

For Common Male Problem, Hope Beyond a Pill

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If you watch enough television, you'd think that treating [erectile dysfunction](#) was as effortless as popping a pill and then whirling your partner around the living room in a romantic dance. Correcting erectile dysfunction, alas, is not so simple — and it can be rather costly. One [Viagra](#) pill, for example, the most common way to treat erection problems, costs about \$15.

Dr. Andrew McCullough is an associate professor of urology and director of Male Sexual Health and Fertility at the Langone Medical Center at New York University.

Insurers can be chary of reimbursements. And despite the fact that E.D., as the dysfunction is known, becomes increasingly common after men reach 65, [Medicare](#) Part D does not cover drugs for it.

An estimated 30 million men in this country experience erectile dysfunction. Nearly a third of men in their 50s experience E.D., whereas more than half of those in their 60s have the problem.

If you're hoping to have Viagra-aided sex twice a week, your bill for the entire year could run around \$1,500. If you're fortunate enough to have [insurance](#) that covers the medications, your co-pay will be on the high side, around \$40 for a one-month supply of six to eight pills — bringing your annual bill to a more manageable \$500 or so. There are no generic versions of E.D. meds yet.

Even among the name-brand drugs, which also include [Cialis](#) and [Levitra](#), the medications do not work for about half of the men with E.D., says Dr. Ajay Nehra, professor of urology at the [Mayo Clinic](#) in Rochester, Minn. He is also president of the Sexual Medicine Society, an association of health care professionals.

And yet, as it turns out there are other treatments for E.D. And some of them are more cost-effective than the brand-name pills advertised on television.

“There is not a man out there that cannot be helped in some way with his E.D. — even if money is an issue,” says Dr. Andrew McCullough, an associate professor of urology and director of Male Sexual Health and Fertility at the Langone Medical Center at [New York University](#).

The first step is to see a doctor who specializes in E.D. (usually a urologist) and have your overall health checked out. If your primary care physician can't make a recommendation, contact the [Sexual Medicine Society](#) and ask for a referral.

In many of cases, E.D. is the sign of an underlying disorder like [diabetes](#) or [hypertension](#). In fact, in younger men, erection problems are often the first symptom of cardiovascular disease.

“Erectile problems may show up about three years before a cardiovascular event such as a [heart attack](#) or stroke,” says Dr. Ira Sharlip, clinical professor of urology at the [University of California, San Francisco](#).

That's because plaque will start to clog the small arteries in the penis before the wider coronary arteries. Your doctor will also try to determine whether your E.D. is the result of a psychological issue, in which case he will refer you to a therapist. Depending on your policy, your insurer may cover a set number of visits. (One way for you to check on your own whether your issue may be psychological or physical is try the postage stamp test, also known as [nocturnal penile tumescence test](#).)

By adopting healthier habits, you may be able to improve your overall well-being and restore your erectile function.

“There is increasing evidence that we can reverse erectile dysfunction with lifestyle changes,” says Dr.

Drogo K. Montague, director of the Center for Genitourinary Reconstruction in the Glickman Urological and Kidney Institute at [Cleveland Clinic](#).

In a recent study of men with E.D., or at risk for developing it, researchers in Italy found that the men could improve their erections by losing weight, improving their [diet](#) and exercising more frequently. After two years of significant lifestyle changes, 58 percent of the men had normal erectile function, according to the study, which was published in *The Journal of Sexual Medicine* in January.

But lifestyle changes, while basically free, can be difficult to make and may take months to take effect. In the meantime, your doctor will probably prescribe a phosphodiesterase type 5 inhibitor, also called a PDE-5 inhibitor, like Viagra, Cialis or Levitra. These drugs enhance the effects of nitric oxide, a chemical that helps to increase blood flow in the penis. The three drugs work in the same way, but [differ in how quickly](#)

[they take effect and how long they last](#). If the PDE-5 drugs don't work for you, don't give up quickly, says Dr. McCullough, who theorizes that "in over 40 percent of drug failures the problem is with the user, not the drug." Dr. McCullough adds, "it's important to take these medications as directed, like on a totally empty stomach, rather than a full one, and not less than 60 minutes before sex."

If the pills don't work for you, you might want to try self-administered injections of alprostadil, a drug that helps blood vessels expand and facilitates erections. Granted, this may sound onerous, but the shot, which is sold under the brand names Edex and Caverject, is done with a fine needle, feels no worse than a pinprick and produces an erection that can last up to four hours, according to doctors who recommend it. The shots cost about \$35 per injection and are covered by most insurers, but not by Medicare. But ask your doctor about an injection that's a cocktail of generic forms of alprostadil, papaverine and phentolamine.

Although this generic combination is not F.D.A.-approved as an E.D. treatment, doctors are legally free to administer it — and both Dr. Sharlip and Dr. McCullough recommend it.

"The generic injections clearly work the best," Dr. Sharlip said, "and are usually less expensive."

Another cost-effective option is a vacuum erection device or penis pump. It works like this: you place a tube on the penis and then pump the air out of the tube, which pulls blood into the penis. When the penis is erect, you then put a snug ring around the base to maintain the erection, which lasts long enough to have sex.

The cost for the device, which requires a prescription, can run from \$300 to \$600, but most insurers and Medicare will cover part of the cost and the device should last for years. Even if you spend \$300 out of pocket and use the device once a week, you'll be spending much less per year than on pills or injections. You can also buy a nonprescription pump online (even Amazon carries some) for as little as \$30, Dr. McCullough said.

Finally, if all other treatments fail, you could consider getting penile implants, an effective and permanent solution for chronic E.D. The most common type of implant works through inflation: two cylinders are placed inside the penis and a fluid-filled reservoir is implanted under the abdominal wall or groin muscles; a pump and a [deflation](#) valve are placed inside the scrotum. To create an erection, you pump fluid from the reservoir into the cylinders. To deflate the penis, you press the release valve.

Most insurers and Medicare cover the surgery, so your out-of-pocket costs will be minimal. This might be the most cost-effective strategy of all since, according to Dr. Nehra, 80 percent of implants last 10 years. <http://www.nytimes.com/2009/08/29/health/29patient.html>