Randomized control trial study on treatment efficacy for erectile disorder: Cognitive-Behaviour Therapy versus medication

State-of-the Art

In the last two decades, a group of researchers has consistently conducted a diversity of empirical studies about the role of cognitive variables in sexual functioning. Moreover, some conceptual models of sexual functioning such as Barlow’s cognitive-affective model (1986) or Nobre’s cognitive-emotional model (2010) have emerged. Unfortunately, this growing body of empirical data and conceptual models did not have repercussions in terms of therapeutic interventions. Despite the emergence of some therapeutic proposals (Rosen et al., 1994; Wincze & Carey, 2001), sex therapy continues largely missing the potential positive effects of the cognitive theory principles. In addition, there is a lack of research on treatment outcome for sexual dysfunction. Empirically supported psychological treatments for sexual dysfunction are scarce and mostly based on Master’s and Johnson sensate focus techniques, systematic desensitization or specific behavioural procedures (masturbation training, squeeze, etc.) (Heiman & Meston, 1998). Surprisingly, no randomized control trial studies have been published so far testing the efficacy of cognitive behaviour interventions for sexual problems and particularly Erectile Dysfunction. CBT has been successfully used for a variety of psychological problems and are by far the most listed empirical supported psychological treatment (Chambless & Ollendick, 2001). Most significantly, CBT has proved to yield more durable benefits than different pharmacological interventions for depression (DeRubeis & Crits-Christoph, 1998; Hollon et al., 2005), panic disorder (Craske et al., 1991), and bulimia nervosa (Shapiro et al., 2007).
Aims

The main aim is to test the efficacy of a Cognitive-behavioural intervention for Sexual Dysfunction when compared to treatment as usual (PDE5 inhibitors) and no treatment (waiting list group). The study will also assess the mechanisms of treatment change, allowing a better knowledge of the processes involved in therapeutic gains. Medical factors, relationship variables, and psychopathology will also be assessed in order to control its effects. Overall, the research project might have repercussions in consolidating knowledge regarding etiology of erectile dysfunction, treatment efficacy, and mechanisms of change.