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S U P P L E M E N T

Erectile Dysfunction
and Comorbid Depression:
Prevalence, Treatment Strategies,
and Associated Medical Conditions

*Editor's Choice for Independent Study:
A Supplement From The Journal of Clinical Psychiatry*

THE OFFICIAL JOURNAL OF THE ASSOCIATION OF MEDICINE AND PSYCHIATRY

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Editor's Choice

Sexual dysfunction and depression are entwined in many of our patients' lives. This interrelationship becomes even more complex both for us as treating physicians and for our patients and their partners as we manage depression. In this Supplement, selected as an *Editor's Choice*, 5 sets of authors give us a blend of practical guidance and an exceptional overview of the neuro-physiologic and pharmacologic mechanisms responsible for erectile dysfunction and other components of sexual dysfunction in both untreated and antidepressant-treated patients.

Raymond C. Rosen, Ph.D., and Humberto Marin, M.D., discuss the often treatment-limiting problem of sexual dysfunction associated with major depression and its treatment. Such dysfunction, unless properly evaluated and managed, confuses treatment and can lead to premature treatment termination. This review of the mechanisms and frequency of such dysfunction—due to both depressive mechanisms and other causes—and the impact of methods of assessing dysfunction on its discovery provides valuable insights for the primary care physician managing patients day-to-day.

Steven P. Roose, M.D., provides insight of great value to us in primary care into the issues we must consider in assessing and safely treating patients with depression and sexual dysfunction who also suffer from ischemic heart disease. An encouraging conclusion is that effective treatment of such patients is feasible and might improve not only sexual function and depression, but cardiac outcomes as well.

Stuart N. Seidman, M.D., provides similarly practical insights into the effects of age and declining testosterone on both sexual

function and depression, and particularly the lack of beneficial effect of testosterone replacement therapy in patients who do not have significant hypogonadism. Determining appropriate treatment of sexual dysfunction in the presence of depression has been problematic for clinicians due to the conflicting and often poor-quality reports evaluating the augmentation, switching, and timing strategies proposed using nonspecific agents. The limited value of these reports is reflected in the variety of approaches that have enjoyed brief intervals of enthusiasm in clinical care. The rationale and possible clinical utility of these approaches is summarized by Lawrence A. Labbate, M.D., and colleagues.

In contrast, H. George Nurnberg, M.D., and Paula L. Hensley, M.D., describe the considerable effectiveness of sildenafil citrate, supported by high-quality clinical trials, for erectile dysfunction due to either depression itself or its treatment. They provide an understanding of the mechanisms involved and describe the impact of such treatment not only on erectile dysfunction, but on depressive symptoms as well.

These new insights position us as primary care clinicians to understand erectile dysfunction and to pursue rational and practical strategies for improving the sexual health of our depressed patients.

Larry Culpepper, M.D., M.P.H.
Editor in Chief

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