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ASSOCIATION BETWEEN PSYCHIATRIC SYMPTOMS AND ERECTILE DYSFUNCTION

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Introduction: Erectile dysfunction (ED) is often associated with a wide array of psychiatric symptoms, although few

studies systematically address their specific association with ED determinants.

Objectives and aims: To explore the relationship between ED (as assessed by SIEDY Structured Interview) and different psychopathological symptoms (as assessed by the Middlesex Hospital Questionnaire).

Methods: A consecutive series of 1,388 male patients with ED was studied..

Results: Psychiatric symptoms resulted differentially associated with SIEDY domains.

Depressive and phobic anxiety symptoms were associated with the relational domain, somatization with the organic one, while free-floating anxiety, obsessive-compulsive, and phobic symptoms were significantly related with higher intrapsychic SIEDY scores. In

addition, relevant depressive symptomatology was associated with hypogonadism, the presence of low frequency of intercourse, hypoactive sexual desire (HSD), and conflictual relationships within the couple and the family. Patients with high free-floating anxiety

symptoms were younger, and complained of an unsatisfactory work and a conflictual relationship within family. Conversely, subjects with higher phobic anxious symptoms displayed a more robust relational functioning. Similar results were observed in subjects with

obsessive-compulsive symptoms, who also reported a lower prevalence of HSD. Finally, subjects with somatization symptoms showed the worst erectile function.

Conclusions: The main value of this study is that it alters various clinicians' belief that many psychiatric symptoms can be found among ED patients. Systematic testing of patients with ED, through psychiatric questionnaires, is recommended to detect even slight or moderate psychopathological distresses, which specifically associate and exacerbate sexual disturbances.