Male Reproduction Drugs

Method	Description	Adv. & Dis.	Duration
Oral medication (sildenafil [Viagra]; vardenafil [Levitra]; tadalafil [Cialis]) These agents are known as phosphodiesterase-5 (PDE-5) inhibitors. PDE-5 is a type of enzyme found almost exclusively in the penis. The PDE-5 inhibitors slow the release of nitric oxide and temporarily re-store the body's natural sexual response by increasing the capability of blood flow to the penis. They work only when a man is sexually stimulated.	Smooth muscle relaxant causing blood to flow into penis	Can cause headache and diarrhea Contraindicated for men taking nitrate medications Used with caution in patients with retinopathy,	Taken orally 1 hour before intercourse Stimulation is required to achieve erection Erection can last 1 hour
•Penile Injection (alprostadil, papaverine, phentolamine)		Firm erections are achievable in more than 50% of cases Pain at injection site; plaque formation, risk of priapism	Injection 20 minutes before intercourse Erection can last up to 1 hour
Urethral suppository (alprostadil) - this medication improves circulation to lower extremities		May be used twice a day Not recommended with pregnant partners	Inserted 10 minutes before intercourse Erection can last up to 1 hour
Penile implants: Semirigid rod, Inflatable	Surgically implanted into corpus cavernosum	Reliable Requires surgery erosion thru skin from rod Healing takes up to 3 weeks Subsequent cystoscopic surgery is difficult Semirigid rod results in permanent semi erection	Indefinite Inflatable prosthesis: saline returns from penile receptacle to reservoir
Negative Pressure Device	induction of erection with vacuum; maintained with constriction band around base of pen		

Vasodilators: Sildenafil - Viagra Initial dose is 25 mg. Usual dose is 50 mg. Maximal dose is 100 mg /24 hours (blue vision.) Vardenafil - Levitra Usual dose is 10 mg. Maximum dose is 20 mg/24 hours. If you are 65 years of age or older, the starting dose is5 mg) Tadalafil - Cialis (Dosage range is 5–20 mg, based on individual response. Maximum dose is 20 mg/24 hours. For patients with decreased liver or kidney function, the maximum dose is 10 mg every 48 hours.) – take 30 min to a few hr before intercourse. Needs sexual stimulation to produce an erection. Side effects include head-ache, flushing, indigestion, nasal congestion, abnormal vision, diarrhea, dizziness, and rash. You may also have low blood sugar and abnormal liver function tests. Contraindications: do not take if taking nitrates, uncontrolled BP CAD or Heart Attack within past 6 months, dysrhythmia or kidney/liver dysfunction. Avoid with use of PDE-5 inhibitors.

Pharmacologic treatment for BPH includes use of alpha-adrenergic blockers and 5-alpha-reductase inhibitors (Kirby,2004).

Alpha-adrenergic blockers (eg, terazosin [Hytrin],doxazosin [Cardura], tamsulosin [Flomax]) relax the smooth muscle of the bladder neck and prostate. Alfuzosin (Uroxatral) is an extended-release alpha-adrenergic antagonist that exerts its effects on the prostate, bladder neck, and posterior urethra. The smooth muscle blockade improves urine flow and relieves BPH symptoms

Because a hormonal component of BPH has been identified, one method of treatment involves hormonal manipulation with antiandrogen agents (eg, finasteride [Proscar], dutasteride [Avodart]). In clinical studies, 5-alpha-reductaseinhibitors such as finasteride have been effective in preventing the conversion of testosterone to dihydrotestosterone (DHT). Decreased levels of DHT lead to decreased glandular cell activity and prostate size. Side effects include gynecomastia (breast enlargement), erectile dysfunction, and flushing.