Man with ED
(Initial presentation)

- Assess with their partner if possible, so any sexual problems on the partner’s side can also be identified and addressed

- Take a detailed case history
  And perform a thorough physical examination

Screen for diabetes and other hormonal disturbances as appropriate, and consider current medications, to identify any reversible causes of ED

- Assess CV risk and address any risk factors

- Consider referral for psychosexual/relationship therapy, if indicated

- Treat any potentially curable causes appropriately

- Men at low CV risk can be managed in primary care

- Men at high CV risk should receive a cardiology referral

First-line treatment interventions
- Lifestyle and risk factor modification
  + PDE5I
    (consider daily tadalafil for men with ED and bothersome LUTS)
  or
  Vacuum erection device

Second-line treatment interventions
- Intercavernous injection therapy
  or
  Intraurethral alprostadil
  or
  Alprostadil cream
  or
  Low-intensity extracorporeal shock wave therapy

Third-line treatment interventions
- Penile prosthesis

ED = erectile dysfunction; CV = cardiovascular; PDE5I = phosphodiesterase type 5 inhibitor; LUTS = lower urinary tract symptoms.