Table 3d. Mixed PDE5i and other modalities

Author Year; Country **Score** **Research Design** **Total Sample Size**	**Methods**	**Results**
Yildiz et al. 2011 Turkey Crossover RCT Level 2 N=31	**Population:** Men with erectile dysfunction secondary to SCI**.** **Treatment:** Day 1**-** Group 1: visual and auditory sexual stimulus (VASS) Group 2: VASS with 25 mg of intracavernosal papaverine; Group 3: after a wash-out period of papaverine on day 2, VASS with 50mg oral sildenafil on day 5. **Outcome Measures:** Peak (PSV) and end diastolic velocity (EDV) using penile color Doppler ultrasound.	1. There was a statistically higher PSV with papaverine (45.31(11.37)) or with sildenafil (41.59(15.55)) compared to control (22.25(7.54)). 2. There was no statistically significant difference between the PSV and EDV values of the papaverine and sildenafil groups.
Moemen et al. 2008 Egypt Prospective controlled trial Level 2 N=60	**Population:** 60 men with SCI and erectile dysfunction, at least 6 months post-injury, randomized into 3 groups of 20 (A, B, C). **Treatment:** Group A took sildenafil 50mg before sexual activity for 1 month; Group B were given intracorporal injection (ICI, 10 mg/ml prostaglandin E1 or 0.5 ml trimix) for 1 month and then took sildenafil for 1 month; Group C used vacuum constriction device (VCD) for 1 month and sildenafil for 1 month. **Outcome Measures:** International Index of Erectile Function – erectile function domain (IIEF-EF); Global Efficacy Assessment Questionnaire (GAQ); Hormonal Profile.	1. The improvement in the IIEF-EF score was 90% in all groups after sildenafil, 90% in Group B after ICI, and 70% in Group C after VCD. 2. Improvement in erection reached 100% in all groups according to the GAQ, but ability to penetrate reached 90% after sildenafil, 90% after ICI, and 70% after VCD. 3. There was a significant increase in testosterone in all groups after sildenafil treatment. 4. Participants in Group B reported that ICI resulted in more rigid erections than sildenafil, but 14 of the 20 participants preferred sildenafil due to easier administration; no participants in Group C were satisfied with VCD and preferred either ICI or sildenafil.
Soler et al. 2007a France	**Population:** Men with SCI; Age: mean 32.6-36.2 yrs; tetraplegia (n=78), paraplegia (n=145), cauda	1. Good rigidity reported by 85% (sildenafil), 74% (vardenafil), and 72% (tadalafil) of the patients.

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Pre-post Level 4 N=240	equine (n=17); Impairment: AIS A (n=197), AIS B (n=19), AIS C (n=18), AIS D (n=6); Mean time since injury 91.5-112.4 months. **Treatment:** Sildenafil (50-100mg, n=120), tadalafil (10-20mg, n=66), and vardenafil (10-20mg, n=54) depending on efficacy/tolerability, follow-up at 3 months. **Outcome measures:** Quality of erection; duration of erection; International Index of Erectile Function (IIEF) - Erectile Function (EF), Intercourse Satisfaction (IS), Overall Satisfaction (OS), Orgasmic Function (OF), and Sexual Desire (SD); adverse events.	2. Mean duration of erection: 34 min (sildenafil), 28 min (vardenafil), 26 min (tadalafil). 3. IIEF: improved global and domain (EF, IS, and OS) scores for all groups; improved orgasmic function and ejaculation for sildenafil group. 4. Initial dose sildenafil (50mg) effective in 55%, whereas vardenafil and tadalafil (10mg) ineffective in over 70%. 5. Adverse events: mild; 15% on sildenafil (headache, flushing, dizziness, dyspepsia); 14% on vardenafil (headache, dizziness); 6% on tadalafil (headache, back pain).