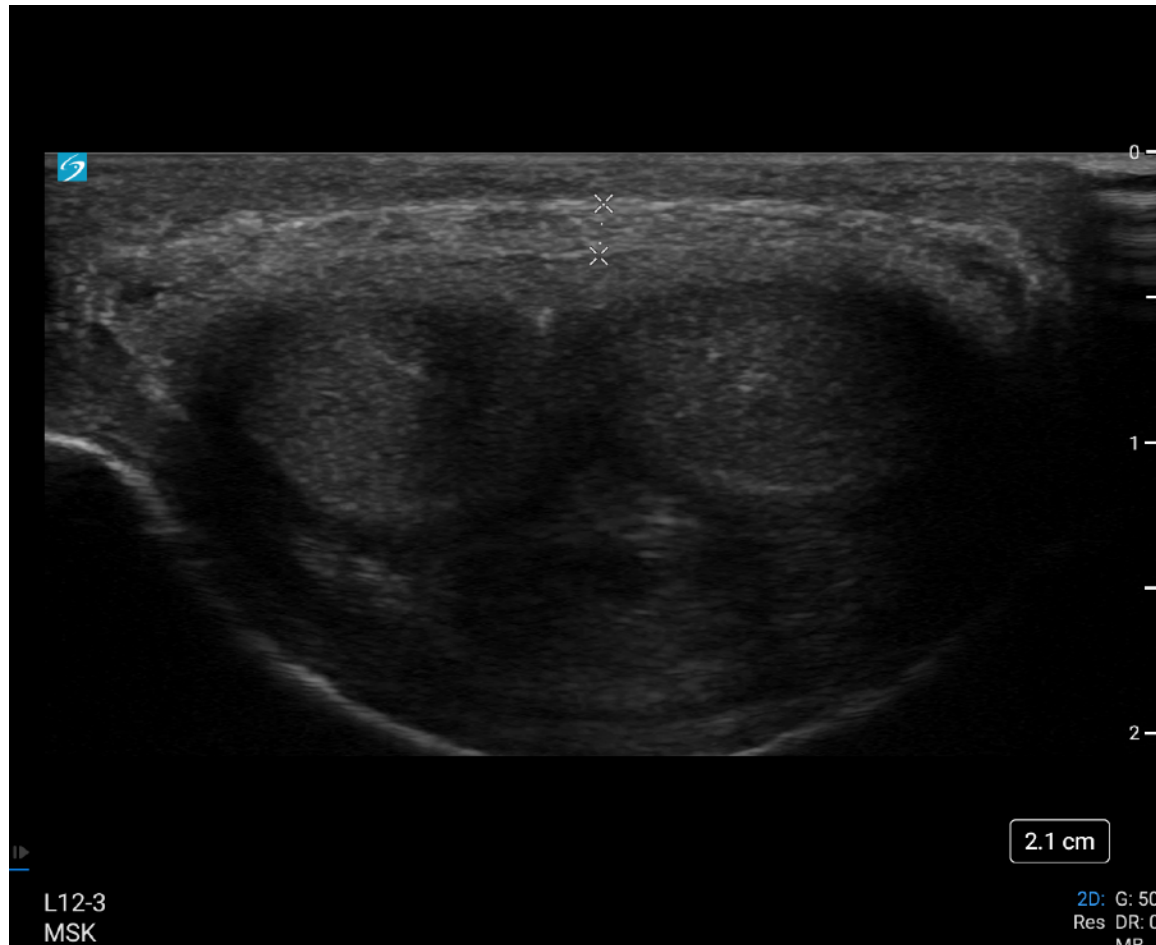


# Urologisk update

PD OG ED 2022 DSKESWT

...| **ms insight**

# Peyronies - Skal vi behandle med ESWT?



Smerter?

Hvilken fase?

Hvilken type af påvirkning?

Præcision?

Studier?

# A Randomized, Single-Blinded Clinical Trial Evaluating the Effect of Extracorporeal Shockwave Treatment (ESWT) as Add-On Therapy to Vacuum Erectile Device on Peyronie's Disease

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**Purpose:** The aim of this study was to investigate whether ESWT with a higher energy as an add-on therapy to vacuum-pump followed by manipulation exercises could reduce the penile curvature, pain and improve IIEF-5 score.

**Materials and Methods:** Men aged >18 and <80 years and diagnosed with PD in stable phase with no history of penile surgery or previous ESWT treatment were eligible to participate. They were randomised to either active ESWT (n = 16) or sham ESWT (n = 16). Both groups were treated once a week for five weeks. Each treatment session consisted of 2000 shockwaves at 0.5mJ/mm<sup>2</sup>. All patients in both groups used a vacuum pump followed by manipulation exercises.

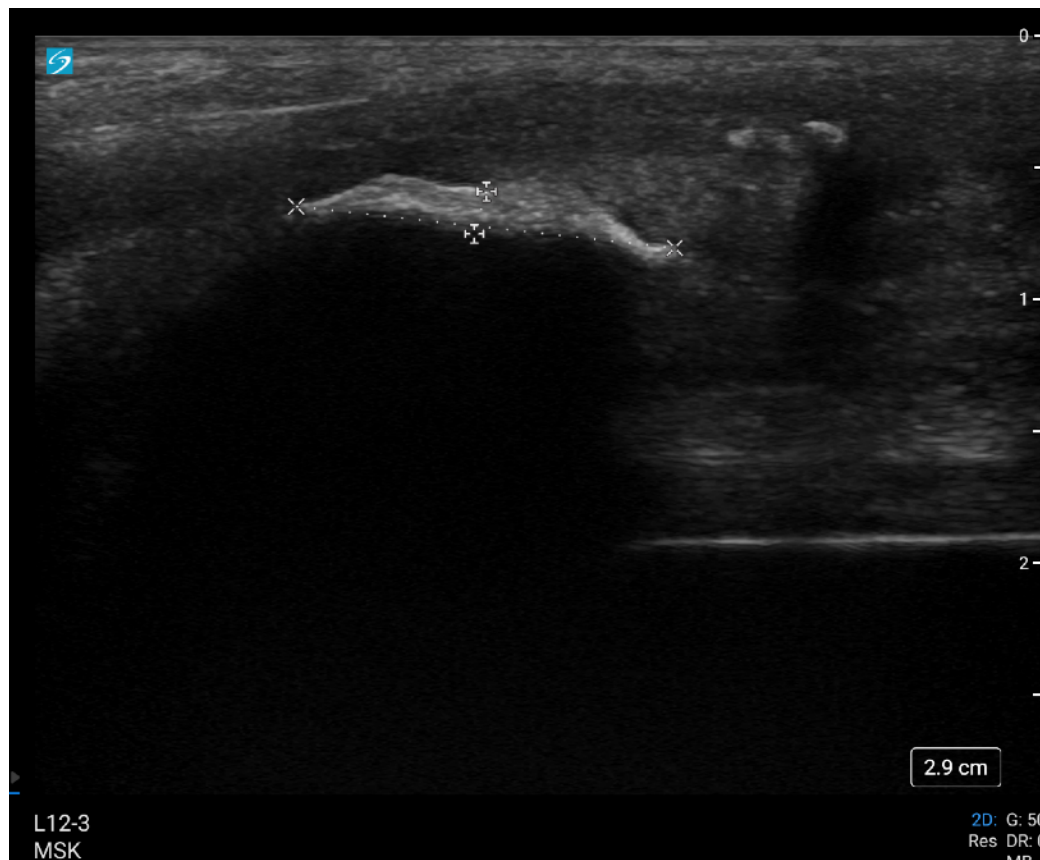
**Results:** Thirty men completed the study protocol. Mean age in the treatment group was 61.7 (SD 8.3) and 63 (SD 7.35) in the control group. After six months, mean change in penile curvature was -12.8 (SD 13) degrees in the treatment group and -6.6 (SD 8.9) in the control group (p = 0.204). Mean IIEF-5 score decreased by 0.17 (SD 3) in the treatment group and 3.06 (SD 5.5) in the control group (p = 0.086) at six-month follow-up. Pain was assessed using both VAS and PDQ and demonstrated no difference between the groups after six months (p = 0.648).

**Conclusion:** In the treatment group, we observed a greater but non-significant change in penile curvature and no adverse effects.

**Keywords:** Peyronie's disease, ESWT, vacuum pump, erectile dysfunction, manipulation exercises

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# Peyronies - anbefaling



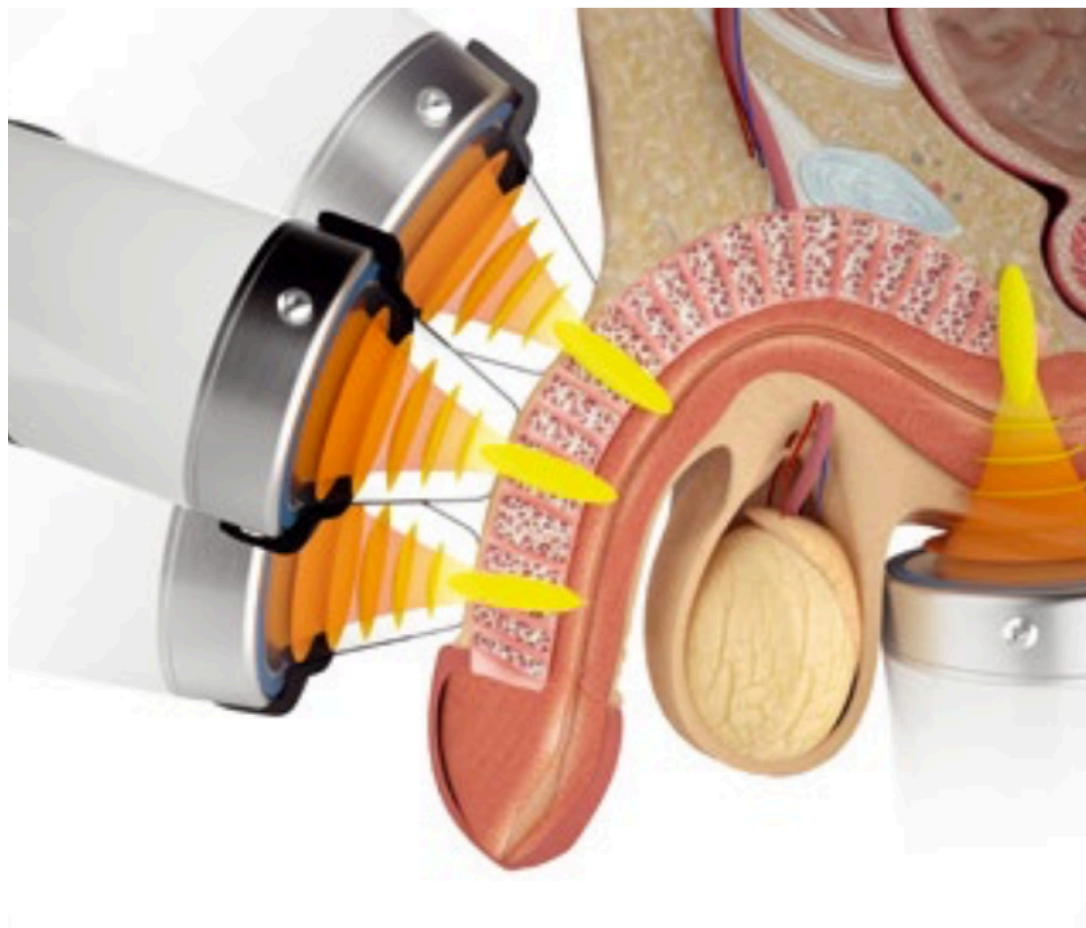
3000-4000 pulseringer

Tunica dominant op til 0.35mj/mm

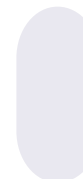
Hård plaque fra 0.50 mj/mm

Ultralydsguidet

# Hvornår er shockwave en valid løsning?



Neurogen og vaskulær problematik  
Spændinger i bækkenbunden  
Placebo ved yngre?



# Årsager til rejsningsproblemer hos mænd

## Psykologiske forhold

- Lystniveau
- Selvværd
- Præstationsangst
- Grænser/overgreb
- Psykisk sygdom

## Biologiske forhold

- Anatomiske forhold
- Nerve- og kar-system
- KRAM
- Somatisk sygdom

## Sociale og relationelle forhold

- Parforholdstatus
- Kulturelle normer
- Opvækst
- Sociale kompetencer

# Årsager til rejsningsproblemer hos mænd

## Udløsende faktorer

- Sygdom
- Livskriser
- Aldring
- Partnerrelateret stress

## Prædisponerende faktorer

- Kronisk sygdom
- Skyld og skam
- Tilknytningsforstyrrelser
- Stress

## Vedligeholdende faktorer

- Sygdom
- Præstationsangst
- Dårligt parforhold
- Manglende viden



# Det hele menneske

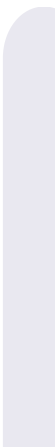
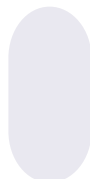




# Analysis of the Impact of Clinical Factors on Low-Intensity Extracorporeal Shockwave Therapy for Erectile Dysfunction

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# Analysis of the Impact of Clinical Factors on Low-Intensity Extracorporeal Shockwave Therapy for Erectile Dysfunction

**Introduction:** Predictive factors for the treatment success of low-intensity extracorporeal shockwave therapy (Li-ESWT) for erectile dysfunction (ED) are still under debate.

**Methods:** Li-ESWT was performed in 50 patients suffering from ED by applying 3,000 shock waves once a week over a period of 6 weeks. Treatment success was defined as an increase in the International Index of Erectile Function 5 (IIEF-5) score by  $\geq 5$  points or an Erectile Hardness Score (EHS) of  $\geq 3$  points. IIEF-5 and EHS were measured at baseline and at 3 and 6 months of follow-up.

**Results:** Treatment success according to either the IIEF-5 score or EHS at any time of follow-up was achieved in 28 patients (56%). Twenty-five patients (50%) experienced an improvement during the first 3 months, which lasted for 6 months in 8 cases (16%). Three patients reported improved erectile function only after 6 months. When stratifying the cohort with regard to potential influencing factors, a significantly improved IIEF-5 score could be achieved in men with cardiovascular risk factors ( $p = 0.026$ ) and in men with antihypertensive medication ( $p = 0.009$ ). Men without cardiovascular risk factors showed no therapeutic benefit from Li-ESWT.

**Discussion/conclusion:** Li-ESWT is a valid but often short-lived treatment option for ED, especially in men with cardiovascular risk factors or controlled hypertension. Future studies should assess the feasibility and safety of repeated applications of Li-ESWT.

**Keywords:** Cardiovascular risk factor; ESWT; Erectile dysfunction; Extracorporeal shockwave

Li-ESWT is a valid but often short-lived treatment option for ED, especially in men with cardiovascular risk factors or controlled hypertension.

**Table 2.** Median pre- and post-treatment scores in the total cohort ( $N = 50$ ) based on the IIEF-5, the EHS, and the AMS score

Questionnaire	Baseline	3 months post treatment	6 months post treatment
IIEF-5 score (IQR)	13 (8.75–17.25)	17 (12–22)	13.5 (10–17.25)
EHS (IQR)	1 (0–2)	2 (1–3)	2 (1–2)
AMS (IQR)	33 (29–41)	33 (28–39.25)	32.5 (28–40.25)

IQR, interquartile range; IIEF-5, International Index of Erectile Function 5; EHS, Erection Hardness Score; AMS, Aging Males' Symptoms.



**Table 3.** Number of patients in the total cohort ( $N = 50$ ) experiencing treatment success based on the IIEF-5; increase of  $\geq 5$  points, the EHS; increase to  $\geq 3$  points, and the AMS; increase of  $\geq 22\%$  scale

Questionnaire	3 months post treatment, $N$ (%)	6 months post treatment, $N$ (%)
IIEF-5 treatment success	19 (38)	4 (8)
EHS treatment success	18 (36)	7 (14)
AMS treatment success	0 (0)	0 (0)
IIEF-5 treatment success only	7 (14)	4 (8)
EHS treatment success only	5 (10)	7 (14)
IIEF-5 and EHS treatment success combined only	12 (24)	0 (0)
First time success according to either EHS or IIEF-5	25 (50)	3 (6)

IIEF-5, International Index of Erectile Function 5; EHS, Erection Hardness Score; AMS, Aging Males' Symptoms.

**Table 4.** Treatment success of Li-ESWT using the IIEF-5 with regard to patient characteristics and medication at 3 and 6 months of follow-up

Covariate	3 months post treatment			6 months post treatment		
	success, N	no success, N	p value	success, N	no success, N	p value
Cardiovascular risk factors						
No	0	7	<b>0.026</b>	0	7	0.400
Yes	19	24		4	39	
Diabetes						
No	15	22	0.532	3	34	0.962
Yes	4	9		1	12	
Psychogenic ED						
No	16	26	0.975	4	38	0.363
Yes	3	5		0	8	
PDE5i intake						
No	4	3	0.261	1	6	0.509
Yes	15	28		3	40	
Antidiabetic medication						
No	15	22	0.532	3	34	0.962
Yes	4	9		1	12	
Antidepressants						
No	15	26	0.660	4	37	0.329
Yes	4	5		0	9	
Antihypertensive medication						
No	1	12	<b>0.009</b>	0	13	0.216
Yes	18	19		4	33	
Psychotropic substances						
No	5	7	0.764	1	11	0.961
Yes	14	24		3	35	
ED duration, years						
<5	8	18	0.419	2	24	0.740
5–10	8	11		2	17	
>10	3	2		0	5	
ED severity according to IIEF-5						
Mild	0	1	0.547	0	1	0.251
Mild-to-moderate	8	8		0	16	
Moderate	5	12		1	16	
Severe	6	10		3	13	

# IIEF-5 Screening

Q1 How often were you able to get an erection during sexual activity?

Q2 When you had erections with sexual stimulation, how often were your erections hard enough for penetration?

Q3 When you attempted intercourse, how often were you able to penetrate (enter) your partner?

Q4 During sexual intercourse, how often were you able to maintain your erection after you had penetrated (entered) your partner?

Q5 During sexual intercourse, how difficult was it to maintain your erection to completion of intercourse?

## Domain A

Erectile Funktion (Q1,2,3,4,5,15)

## Domain B

Orgasmisk Funktion (Q9,10)

## Domain C

Seksuelt lystniveau (Q11,12)

## Domain D

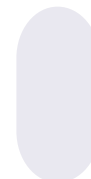
Tilfredshed omkring samleje (Q6,7,8)

## Domain E

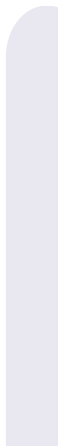
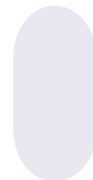
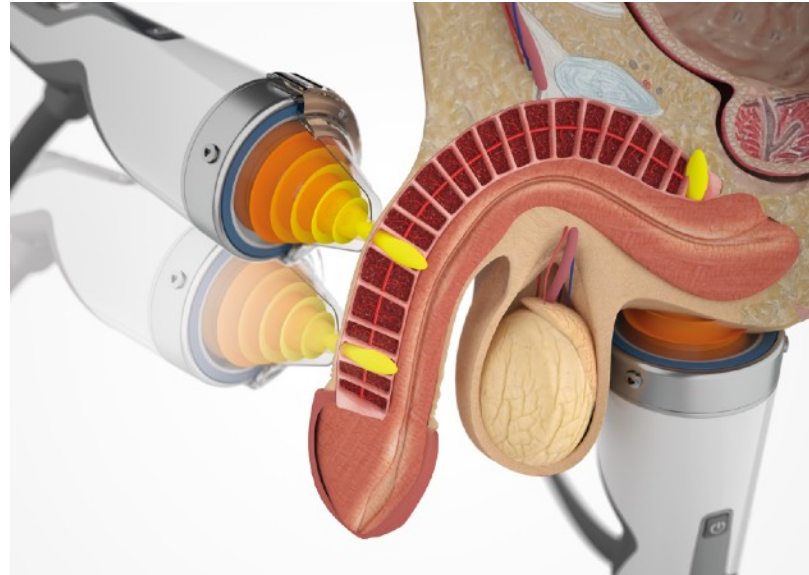
Generel tilfredshed (Q13,14)



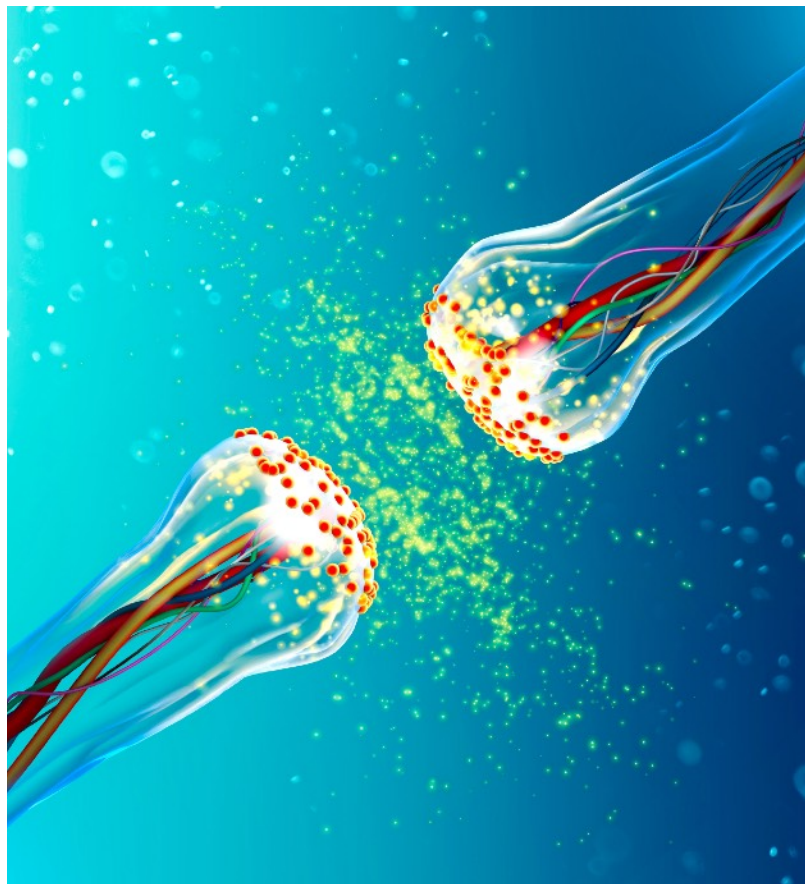
# Fysiologiske handlemuligheder



# Fysiologiske handlemuligheder



# Opstart af behandling



## Behandling

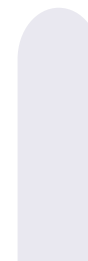
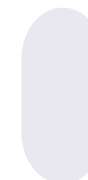
Behandling i forhold IIEF-5 og kliniske test

## Livsstil/fysisk aktivitet

Bækkenbund, Cardio, etc

## Viden

Hvad sker der, hvad betyder det etc.





# Proctocol

- 1 2-3-4000 pulseringer
- 2 EFD: 0,20-0,35 mj/mm
- 3 6-9-12 behandlinger
- 4 Standoff: Afhængig af producent



# What to expect



**Sexual intercourse with PDE-5-Inhib: Dose reduction and / or stop medication completely**



**No sexual relations with PDE-5-Inhib: sexual relations with PDE-5-I**



**1 level progression**

Depending severity of condition, lifestyle



**We can't do magic!!**

They need to take charge of their health



**Evaluation 3 months after initial session**

Category A	Scores
Severe	6-10
Moderate	11-16
Mild to moderate	17-21
Mild	22-25
No ED	26-30

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