

Chapter 51. Erectile Dysfunction, Self-Assessment Questions

1. Which of the following distinguishes the PDE-5 inhibitor tadalafil from avanafil, vardenafil, and sildenafil?
 - A. Efficacy
 - B. Safety
 - C. Speed of onset
 - D. Duration of action
 - E. All of the above
2. Which of the following is/are contraindications to the use of PDE-5 inhibitors?
 - A. History of a myocardial infarction 6 months ago
 - B. Mild, stable angina
 - C. NYHA Class I heart failure
 - D. Nitrate use
 - E. All of the above are contraindications to the use of PDE-5 inhibitors
3. Which of the following statements regarding the management of ED is *most* accurate?
 - A. Avanafil has been proven to offer superior efficacy vs sildenafil
 - B. Intracavernosal injections are ideal for younger men in new relationships
 - C. Penile prosthesis insertion is considered when less invasive options have failed
 - D. Intraurethral alprostadil is more effective than intracavernosal alprostadil injections
 - E. PDE inhibitors may worsen hypertension
4. Which of the following medication regimens is *most* likely to promote ED in a patient with hypertension, gastroesophageal reflux, and dyslipidemia?
 - A. Losartan, aluminum hydroxide, and fenofibrate
 - B. Lisinopril, calcium carbonate, and niacin
 - C. Diltiazem, lisinopril, and ranitidine
 - D. Amlodipine, calcium carbonate, and fenofibrate
 - E. Metoprolol, spironolactone, and gemfibrozil

5. Which of the following statements is correct regarding PDE inhibitor use for ED?
- A. Tadalafil may be taken with a high-fat meal
 - B. Sildenafil has a significant drug interaction with antiarrhythmic medications
 - C. Vardenafil's time to onset of effect is within 10 minutes
 - D. All are contraindicated in patients taking oral anticoagulants
 - E. All are considered second-line therapy options in patients with diabetes
6. A 55-year-old man with ED has recently been prescribed 50 mg of sildenafil for organic ED. He returns upset that it did not work and would like to switch to something else. Which of the following could have led to the failed response?
- A. He took the sildenafil on an empty stomach.
 - B. The dose of sildenafil was taken an hour prior to attempting intercourse.
 - C. After taking the sildenafil, he waited for a response before approaching his partner.
 - D. He attempted multiple times with this dose before returning to his provider.
7. Which of the following describes how ED should be managed in a patient with CV disease assessed to have high risk according to the Princeton Consensus Conference?
- A. Low-dose PDE inhibitor
 - B. Penile prosthesis
 - C. Low-dose intraurethral alprostadil
 - D. VED
 - E. Patient must be stable and in low to moderate risk to initiate treatment
8. Which formulation of testosterone replacement is associated with wide swings of serum testosterone concentrations?
- A. Daily transdermal testosterone gel
 - B. Daily transdermal testosterone patch
 - C. Twice daily buccal testosterone
 - D. Every two week intramuscular (IM) testosterone cypionate

9. Which of the following statements are correct regarding VEDs?

- A. They are an appropriate first line therapy for young men in new relationships
- B. The constriction band may be left on up to 90 minutes
- C. They are contraindicated in men taking nitrates
- D. Adverse effects include painful ejaculation or inability to ejaculate
- E. They should never be combined with other ED therapies

10. A 68-year-old patient presents to the clinic after initiation of avanafil 200 mg 3 months ago. He continues to be unsuccessful with intercourse despite correct use and appropriate expectations. What would be the *best* approach to his ED treatment at this time?

- A. Increase avanafil dose to 300 mg as needed
- B. Draw serum testosterone concentrations to assess for hypogonadism
- C. Switch to sildenafil 25 mg as needed
- D. Combine avanafil at current dose with an α -blocker
- E. Initiate spironolactone for treatment of his hypertension

11. A patient in his 40s presents with complaints of some erections, but not sufficient for intercourse with his new sexual partner. When questioned, he states that he recently ended his marriage, takes no chronic medications, and has excellent past physical and mental health. Which of the following interventions would you suggest *first*?

- A. Initiate a PDE-5 inhibitor
- B. Vacuum erection device
- C. Counseling and reassurance
- D. Penile prosthesis
- E. Intracavernosal injections of alprostadil

12. Which of the following are risk factors for the development of organic ED?

- A. Psychiatric disorders
- B. Neurologic disorders (eg, Parkinson disease)
- C. Diabetes mellitus

- D. Cardiovascular diseases
- E. All of the above

13. Which of the following statements regarding intracavernosal injections for ED are correct?

- A. Medication should be injected into each cavernosa separately.
- B. Dose titration should occur in the prescriber's office.
- C. Dose should be titrated to achieve an erection lasting 4 hours.
- D. Patients may use injections daily if desired.
- E. A common side effect is a difficulty discriminating blue from green

14. The usual dose of sildenafil should be reduced in which of the following situations?

- A. Elderly
- B. Hepatic impairment
- C. Renal impairment
- D. Concomitant use of an α -blocker
- E. All of the above

15. Which of the following is *not* a desired characteristic of a therapy for ED?

- A. Lead to an erection lasting more than 4 hours
- B. Minimal side effects
- C. Convenient administration
- D. Quick onset of action
- E. Few drug interactions

Answers

1. D

2. D

3. C

4. E

5. A

6. C

7. E

8. D

9. D

10. B

11. C

12. E

13. B

14. D

15. A