



cation by clinical means may reduce the overuse of PDE-5 inhibitors.

The need to identify patients needing further evaluation when therapy fails should not be overlooked.

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■ REFERENCES

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3. **Solomon H, Man JW, Jackson G.** Erectile dysfunction and the cardiovascular patient: endothelial dysfunction is the common denominator. *Heart* 2003; 89:251–253.
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IN REPLY: I appreciate the comments of Drs. Akpunonu and Mutgi, and I agree with them that it is necessary to identify specific causes of erectile dysfunction when therapy with PDE-5 inhibitors fails. Thus, psychiatric evaluation is indicated if a psychogenic cause of erectile dysfunction (eg, persistence of nocturnal erection) is suspected during the patient's interview.

However, I do not share their feelings that the distinction between organic and psychogenic causes of erectile dysfunction by clinical means may necessarily reduce the overuse of PDE-5 inhibitors. Even if a psychogenic cause is identified, I believe it is reasonable to initiate treatment with PDE-5 inhibitors alone or in conjunction with psychotherapy for several reasons.

CORRECTION

Migraine aura without headache

(JUNE 2005)

Due to a copy-editing error, the wrong authors were listed for reference 1, page 533, in the article by Dr. Robert S. Kunkel, "Migraine aura without headache: benign, but a diagnosis of exclusion" (*Cleve Clin J Med* 2005; 72:529–534). The correct reference is as follows:

1. **Headache Classification Subcommittee of the International Headache Society.** The international classification of headache disorders. 2nd edition. *Cephalalgia* 2004; 24(suppl 1):26–31.

First, PDE-5 inhibitors were equally effective in patients with psychogenic and organic erectile dysfunction.¹ In addition, these agents proved efficacious in treating erectile dysfunction associated with the use of antidepressants.²

Second, as I mentioned in the article,³ the etiology of erectile dysfunction is frequently multifactorial, and other causes such as occult atherosclerosis or cardiac disease may coexist with the psychogenic disorder.

Third, since the psychogenic symptoms may be further aggravated by the existence of erectile dysfunction, it is conceivable to assume that improvement of erectile dysfunction by the PDE-5 inhibitors could ameliorate the underlying psychogenic disease, although this concept was not investigated in clinical trials.

It should be emphasized that partner problems may also be a cause of nonorganic erectile dysfunction, and this issue should be addressed when taking the history, as I outlined in **TABLE 2** in the article.³ Indeed, the patients described by Drs. Akpunonu and Mutgi might suffer from this problem, given the fact that their erectile dysfunction was evident only with their sexual partners, whereas their erection ability seemed intact at nighttime and with foreplay.

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