Objective: Evaluate compliance and modifications of PDE5is treatment in men with erectile dysfunction (ED) over a minimum 12-mo follow-up (FU).

Methods: Data from the last 144 [mean (SD) age: 55.2 yrs; 13.8% consecutive patients treated with PDE5is were analysed. According to FU length patients were stratified into: group 1 (≤12 months), group 2 (13–16 months), and group 3 (>36 months). Health-significant comorbidities were scored with the Charlson Comorbidity Index (CCI). Patients completed the IIEF domains at baseline and at survey; ED severity was stratified according to Cappelleri’s criteria. Descriptive statistics and logistic regression models assessed potential predictors of therapy modifications over time.

Results: Groups 1, 2, and 3 included 29 (20%), 52 (36.2%), and 63 (43.8%) patients, respectively. Sexual orientation was heterosexual and non-heterosexual in 140 (97.2%) and 4 (2.8%) patients, respectively. A stable sexual relationship was reported by 112 (77.8%). Overall, 69 (47.9%) were PDE5is naïve. After prescription, 2 (1.4%) patients never used any PDE5i, 88 (61.1%) used only one PDE5i and 54 (37.5) used >1. PDE5is treatment significantly improved all IIEF-domains (all p < 0.05). Of 144, 108 (75%) patients had a positive SEP3. One (3.4%), 2 (3.8%), and 9 (4.3%) used 3 different PDE5is in group 1, group 2, and group 3 (p > 0.05), respectively. No significant differences were observed among men who took 1, 2, or 3 PDE5is in terms of age, CCI, educational status, sexual relationship, sexual orientation, length of ED, comorbid sexual dysfunction, and previous use of PDE5is. A multivariate logistic regression model revealed severe ED (OR 34.6; p = 0.02) and treatment-related adverse events (AEs) (OR 7.2; p = 0.03) as the only independent predictors of treatment modifications over time.

Conclusion: These findings showed that no clinical predictors but ED severity and AEs were predictive of multiple treatment modifications regardless of time since first prescription of a PDE5i.

Policy of full disclosure: None

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**P-01-022**

**VENOUS LEAKAGE TREATMENT REVISITED – PELVIC VENOABLATION USING AETHOXYSCLEROL UNDER AIR BLOCK TECHNIQUE AND VALSALVA MANEUVER**

Objective: We evaluated the effectiveness of pelvic vein embolisation with aethoxysclerol in aero-block technique for the treatment of impotence due to venous leakage in men using sildenafil for intercourse. The aim of the procedure was to reduce or eliminate the use of sildenafil.

Methods: A total of 49 patients with veno-occlusive dysfunction, severe enough for the need of PDE5 inhibitors for vaginal penetration, underwent pelvic venaoblation with aethoxysklerol. The mean patient age was 53.5 years. Venous leaks were identified by Color Doppler Ultrasound after intracavernous alprostadil injection. Under local anesthesia a 5F-Angiopost was inserted antegrade into the deep dorsal penile vein. The pelvic venogram obtained with deep dorsal venography was included. Aethoxysklerol 3% as sclerosing agent was injected after air-block under vams cala manoeuvre in three consecutive steps. A 5F-angiography catheter was placed in the vein of major outflow from the penis. Success was defined as the ability to achieve vaginal insertion