

TAPPED: Teaching Advanced Practice Providers About ED

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Evidence of the Problem

Erectile Dysfunction (ED): consistent or recurrent inability to achieve, maintain or sustain a penile erection sufficient for satisfactory sex

- Diabetes is one of the most significant risk factors
- Men with diabetes: 3 times more likely to develop ED
- The prevalence of diabetes is 50% in the United States id 50%
- Lower ED prevalence=better glycemic control
- APPs: approached about ED concerns in diabetes management
- Sexuality is an important part of physical and mental health

Purpose of TAPPED

To implement an effective screening and treatment tool to offer APPs a more integrated approach to treat ED in men with diabetes

Project Design

Target population: 10 APPs who practice outside of a urology practice

Phase 1: APPs answer 10 item questionnaire to assess knowledge of ED

Phase 2: APPs view 30-minute video presentation on assessing &

treating ED

Phase 3: APPs answer 10-item post intervention questionnaire

Phase 4: Feedback survey and process results



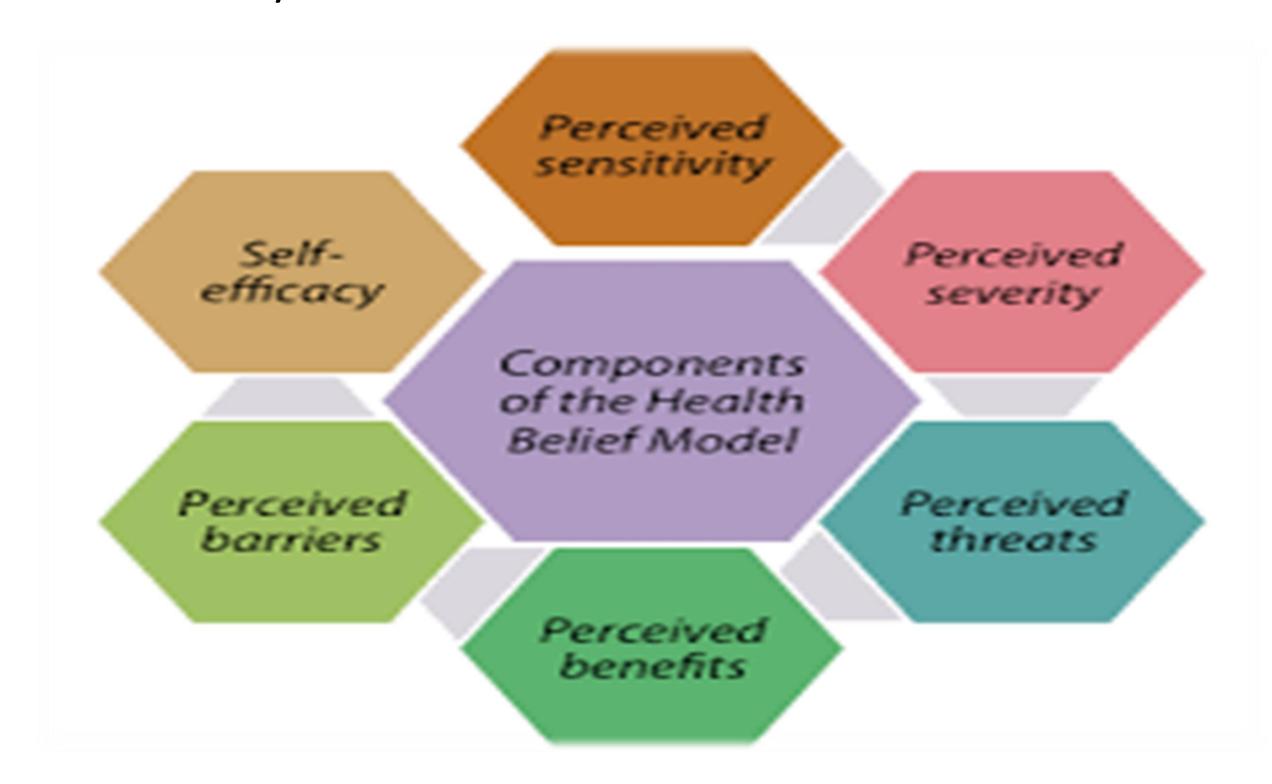
Theoretical Framework

Health Belief Model: Framework for this project

- One of the most widely used theories in health behavior research
- Why people fail to adopt disease prevention strategies
- How uncontrolled diabetes can lead to ED

Key Elements:

- Perceived sensitivity: Men at increased risk
- Perceived severity: Uncontrolled diabetes- ED
- Perceived threats: Risk reduction behaviors
- Perceived benefits: Lower prevalence of ED- glycemic control
- Perceived barriers: APPs minimize barriers to care
- Self efficacy: Men feel confident in treatments



Resources

American Urological Association's Clinical Practice Guideline on ED

IIEF Questionnaire

Pocket guide on ED

- Erectile Dysfunction (ED) is the consistent or recurrent inability to achieve, maintain or sustain a penile erection sufficient for satisfactory sexual intercourse.

- ED is a concern for millions of men worldwide.

- Men with diabetes are three times more likely to develop ED.

- Signs & Symptoms

- Difficulty obtaining or maintaining an erection

- Preventative Measures

- Maintain glycemic control

- Limit alcohol use

- Eat a healthy diet

- Maintain weight control

- Exercise regularly

Medications

1st Line Agents Most Commonly Used (PDE5 Inhibitors)

Cialis (Tadalafil)

Dosages-2.5mg, 5mg, 10mg, 20mg

Take 30 mins-1 hour before desired use

Most diabetics take 5mg daily

Last longer in the system-can feel effects up to 36 hours

No dietary restrictions

Viagra (Sildenafil)

Dosages-20mg, 25mg, 50mg, 100mg

Most patients start at 20mg

Most men with diabetes take a maximum dose of 100mg

Take 30mins-1 hour before desired

Dietary restrictions: no alcohol or high fat meal

Adverse reaction: may see blue lights,

have facial flushing or nasal congestion

Avoid in known drug hypersensitivity
 Caution if renal impairment (CrCl <50)
 Caution in heart disease, uncontrolled HTN
 Caution if hepatic impairment, avoid in severe liver disease
 Caution if alcohol abuse
 Erections lasting >1 hour, can be treated with Sudafed or Afrin nasal spray
 Erections lasting 4 hours require immediate medical attention (ER)

If your sugar keeps going up, your penis will go down!

Evaluation

Pre-Intervention

Post-Intervention

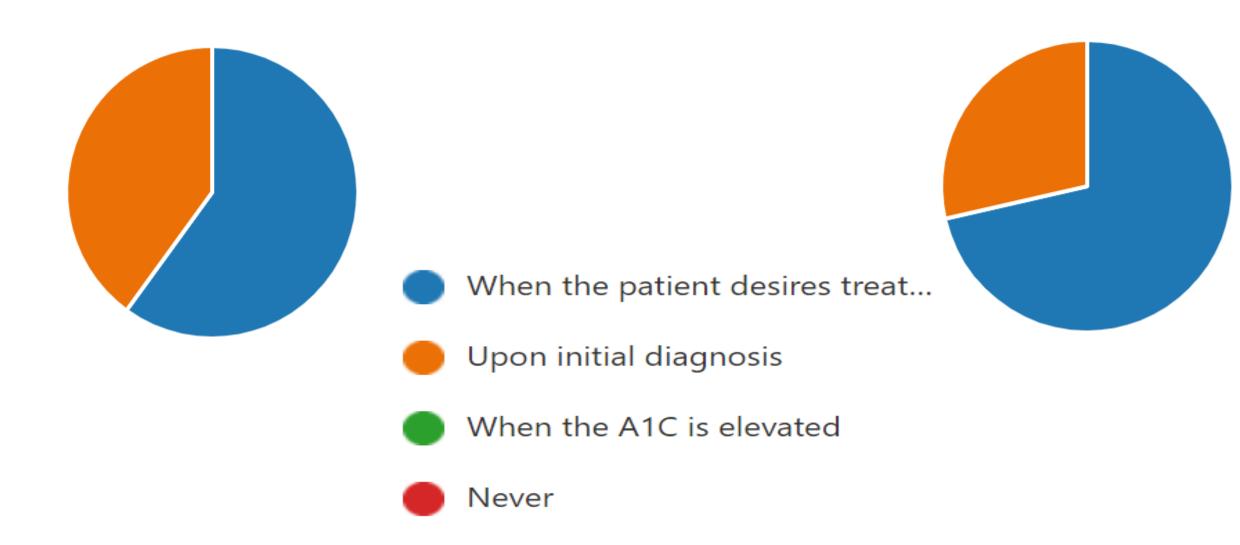
How confident are you in treating erectile dysfunction (ED) in men with diabetes?



When should a male patient with diabetes start to consider ED prevention?



When should ED be treated?



Clinical Relevance

- ED negatively impacts quality of life of millions of men & partners
- APPs often approached about ED concerns during diabetes management
- TAPPED: implement an effective screening & treatment tool for APPs
- Improving patient/provider dialog may mitigate risk for ED