

The Clinical and Psychosocial Impact of Peyronie's Disease

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The rate of “emotional difficulty” may be even higher. Most recently, in a study of 245 patients with PD, 81% reported having emotional difficulty because of their condition and 54% had relationship problems. Emotional difficulty and relationship problems were determined by asking patients if PD had affected their emotional well-being or their relationship with their sexual partner.³⁰ Factors that were significantly associated with “emotional problems” included relationship problems from PD ($P < .001$) and loss of penile length ($P = .02$), whereas those associated with “relationship problems” were emotional difficulties related to PD ($P < .001$) and the ability to have intercourse ($P = .004$). These results suggested that treatments aimed at improving penile length or ED may improve psychologic outcomes.

Based upon the hypothesis that PD affects various domains of psychophysical functioning, a recent qualitative study set out to evaluate 28 men with PD and 36 age-matched controls and determine major themes and patterns of response relating to the effects of PD on 4 areas of concern: (1) sexual function and desire; (2) physical appearance and body image; (3) pain and bother (distress); and (4) interpersonal function and relationships. The study consisted of 13 focus groups conducted across 6 US cities (New York, Chicago, Los Angeles, Norfolk, San Francisco, and West Palm Beach).³¹ Men with PD were interviewed separately from men without PD in groups of 2 to 6 people, and focus groups were led by an experienced moderator who assured the participants that the information shared would be held in confidence. They stressed the need for openness and used a structured guide to lead the discussion in an open-ended format for approximately 2 to 2.5 hours.

Results from this analysis showed that the majority of interviewees with PD were concerned about 6 key areas: (1) physical appearance; (2) sexual self-image; (3) loss of sexual confidence and feelings of attractiveness; (4) sexual function and performance; (5) performance anxiety and partner’s sexual dissatisfaction; and (6) social stigmatization and isolation. Men reported a variety of penile deformities including abnormal curvature, bending, and distortion, with deformities that had mostly worsened since diagnosis.³¹ A common concern was the inability to initiate sex with a partner. Many men had lost interest in sexual activity or dating since their diagnosis because of a loss of perceived sexual attractiveness. Still, most men in the study continued to have some degree of sexual activity but complained that sex had changed after the diagnosis of PD because of problems with specific sexual positions, loss of erection, and a reduced ability to ejaculate. A mostly universal comment from respondents was the feeling of social stigmatization manifested by the difficulty in discussing PD-related issues and concerns with their partners or healthcare providers. Specific comments from respondents included, “This is a tragic deformity. Who wants to be considered less of a man?” and “It has been depressing...I’ve resigned myself to it. It’s disgusting and embarrassing.” Considering the deleterious effects on emotional well-being, patients with PD should be offered referral to a counselor early on in the disease course and should be made aware of online patient-centric resources, such as the Association of Peyronie’s Disease Advocates website (<http://www.peyroniesassociation.org>).³²