

1st September 2009

Committee Secretary
Standing Committee on Health and Ageing
House of Representatives
PO Box 6021
Parliament House
CANBERRA ACT 2600
Email: haa.reps@aph.gov.au

Submission No. 6
(Impotence)

PW 1/09/09.



Roundtable Forum on Impotence Medicine

To Whom It May Concern:

Andrology Australia welcomes the opportunity to provide the following reinforcements on areas of concern to the House of Representatives Standing Committee following the roundtable forum on impotence medicine. At this meeting we were represented by Prof David Handelsman (NSW) and A/Prof Doug Lording (Vic) and we were grateful for the opportunity to express our views at that forum.

Andrology Australia (The Australian Centre of Excellence in Male Reproductive Health) was supported in 2000 with funding from the Australian Government Department of Health and Ageing and is administered by Monash University. Health and education experts across Australia developed a collaborative strategy to improve community and professional education and research in disorders of the male reproductive system (including erectile dysfunction). Andrology Australia is recognised as the peak national authority concerned with a range of specific men's health issues and their associated conditions and aims to ensure that evidence-based and quality information is made available to men, their families and health professionals when making important health and lifestyle decisions. More information about the program can be found at <http://www.andrologyaustralia.org>

This submission reflects some major, but not all, concerns in the management of impotence medicine relevant to this roundtable forum.

Andrology Australia puts forward the following areas of concern:

1. **Professional standards of practice:** Doctors working at entrepreneurial medical service companies do not appear to be acting independently from their corporate employers with respect to discussion with their patients about different treatment options for erectile dysfunction. In this context the companies have a vested financial interest in selling intranasal, lozenge and injectable drug combinations which do not represent widely accepted first-line therapies for ED. Our concern is based on the understanding that these proprietary medicines are offered as first line therapy rather



than oral PDE5 inhibitors, which is widely accepted as best clinical care by all current professional guidelines both in Australia¹ and overseas².

2. **Investigation of co-morbid disease:** The reliance on phone consultation is of major concern as without face-to-face consultations, vital information about underlying co-morbidities will be missed. Significant evidence now demonstrates the association between erectile dysfunction and co-morbid disease (such as cardiovascular disease, depression and diabetes).

Phone consultations are not appropriate in the evaluation of erectile dysfunction as it can be the presenting symptom, or a frequent associate, of serious health problems that demand thorough face-to-face consultation including general and reproductive examination. Chronic disease states (hypertension, diabetes mellitus, hyperlipidemia, androgen deficiency, Peyronie's disease) cannot be managed appropriately without physical examination and blood sampling. Questionnaires are no substitute for professional clinical evaluation. This is particularly important for psychosexual issues and depression where the personal interaction between doctor and patient has a fundamental role in the diagnosis of underlying disorders, many of which may be subtle and/or require personal interaction to assess properly.

3. **Efficacy of treatments offered:** Drugs that are administered by injection must be subjected to extensive re-evaluation of safety, efficacy and dosing when proposed to be used orally. Some drugs simply do not work at all while for other drugs, accurate dosing may not be able to be accurately delivered when administered in different ways than originally developed. Furthermore, combinations of drugs are particularly difficult to balance properly for individual patients and fixed combinations used in medicine have had to undergo extensive evaluation as single agents, and then in combination. The efficacy of intranasal sprays (or lozenges) containing apomorphine and phentolamine, alone or in combination, have never been shown to work effectively by valid peer reviewed and published clinical research. Their use by AMI is strictly experimental and would require ethics approval at any major medical centre or teaching hospital.

4. **Patient Contracts:** The process of contracting patients regarding the supply of medicine over an extended period of time is of concern and contrary to current standards of medical care in Australia. The notion that not charging for phone consultations justifies the extended billing process is contrary to the provision of universal health care.

Commercial contracts for medication provision over long periods are unconscionable and the assertion that they help 'engage men in health care programmes' is not credible and a smokescreen for the entrapment of vulnerable men in an unjustifiable commercial contract. Medications for erectile dysfunction are not analogous to weight loss, fitness or smoking cessation programmes. It should not be possible to enforce

¹ Andrology Australia Erectile dysfunction GP summary guide. Available at: <http://www.andrologyaustralia.org/dbClinicalGuidelines.asp?pageCode=CLINICALGUIDELINES>

² Wespes E, Amar E, Eardley F, Giuiano F, Hatzichristou, Hatzimouratidis K, Montorsi F and Vardi Y (2009) Guidelines of Male Sexual Dysfunction: erectile dysfunction and premature ejaculation. European Association of Urology. Available at: <http://www.uroweb.org/publications/>



such contracts: canceling without penalty is a minimum position based on lack of efficacy (as defined by the client not the seller) or upon medical request, based on side effect or interaction with other required medications.

Andrology Australia would be happy to provide further information if needed.

Kind regards



Professor Robert I McLachlan MBBS, FRACP, PhD
Director, Andrology Australia

Andrology Australia
c/o Monash Institute of Medical Research
PO Box 5418, Clayton, Victoria, Australia 3168

Internet: <http://www.andrologyaustralia.org>