

1. INTRODUCTION

Erectile dysfunction (ED) is a prevalent and multifaceted medical condition characterised by the persistent inability to achieve or maintain an erection sufficient for satisfactory sexual performance. As a widespread health concern, ED substantially impacts the quality of life of affected individuals and their partners, leading to emotional distress, strained relationships and diminished overall well-being.^{1, level III}

ED can manifest in various forms which can be due to organic, psychogenic and mixed aetiologies.² Organic ED may result from vascular, neurogenic, hormonal or anatomical factors, while psychogenic ED is often associated with psychosocial issues. Mixed ED involves a combination of both organic and psychogenic factors, making a comprehensive understanding of the condition crucial for effective management.

The pathophysiology of ED is complex, involving intricate interplay between vascular, neurologic, hormonal and psychological factors. Vascular insufficiency, endothelial dysfunction and altered smooth muscle tone are common contributors. Understanding these mechanisms is essential for tailoring therapeutic interventions to the specific needs of the patient.

In 1995, approximately 150 million men worldwide were estimated to be affected by ED and this is likely to double by 2025.^{3, level III} Throughout Asia, there is variation in the prevalence rate of ED ranging between 2.0% and 81.8%.^{4, level III} A local study at five government primary care clinics in Petaling District showed that the prevalence of ED for males aged 40 to 79 years old was 69.5%. It increased with age from 49.7% of men in their 40s to 66.5%, 92.8% and 93.9% of men in their 50s, 60s and 70s respectively.^{5, level III} A recent study based on National Health and Morbidity Survey 2019 data revealed a prevalence of moderate to severe ED in men aged ≥ 18 years at 31.6% (95% CI 28.8 to 34.6).^{6, level III}

The burden of ED extends beyond its physical manifestations, impacting the mental and emotional well-being of individuals. It is associated with co-morbidities e.g. diabetes mellitus (DM), cardiovascular diseases (CVDs) and depression. Moreover, ED is known to be an early marker of systemic vascular dysfunction, emphasising the importance of timely diagnosis and intervention.²

Clinical practices for the diagnosis and treatment of ED can vary significantly, reflecting differences in healthcare systems, cultural perceptions and access to resources. Recognising and addressing these variations is crucial to ensure equitable and effective care for the affected individuals.

In conclusion, this CPG on Management of ED endeavours to provide a systematic and culturally sensitive approach to the diagnosis and treatment of ED. It is hoped that this CPG can help in optimising resource utilisation by providing evidence-based recommendations for efficient and safe management of ED. Eventually, this will lead to standardised care, improved patient outcomes and reduced the burden of ED on affected individuals, their partners and the healthcare system.