

Table 6. Effects of Central-Acting Erectile Dysfunction Medications

<b>Author Year; Country</b>  <b>Score</b>  <b>Research Design</b>  <b>Total Sample Size</b>	<b>Methods</b>	<b>Results</b>
<p><a href="#">Strebel et al. 2004</a></p> <p>Switzerland</p> <p>Post-test</p> <p>Level 4</p> <p>N=22</p>	<p><b>Population:</b> All 22 patients had a chronic SCI lasting a median (range) of 63 (7–156) months; 11 had an UMN lesion (six complete, five incomplete), eight a LMN (seven complete, one incomplete) and three a mixed lesion.</p> <p><b>Treatment:</b> Eight tablets of apomorphine sublingual (SL) 3 mg, as a primary or secondary treatment for erectile dysfunction (ED)</p> <p><b>Outcome Measures:</b> International Index of Erectile Function questionnaire, patient diaries. A neurophysiological evaluation included somatosensory evoked potentials of the pudendal nerve, palmar and plantar sympathetic skin responses and bulbocavernous reflex recordings.</p>	<ol style="list-style-type: none"> <li>1. There were no significant correlations for electrophysiological or urodynamic findings and treatment success.</li> <li>2. Seven patients (31.8%) had some response and reported that the drug helped them to obtain an erection, but only two (9.1%) reported erections sufficient for intercourse and would agree to continue apomorphine SL as their standard treatment; all the others reported being disappointed.</li> <li>3. Nine patients (41%) reported side-effects.</li> </ol>