

Sildenafil (Viagra) in the treatment of male erectile dysfunction in Nairobi

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Abstract:

Objective:

To evaluate the effectiveness of sildenafil (Viagra) in the treatment of male erectile dysfunction in Nairobi. Design: Prospective open label extension study. Setting: Urology clinics at the Nairobi Hospital, Kenyatta National Hospital and the author's private clinic in Hurlingham, Nairobi.

Participants:

Two hundred and nineteen adult male patients with erectile dysfunction. Results: The age range was 33-80 years with a mean of 62.5 years and a peak incidence in the 60-69 year age group. One hundred and nineteen patients (54.34%) had organic causes, 85 patients (38.81%) had psychogenic causes and 15 patients had mixed causes. Two hundred patients (91.32%) had improved sexual function after treatment with viagra. This improvement was sustained during the study period of sixteen weeks and included improved erectile and orgasmic functions and overall sexual satisfaction. One hundred and fifty seven of these patients responded to therapy with 50 mg of viagra; 40 patients with 25 mg and three patients with 100 mg of therapy. Nineteen patients (8.68%) had no improvement in sexual function after viagra administration. Seven patients (3.2%) had adverse effects which were mild and transient. They included mild headaches in three patients, mild dyspepsia in two patients and facial flushing and nausea and vomiting in one patient, respectively.

Conclusion:

Oral sildenafil (Viagra) is an effective well tolerated and simple treatment for male erectile dysfunction in the majority of cases. The cost of treatment at about ten United States dollars for the 50 mg tablet is prohibitive and may limit its wide use by many deserving patients in this locality. PIP: This prospective open-label extension study was carried out to evaluate the effectiveness of sildenafil (Viagra) in the treatment of male erectile dysfunction in Nairobi, Kenya. A total of 219 adult male patients with erectile dysfunction were instructed to take 50 mg, 25 mg, or 100 mg of sildenafil orally 1 hour prior to planned sexual activity, but not more than once every 24 hours. Patients were reviewed at 4-week intervals for 16 weeks to assess the efficacy and adverse effects of the drug. The age range was 33-80 years with a mean of 62.5 years and a peak incidence in the 60-69 year age group. The causes of erectile dysfunction were organic (n = 119, 54.34%), psychogenic (n = 85, 38.81%), and mixed (n = 15). 200 patients (91.32%) had improved sexual function after treatment with Viagra. This improvement included improved erectile and orgasmic functions and overall sexual satisfaction. 157 patients responded to the 50-mg treatment regimen; 40, to the 25-mg regimen; and 3, to the 100-mg regimen. No improvement in sexual function was reported in 19 patients (8.68%) after Viagra administration. In addition, 7 patients reported mild and transient adverse effects of the drug, including mild headache, dyspepsia, facial flushing, nausea, and vomiting. In conclusion, oral sildenafil

(Viagra) is an effective well-tolerated and simple treatment for male erectile dysfunction in the majority of cases. However, the cost of treatment may prohibit and limit its wide use by many deserving patients in this area.