EDITORIAL COMMENT

The Erectile Function Visual Analog Scale (EF-VAS): a disease-specific utility instrument for the assessment of erectile function - Page 3016

Advances in pharmacotherapy for erectile dysfunction (ED) have met with great success based on their ease of use and safety. However, there remains a real need for a user friendly, valid means of assessing sexual function and response to therapy. Although laboratory based diagnostic procedures are available, sexual function is best assessed in a naturalistic setting with patient self-report techniques. Hence, multidimensional instruments such as the IIEF were developed for this purpose and are particularly useful in multicenter, multinational clinical trials. To achieve its aim, the instrument has to be brief, reliable, cross culturally valid and psychometrically sound. It needs to have the necessary sensitivity and specificity to detect treatment related changes in patients with ED.

The authors are to be congratulated for their effort. They report good statistical analysis for their new instrument. Yet, it seems a bit tedious as a useful clinical tool. Thirty minutes is a long time for an initial assessment and can be daunting to patients and clinicians alike. In clinical practices which choose to use sexual questionnaires, the abridged IIEF-5 or SHIM IIEF is generally preferred. In our opinion, the greatest disadvantage of their instrument is the erectile function visual analogue score which has not been validated on a multicultural, multicenter trial. Until then, we have the IIEF to rely on.

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