a full out-patient appointment. Arrangements should be put in place to review the continuation of NHS prescriptions for patients whose circumstances change.

8. Where the GP or specialist determines that NHS prescriptions are not appropriate for individual patients, drug treatment may be prescribed privately by the GP.

9. I should be grateful if Medical Directors of NHS Trusts could draw this letter to the attention of the relevant consultants and if Health Boards could draw it to the attention of GPs.

Yours sincerely

Sir David Carter
Chief Medical Officer