

The IIEF-5 has been widely proven for effective and precise diagnoses of whether a man is suffering from erectile dysfunction since it was published by Dr. Rosen in 1993.² The IIEF simply and quantitatively divides erectile function into different grades and facilitates evaluation of the effectiveness of treatments. In Taiwan, the IIEF-5 has been applied to determine whether hospital patients have erectile dysfunction.⁵ However, a study covering a greater number of hospitals and a larger sample size has not been carried out. In this study, 68 physicians and practitioners were involved in the survey using the same questionnaire. Findings from the 5939 patients prove that the IIEF-5 is effective in detecting the presence and severity of erectile dysfunction in different age groups of men. The small difference between findings from hospital patients and from patients of clinics is not statistically significant. The findings represent the distribution of erectile dysfunction patients of urological departments in Taiwan, and also reflect deterioration in sexual function of Taiwanese males as they age.

Results of this study show that 77% of patients aged from 21 to 30 have normal sexual function; however, only 6% and 3% of patients in the age group 71 to 80 and over 80, respectively, are normal. The incredible decline in sexual function can be identified as part of male aging process. It can be clearly demonstrated in Fig. 2 if we compare the percentage of patients with normal erectile function (IIEF score of 22-25) among the different age groups of these 5939 urologic patients. Through our previous studies concerning sexual activities in Taiwanese society,^{4,6} several facts can explain abnormalities of sexual function for the Taiwanese elderly over the age of 70. In addition to urological disorders and physiological deterioration of sexual functions, we also found that some percentage of couples are experiencing strong marital disharmony. It is also true that loss of libido in Taiwanese women is remarkable after menopause, and they may resist sexual activity with their partners resulting in long-term abstinence. There are some traditional concepts of rejecting sex; for example, it is believed that sexual activity should be stopped with aging because of general health concerns. All of the above cultural factors may contribute to the big dis-

crepancy in normal sexual function between the age of 21 to 30 and the age of 71 to 80 and over 80 years.

Another interesting result is that the percentage of patients with erectile dysfunction rose significantly with age, as related to the slight level, the medium level, and the severe level as indicated by the IIEF-5. Former research found that with aging of Taiwan⁴ and Shanghai⁷ populations, frequency of and satisfaction with sexual intercourse of the average male were significantly reduced. There was a distinct dividing line at 60 to 65 years old. Beyond the dividing line, most males had sexual intercourse less than once every 2 weeks and only 1 or none of the previous 3 sexual encounters was satisfactory.^{4,7,8} The IIEF-5 used in this study better divides the age groups by slight level, medium level, and severe level of erectile dysfunction. For patients with "slight" erectile dysfunction (IIEF score of 12-21), there seems to be a variety of definitions which may interfere with the patients' concepts as well as different environmental factors. If we exclude the "slight" erectile dysfunction and focus on the total percentage of patients with medium and severe ED (IIEF score ≤ 11) among the different age groups, then we can identify that dysfunction increases along with the aging process. Furthermore, through a statistical linear regression test to analyze the increase rate among the different age groups, a cut-off of a remarkable increase for medium and severe ED occurred in patients in the age group of 61 to 70 years (Table 3). The IIEF-5 in this study can precisely distinguish deterioration in erectile function for different age groups in Taiwan. It also proves what former research discovered, that the age period of 60 to 65 is a turning point in declining sexual function.

There are many reasons why erectile function declines with age. Age-associated changes in hormone levels in general and androgens in men are significant.⁹ Mean serum testosterone decreases approximately 1% per year after the age of 50.¹⁰ Biochemical hypogonadism is detected in only 7% men younger than 60 years, but increases to 20% in those older than 60.¹¹ Research on hormones of patients with sexual disorders has revealed that with the advent of old age, the concentration of testosterone in the blood decreases significantly and patients with testosterone de-