

The Cost-Effectiveness of Androsexual versus Only Andrological Approach: Design of the Study

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SHORT COMMUNICATION

1. INTRODUCTION

The aim of this study is to investigate the importance of a combined andrological/sexual evaluation in some fields of andrology. We defined a brief survey providing scores useful for identification and quantification of the outcome after sexual evaluation in andrological patients.

This score will be correlated with a previous andrological and sexual score.

We believe that the systematic presence of a sexualologist could be important in terms of cost-effectiveness and may represent an interesting model and consolidate this clinical approach for the next future in different European Health Systems.

2. MATERIAL AND METHODS

We organized a cooperation between two Italian andrological centers with a similar organization for outpatient andrological patients, with presence of an andrologist and a psychosexualologist that cooperate in 3 defined cohorts of patients: moderate-severe Erectile Dysfunction (IIEF5 range 1-11), Praecox Ejaculation (PEDT test > 11), Induration Penis Plastica (PDQ test). **1-3**

A first arm comes from a retrospective analysis database in a period of 2 years. All patients were submitted to an andrological evaluation: medical visits, laboratory and radiological investigations.

The data will be analyzed during a 6-months follow-up, focalizing the costs derived from supplements intake or drug consumption and the diagnostic procedures. The second arm is a multicentric group of patients from the different Centers, randomized for age and gravity of illness respect the first arm (t-student) managed by andrologist and sexualologist, at the same time or in a delayed time. All patients will receive a questionnaire at each andrological and sexual evaluation, relative to the specific pathology, and a structured survey after the first and the second sexual evaluation. All patients will be submitted to 3 andrological (A1-A2-A3) and two sexual visits (S1-S2). At 6-months we will evaluate the costs such as in the first group. The analysis of QoL and outcome will come out from a global evaluation of the scores derived from tests and survey.

3. RESULTS

This study presents two fundamental endpoints: to demonstrate the quantitative advantages in terms of cost-effectiveness of the andro/sex approach and to validate the systematic presence of sexualologist in terms of amelioration of QoL in these cohorts.

4. DISCUSSION

The presence of sexualologist is again a challenge in many Public Health Systems, anyway some sporadic experiences demonstrated in clinical practice a real improvement of QoL in many

andrological patients. This model contains some pitfalls like: two cohorts not well randomized, the different approach comparing a group from a retrospective study (only andro) versus a second prospective one (andro/sex), the excessive simplification due to the mandatory choice of simple and incomplete questionnaires, the difficulties to obtain a structured cooperation realtime between andrologist and sexuologist.

5. CONCLUSION

We believe that this structured andro/sexuological approach may represent a new modality in andrological diseases management, helpful especially in Public Health Systems, in terms of reduction of costs, like PDE5i intake and radiological investigations. **4**

This study represents only a first step in this direction and aims to create a new topic in clinical research.

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