

AUDIT OF VIRTUAL AND FACE-TO-FACE PSYCHOSEXUAL GROUP INTERVENTIONS FOR MEN WITH ERECTILE DYSFUNCTION IN AN INNER-CITY SEXUAL HEALTH CLINIC: ADAPTING THE DELIVERY OF CARE IN RESPONSE TO THE COVID-19 PANDEMIC

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Background:

The use of group-based interventions in managing erectile dysfunction (ED) is increasingly recognised as feasible and cost-effective. The use of face-to-face psychosexual group interventions for ED has been implemented in the clinic since 2017. However, the COVID-19 pandemic has accelerated the adoption of virtual delivery. An audit was performed to compare the outcomes of men who participated in the face-to-face and virtual groups.

Methods:

An audit was conducted on all participants of the ED groups between January 2019-2021. Demographic and clinical characteristics were reviewed. Outcome measures included The National Sexual Outcomes Group measure (NSOG), International Index of Erectile Function 5-item score (IIEF-5), Generalised Anxiety Disorder Scale-7 (GAD-7) & Patient Health Questionnaire-9 (PHQ-9). Outcomes of the face-to-face versus virtual groups were compared using Chi-squared & Wilcoxon rank-sum tests.

Results:

38 men were included in the audit; 42% participated in virtual groups. The median age was 46.3 years (IQR 34-57 years). 29% experienced ED for more than ten years. Mean changes in scores were as follows: IIEF-5 2.43 (IQR 0-1), NSOG 10.0 (IQR 3-16), GAD-7 -1.74 (IQR -4-1) & PHQ-9 -0.96 (IQR -3-1). Overall, 60.5% completed four or more of the five group sessions and face-to-face participants were more likely to complete all sessions (45% vs. 12.5%, $p=0.031$). Comparing the two modalities, there were no significant differences in changes of NSOG ($p=0.33$), IIEF-5 ($p=0.089$), GAD-7 ($p=0.97$) or PHQ-9 ($p=0.75$). 68% had used an ED medication before or during the group and this was significantly associated with greater improvement in NSOG ($p=0.002$).

Conclusion:

This audit suggests that among participants who completed all sessions - there was no significant difference in outcomes between face-to-face and virtual ED groups. Both modalities showed significant improvements in erectile dysfunction and sexual confidence. This suggests that adopting 'digital first' care for ED can be effective and sustainable during the COVID-19 pandemic.

Disclosure of interest:

None.