Users under the influence of sex-enhancing medications: prevalence, demographics, and sexual features

Original Article

Nesreen M. Abo Raia[1], Talal A. Abdel Raheem[1], Eslam M. Hassan[1], AsmaaY.Elsary[2]

Departments of [1]Dermatology, [2]Public Health, Faculty of Medicine, Fayoum University, Fayoum, Egypt

ABSTRACT

Background: Erectile dysfunction (ED) is considered the prime sexual dysfunction attracting public attention among men all over the world. It ranges from partial decrease in penile rigidity to a complete erectile failure. To overcome this issue, sex-enhancing medications have become popular among men.

Aim: The main objective of this work was to determine the prevalence, demographics, and sexual features of sex-enhancing medications users among Egyptians.

Patients and Methods: A total of 1916 adult males were included in the present study. This cross-sectional study was conducted between August 2020 and July 2021. Participants were invited to fill a self-structured questionnaire through 'Google Forms.' The form included three main sections for sociodemographic data; sexual activity, and sex-enhancing medication history and brief sexual functioning inventory score analysis (BSFI).

Results: Our finding showed that 48.4% of the subjects used sex-enhancement drugs. After completing the BSFI score variables, the results revealed that there was a highly statistically significant difference for the total BSFI score between sex-enhancement drug users and nonusers (23.4±5.7 and 21.02±4.5, respectively), with less than 0.001. Regarding the drugs used, the majority (67.9%) used sildenafil.

Strengths and limitations: In the Egyptian society, talking about sex problems concerns most males and they get ashamed when talking about it. Sex-enhancement drugs are being circulated in Egypt in a nonmedical way.

Conclusion: Urban residency, marriage, high education, job, low-to-middle socioeconomic status, smoking, drinking alcohol, and having chronic hypertension and/or diabetes mellitus were identified as features of sex-enhancing pharmaceutical users, with impairment of sexual function among them.

Key Words: Erectile dysfunction, sexual dysfunction, socioeconomic factors.

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Corresponding Author: Eslam M. Hassan, Department of Dermatology, Faculty of Medicine, Fayoum University, Fayoum, Egypt, **Tel.:** 01017242297, **E-mail:** eslam.elsawahh1@gmail.com

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INTRODUCTION

Sexual function is a complicated relationship involving both the mind and the body in normal circumstances. To induce a sexual response, the neurological, circulatory, and endocrine (hormonal) systems all interact with the mind. The male sexual response is controlled by a careful and balanced interplay between these systems[1].

Sexual dysfunction (SD) is a sexual behavior and sensation disorder characterized by abnormal or absent sexual psychological and physiological responses. It includes a variety of symptoms, such as erectile dysfunction (ED), failure of sexual intercourse, and loss of libido or desire. According to statistics, 52% of males between the ages of 40 and 70 years have some form of sexual disorders. A range of biological and psychological variables contribute to the development of these disorders[2]. Men all across the world are concerned about ED, which is the most common sexual disorder. It might range from a partial loss of penile stiffness to total ED[3]. In developing countries, ED is underestimated as it is not life-threatening, and the associated stigma embarrasses men, causing them to seldom seeking care. These characteristics make it difficult to recognize and treat this health concern early. Unfortunately, ED has a devastating consequence because there is strong evidence that sexual function is one of the most important aspects of human health[4].

Men all across the world are concerned about achieving optimal sexual performance. Advances in modern medical and pharmacological understanding have recently made it possible for many countries throughout the world to obtain the miraculous 'love pill'[5]. Owing to socioeconomic standards, demographics, racial, ethnic, cultural, and religious variety, data on using drugs and/or medicine for

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sex vary greatly from area to area around the world[6,7].

The current study was carried out to determine the prevalence of sex-enhancing medicine use as well as the demographics and sexual features of sex-enhancing medication users.

PATIENTS AND METHODS

This cross-sectional study was conducted among Fayoum Governorate population. It was conducted between August 2020 and July 2021. It included adult males aged 18 years old and above with different demographic characteristics. The study was done according to Declaration of Helsinki 2013. Ethical Committee of the Faculty of Medicine, Fayoum University,approved this study, with ethical approval number M471.

Participants were invited to fill a self-structured questionnaire through either face-to-face interview or online using 'Google Forms.' The questionnaire included three sections: (a) sociodemographic data, (b) assess the sexual activity and sex-enhancing medication history, and (c) brief sexual functioning inventory analysis (BSFI). The BSFI is a self-administered measure of current sexual function and comprises three functional domains: sexual drive, erectile function, and ejaculatory function[8,9]. In addition, the BSFI includes problem assessment of these three functional domains and the overall satisfaction. The sociodemographic data included age, education, occupation, number of family members, income, and general medical information about the health status, chronic diseases, and medications. The socioeconomic score was calculated according to the modified Fahmy and Elsherbini Social score[10].

For statistical analysis, the collected data were organized, tabulated, and statistically analyzed using the Statistical Package for the Social Sciences (SPSS) for Windows, version 22.0 on Windows 7. Qualitative data were presented by number and percentage and subjected to 2 test. Quantitative data were presented by mean ±SD, and paired Student *t*test was used for comparison between two methods of treatment regarding quantitative variables. The cut-off value for significance was less than 0.05.

RESULTS

A total of 1916 males were included in the present study, with a mean age of 32.6±8.2 years. They were subclassified into two main groups based on the usage of sex-enhancement drugs. Table 1 shows the demographic data of the subjects.

Our findings revealed that regarding the ones that use sex-enhancement drugs, 19.4% had chronic diseases, 18% were alcoholic, and 61.1% were active smokers. Table 2 describes a brief comparison of medical history between sex-enhancement drug users and nonusers. Table 3 illustrates comparisons of sexual activity history between both groups.

Table 1: Comparisons of sociodemographic characteristics between sex-enhancement drug users and nonusers

	Sex-enhancement drug				
	Not use (N=988)		Use (N=928)		
Variables	Mean	SD	Mean	SD	*P* value
Age	29.9	7.7	35.5	7.8	<0.001
Marriage duration	6.8	5.6	9.7	6.4	<0.001
Number of wives	1	0.4	1	0.3	0.4
Residence	n (%)		n (%)		
Urban	781 (79)		776(83.6)		0.01
Rural	207 (21)		152 (16.4)		
Region					
Lower	757 (76.6)		701 (75.5)		0.59
Upper	231 (23.4)		227 (24.5)		
Marital status					
Unmarried	365 (36.9)		128 (13.8)		<0.001
Married	623 (63.1)		800(86.2)		
Education level					
Less than university level	145 (14.7)		159 (17.1)		w
University and high	843 (85.3)		769 (82.9)		

Occupation			
Not work	83 (8.4)	23 (2.5)	<0.001
Work	905 (91.6)	905(97.5)	
Socioeconomic status			
Low	17 (1.7)	37(4)	
Middle	514 (52)	539(58.1)	<0.001
High	457 (46.3)	352 (37.9)	

Table 2: Comparisons of medical history between sex-enhancement drug users and nonusers

	Sex-enhancement drug [n (%)]		
Variables	Not use (N=988)	Use (N=928)	*P* value
Smoking			
No	576 (58.3)	361 (38.93)	<0.001
Yes	412 (41.73)	567(61.1)	
Alcohol			
No	861 (87.13)	791 (823)	0.002
Yes	127 (12.93)	167(18)	
Chronic disease			
No	867 (87.83)	748 (80.63)	<0.001
Yes	121 (12.23)	180(19.4)	

After completing the BSFI among all subjects, our results revealed that there was a highly statistically significant difference for the total BSFI score between sex-enhancement drug users and nonusers, with mean ±SD of 23.4±5.7 and 21.02±4.5, respectively, with less than 0.001. Table 4 shows the comparison of all variables of BSFI score between sex-enhancement drug users and nonusers. Our results revealed that medication users had a significantly higher mean scores for sexual drive (4.2±1.8 vs. 4.01±1.6, respectively, P =0.003), the mean erection score (6.6±2.3 vs. 6.01±2.2, respectively, P<0.001), problem assessment (6.3±3.03 vs. 4.8±2.1, respectively, P<0.001), and the total BSFI (23.4±5.7 vs. 21.02±4.5, respectively, P<0.001). No significant differences between the two groups were detected regarding the ejaculation score and the overall satisfaction score (P=0.2),which indicated the lower LUTS symptom severity and impairment to sexual function (Table 4).

In the present study, we illustrated that 928 (48.4%) used sexual-enhancement drugs, and 880 (94.8%) used it without a medical prescription. Most of them [690 (74.4%)] used these drugs in the form of tablets. One-third of males included in the study used drugs to treat erection problems, and another one-third used it as a curiosity. A total of 572 (29.9%) of males used drugs in an irregular pattern for a mean duration of 3.5±3.4 years.

Regarding the adverse effects of the sexual-enhancement drugs, 443 (47.7%) of the subjects were aware of each adverse effect. A total of 446 (48.1%) used to read drug pamphlet, 336 (36.2%) informed their wives that they used these drugs, 411 (44.4%) of them mention that these drugs improved erection problem, and 400 (43.1%) showed improvement in ejaculation problems. Overall, 370 (39.9%) of them showed drug adverse effects, with a high percentage reporting headache [185 (19.9%)].

Participants within the study mentioned the usage of different sex-enhancement drugs, where the majority of the participants used sildenafil (67.9%). A list of drugs enrolled in this study are illustrated in Table 5.

Table 3: Comparisons of sexual activity history between sex-enhancement drug users and nonusers

	Sex-enhancement drug [n (%)]		
Variables	Not use (N=988)	Use (N=928)	*P* value
Previous sexual consultation			
No	862 (87.23)	649 (69.93)	<0.001
Yes	126 (12.83)	279(30.1)	
Previous sexual activity before marriage			
No			
Yes			
Frequency of sexual activity			
Occasionally	287 (293)	52 (5.63)	
Once or less/week	177 (17.93)	277 (29.83)	<0.001
2 to 3 times/week	278 (28.13)	267(39.5)	
More than 3 times/week	246 (24.93)	232 (253)	
Level of sexual satisfaction			
Extremely not satisfied	26 (2.63)	32(3.4)	
Not satisfied	81 (8.23)	90(9.7)	
Fair	221 (22.43)	341(36.7)	<0.001
Satisfied	349 (35.33)	298 (32.13)	
Extremely satisfied	311 (31.53)	167 (183)	
Level of erection			
No swelling or rigidity	6 (0.63)	15(1.6)	
Slight swollen with no rigidity	17 (1.73)	17 (1.83)	
Slight swollen and rigidity	39 (3.93)	113(12.2)	<0.001
Good swollen with slight rigidity	152 (15.43)	224 (24.13)	
Good swollen and rigidity	774 (78.33)	559 (60.23)	
Problem in ejaculation			
No	741 (753)	435 (46.93)	<0.001
Yes	247 (253)	493(53.1)	

Table 4: Comparisons of brief sexual function inventory score between sex-enhancement drug users and nonusers

	Sex-enhancement drug				
	Not Use (N=988)		Use (N=928)		
Variables	Mean	SD	Mean	SD	*P* value
Sexual drive	4.01	1.6	4.2	1.8	0.003
Erections score	6.01	2.2	6.6	2.3	<0.001
Ejaculation score	2.9	1.3	2.9	1.5	0.2
Problem assessment score	4.8	2.1	6.3	3.03	<0.001
Overall satisfaction score	3.3	1.3	3.3	1.1	0.2
Total BSFI score	21.02	4.5	23.4	5.7	<0.001

Table 5: Type of sex-enhancing drugs among the study group

Sex-enhancing drugs	Frequency	%
Sildenafil	1301	67.9
Dapoxetine	150	7.8
Lidocaine	93	4.9
Tadalafil	73	3.8
Tramadol	61	3.2
Vardenafil	37	1.9
Herbal	25	1.3
Vitamin B12	22	1.1
Avanafil	16	0.8
Pregabalin	6	0.3
Escitabopram	13	0.7
Opium	13	0.7
Clomipramin	13	0.7
More than one type	93	4.9

DISCUSSION

Sex-enhancing medications, particularly phosphodiesterase type 5 inhibitors, have become popular among men. As a result, it is not surprising that 48.4% of males of all ages in the present research groups were using sex-enhancing drugs. An internet-based study called the 'Global Online Sexuality Survey' was used to determine the prevalence of sex-enhancing pharmaceutical use in Arab countries. The study found that 38.7% of people used sex-enhancing medicines, which is similar to the rate found in the current study. This could be because the Arab world has similar populations and customs[9]. Non-Arab countries such as the United States (4%), Japan (14.8%), and the United Kingdom, Germany, and Italy (10.5%), on the contrary, recorded substantially lower rates[6,11,12].

Males who used sex-enhancement medicines had a statistically significant higher mean age (35.5±7.8 years) and a longer marriage duration (9.7±6.4 years), according to the current study. These findings are similar to those of a study conducted in Saudi Arabia,which found that the majority of consumers seeking the 'love pill' in pharmacies were between the ages of 30 and 40 years[13]. Numerous factors, including degenerative changes in the testicles and age-related deterioration in male sex hormones, have been documented to increase the occurrence of ED in older men and hence raise the intake of sex-enhancing drugs. Furthermore, older men are thought to be more concerned about sexual performance[14,15].

The sociodemographic characteristics of sex-enhancing drug users among our respondents include residence in urban areas, employment, marriage, high education, and a low-to-middle level of socioeconomic status. Epidemiological studies have reported these demographic data as risk factors for ED and hence the widespread use of sex-enhancing medications in Arab countries[13,16]. These characteristics could be a result of specific cultural, educational, and religious forces that encourage men to try new drugs. Higher levels of awareness and knowledge of the potential negative effects, as well as the cost of purchasing these pharmaceuticals, are likely to explain increased consumption among highly educated males[16]. Although the effect of socioeconomic factors on sexual functioning is debatable, people in higher socioeconomic classes are more vulnerable to stress because of their jobs and lifestyles[17]. The current data imply that married men are more sexually active and more prone to ED than unmarried men, which is likely owing to the cultural expectation of procreation in marriage. This, in turn, leads to increased use of sex-enhancing drugs[18]. The results herein were comparable to those attained by an earlier study in Saudi Arabia, where the researchers reported that sex-enhancing medications users had high educational levels, greater income, were smokers, and had more than one sexual partners[7].

The recent study discovered that males who used sex-enhancement medicines smoked and drank alcohol in large amounts. Men who stopped smoking had better erectile function[19], andphosphodiesterase type 5 inhibitor drug users smoked more cigarettes than nonusers[12]. Furthermore, the current findings corroborate those of the study, which found that 53% of users combine sex-enhancement pharmaceuticals with illegal narcotics or alcohol[20].

Formerly, the causes of ED were mainly attributed to psychological factors. However, research work has revealed that the etiology of ED is multifactorial. Organic morbidities such as chronic hypertension, diabetes mellitus,

as well as dyslipidemia are involved in the pathogenesis of ED[15]. Diabetes mellitus increased the risk of ED three times in diabetic patients compared with nondiabetic men. This could explain the significant association of the use of sex-enhancement medications with chronic hypertension and diabetes mellitus, which was elicited by our results. These findings highlight the importance of maintaining a good quality of life for men with ED who are experiencing chronic medical issues, particularly those who have been married for a longer period. As a result, a complete medical examination for the presence of any linked physical or psychological health problems is required[4,21].

The results of this study revealed a statistically significant association between the use of sex-enhancement drugs and previous sexual consultation, practicing sexual activity before marriage, higher frequency of sexual activity, lower level of erection, and problems with ejaculation. Similarly, the users of the sex-enhancing medications had several sexual characteristics, including longer duration and higher frequency of sexual activity, but lower level of sexual satisfaction[7]. Moreover, a significantly higher percentage of extramarital sexual activity among sex-enhancing medications users than the nonusers was reported[22].

The findings of this study and other recent research studies suggest that although using a sex-enhancement medicine improved the patients' condition, it did not have the desired effects, as seen by lower sexual satisfaction and ejaculation issues. This could be because a number of medical risk factors contribute to decreased sexual activity and ED, needing therapy to ensure the safe use of sex-enhancing drugs. Sex-enhancing drugs are not able to treat all types of ED[7].

Our results showed that the majority (94.8%) of those using sex-enhancing medications had no consultation with their physicians and purchased the drugs with no medical prescription. It is essential to have medical consultation to treat ED as several medical risk factors could cause the disorder as stated previously. Overall, three-fourths of sex-enhancing medication users consumed them after friends' consultations or via announcements, and only 19.9% of users had appropriate medical session[23]. According to a cross-sectional survey conducted in Egypt, 58.35% of sex-enhancing medicine users obtained them for recreational purposes and 15.6% of them used drugs to improve the time and frequency of intercourse. Only 26.05% stated they used sex-enhancing drugs to treat their ED. Surprisingly, relatives and coworkers were the primary sources of such drugs (62.79%). Approximately one-fourth (25.16%) of sex-enhancing medications users got them by themselves, and the drugs were prescribed by a pharmacist in 6.66% of cases. Only 5.39% of sex-enhancing medication consumers got them after a specialist physician meeting. The low rate of consultation before using sex-enhancing medications could be explained by the embarrassment. Meanwhile, the lack of definite regulations governing the purchasing of such medications without consultation may have increased the rate of misusing these drugs[22].

Analysis of the components of the BSFI revealed that – among the sex-enhancement drug users – there was a significantly higher mean of sexual drive, erection score, problem assessment score, and the total BSFI score, indicating impairment of sexual function. On the contrary, there was no statistically significant difference regarding ejaculation and overall satisfaction scores between sex-enhancement drug users and the nonusers. Unfortunately, owing to patient discomfort and healthcare providers' aversion to dealing with sexual topics, early detection and management of variables that contribute to the development of ED is extremely difficult[18, 24, 25].

CONCLUSION

Urban residency, marriage, high education, job, low-to-middle socioeconomic status, smoking, drinking alcohol, and having chronic hypertension and/or diabetes mellitus were identified as features of sex-enhancing pharmaceutical users among males. Furthermore, users of sex-enhancement drugs were more likely to have had previous sexual consultations, engage in sexual activity before marriage, have a high frequency of sexual activity, and have issues with erection and ejaculation. The higher mean scores of sexual drive, erection, problems assessment, and total BSFI indicated impairment of sexual function among the sex-enhancement drug users. Those consumers expose themselves to multiple hazards, especially by bypassing the health care providers and their ignorance regarding the drug indications, contraindications, and adverse effects.

RECOMMENDATION

More research into the danger or potential health problems associated with ED is needed. To determine the true association between the theoretical understanding of sex-enhancing drugs and ED symptoms, large-scale surveys should be conducted. Meanwhile, international nonprofit organizations dedicated to raising healthy living standards should disseminate knowledge of proper indications for such pharmaceuticals to raise community awareness of these medications around the world. To avoid the negative effects of these pharmaceuticals, regulations should be enacted to restrict their disposal without a medical prescription. Regulations should be enacted to limit the distribution of these pharmaceuticals without a medical prescription to avoid serious adverse effects, especially in patients with comorbidities.

CONFLICT OF ITNEREST

There are no conflicts of interest.

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Appendix

Table A1: Sociodemographic characteristics and health status

1) العمر	.....
2) مكان الاقامة	المحافظة/ ..... هل تقيم في؟ ريف ☐مدينة ☐
3) الحالة الاجتماعية	مطلق☐ أرمل ☐متزوج ☐اعزب ☐
4) مدة الزواج	..... عدد الزوجات .....
5) عدد أفراد اسرتك (انت و الزوجة و الاولاد)	.....
6) عدد غرف المنزل	.....
7) يوجد بالمنزل صرف صحي	☐لا ☐ نعم
8) يتم التخلص من القمامة بشكل امن	☐لا ☐ نعم
9) هل تستخدم الكمبيوتر	☐لا ☐ نعم
10) مستوي تعليم والدتك	دراسات عليا☐جامعي ☐ثانوي ☐ تعليم اساسي (ابتدائي- اعدادي) ☐غير متعلم☐
11) مستوي تعليم والدك	دراسات عليا☐جامعي ☐ثانوي ☐ تعليم اساسي (ابتدائي- اعدادي) ☐غير متعلم☐
12) وظيفة والدتك	☐ لا تعمل ☐ تعمل, ما هي الوظيفة؟.....
13) وظيفة والدك	☐ لا يعمل ☐ يعمل, ما هي الوظيفة ؟.....
14) ما هو متوسط الدخل شهريا؟	☐ لا يكفي ومدان ☐ لا يكفي ☐ يكفي ☐ يكفي واوفر منه
15) ما هو مستوي تعليمك؟	دراسات عليا☐جامعي ☐ثانوي ☐ تعليم اساسي (ابتدائي- اعدادي) ☐غير متعلم☐
16) وظيفتك	☐ لا اعمل ☐ أعمل, ما هي وظيفتك ؟.....
17) التدخين	مدخن النوع (.....)☐ غير مدخن ☐
18) هل تشرب اي مشروبات كحولية؟	☐ لا ☐ نعم,اذا كانت الاجابة نعم هل تشرب؟ ☐ بانتظام ☐ غير منتظم ☐ في المناسبات
19) هل تعاني من اي أمراض مزمنة؟	☐لا ☐ نعم, اذا كان نعم ☐السكر ☐ الضغط ☐ امراض القلب ☐ دهون بالدم ☐ اخري
20) هل تتناول اي ادوية لامراض مزمنه؟	نعم, وضح/.....☐ لا ☐
21) هل سبق ان استشرت طبيب عن مشكلة تناسلية	نعم ما هي (.....)☐لا ☐

Table A2: Sexual activity of males

1) هل كان هناك علاقات جنسية قبل الزواج؟	☐لا ☐ نعم
2) ما هو معدل ممارسة العلاقة الجنسية(الجماع)؟	☐ مره أو أقل اسبوعيا ☐مرتين الي ثلاث اسبوعيا ☐اكثر من ثلاثة مرات اسبوعيا
3) ما هو مستوي الرضاء عن الممارسة الجنسية ؟	اختر من(1-5) حيث ان 1 تعني غير راض تماما و 5 تعني رضاء تام 1☐ غير راضي تماما 2☐ غير راضي 3☐ متوسط 4☐ راضي 5☐ راضي تماما
4) ما هو مستوي الانتصاب؟	1.لا يوجد انتفاخ أو صلابة☐ 2.يوجد انتفاخ بسيط بدون صلابة☐ 3.انتفاخ بسيط وصلابة بسيطة☐ 4.انتفاخ جيد و صلابة بسيطة☐ 5.انتفاخ جيد وصلابة جيدة☐
5) هل تعاني من مشكلة في القذف؟	☐لا ☐ نعم,اذا كان نعم وضح ؟ ☐مبكر, كم المدة ؟..... ☐ متأخر,كم المدة ؟..... ☐ مؤلم

Table A3: Brief Sexual Function Inventory (BSFI) Arabic form

خلال الشهر السابق،كم عدد الايام التي شعرت فيها برغبة جنسية ؟	☐تقريبا يوميا ☐أغلب الايام ☐بعض الايام☐ايام قليلة فقط☐لا يوجد
خلال الشهر السابق،في تقديرك ما هو مستوى الرغبة الجنسية؟	☐عالي ☐فوق المتوسط☐متوسط ☐منخفض ☐لايوجد
خلال الشهر السابق،كم مره كان لديك انتصاب كلي او جزئي عندما كان عندك اثارة بأي شكل؟	☐دائما☐عادة ☐في كثير من المرات الي حد ما ☐مرات قليلة ☐لا يوجد
خلال الشهر السابق،عندما يكون هناك انتصاب كم مره يمكنك من ممارسة علاقة جنسية؟	☐دائما☐عادة ☐في كثير من المرات الي حد ما ☐مرات قليلة ☐لا يوجد
خلال الشهر السابق،ما مدى صعوبة الانتصاب؟	☐لا يوجد صعوبة ☐قليلا☐ احيانا ☐كثيرا ☐لا يوجد انتصاب اطلاقا
خلال الشهر السابق،ما مدي صعوبة القذف في حالة وجود اثارة؟	☐لا يوجد صعوبة ☐قليلا☐ احيانا ☐كثيرا ☐لم يكن هناك اثارة
خلال الشهر السابق،الي اي مدي تعتقد ان هناك مشكلة في كمية السائل المنوي؟	☐لا يوجد مشكلة☐مشكلة صغيرة☐مشكلة متوسطة ☐مشكلة كبيرة ☐لا أصل الي الذروة
خلال الشهر السابق،الي اي مدى تعتقد ان هناك مشكلة في الممارسة مع وجود نقص في الرغبة الجنسية ؟	☐لا يوجد مشكلة☐مشكلة صغيرة جدا☐مشكلة صغيرة☐مشكلة متوسطة☐مشكلة كبيرة
خلال الشهر السابق،الي اي مدى تعتقد ان هناك مشكلة في بداية الانتصاب والحفاظ علي العضو منتصب ؟	☐لا يوجد مشكلة☐مشكلة صغيرة جدا☐مشكلة صغيرة☐مشكلة متوسطة☐مشكلة كبيرة
خلال الشهر السابق،الي اي مدي تعتقد ان القذف مسبب مشكلة في الممارسة الجنسية ؟	☐لا يوجد مشكلة☐مشكلة صغيرة جدا☐مشكلة صغيرة☐مشكلة متوسطة☐مشكلة كبيرة
خلال الشهر السابق، بشكل عام ما مدي رضائك عن حياتك الجنسية؟	اختر من(1-5) حيث ان 1 تعني غير راض تماما و 5 تعني رضاء تام ☐ غير راضي تماما ☐ غير راضي ☐ متوسط ☐ راضي ☐رضاء تام

Table A4: Sex-enhancing medications

English form

Sexual drive					
Let us define sexual drive as a feeling that may include wanting to have a sexual experience (masturbation or intercourse), thinking about having sex, or feeling frustrated due to lack of sex	No days	Only a few days	Some days	Most days	Almost every day
1. During the part 30 days, how many days have you for sexual drive?	0	1	2	3	4
2. During the past 30 days, how would you rate your level of sexual drive?	None at all 0	Low 1	Medium 2	Medium high 3	High 4
Erections					
3. Over the part 30 days, how often have you had partial or full sexual erections when you were sexually stimulated in any way?	Not at all 0	A few times 1	Fairly often 2	Usually 3	Always 4
4. Over the past 30 days, when you had erections, how often were they firm enough to have sexual intercourse?	0	1	2	3	4
5. How much difficulty did you have getting an erection during the past 30 days?	Did not get erection at all 0	A lot of difficulty 1	Some difficulty 2	Little difficulty 3	No difficulty 4
Ejaculation					
6. In the past 30 days, how much difficulty have you had ejaculating when you have been sexually stimulated?	Have had no sexual stimulation in past month 0	A lot of difficulty 1	Some difficulty 2	Little difficulty 3	No difficulty 4
7. In the past 30 days, how much did you consider the amount of semen you ejaculate to be a problem for you?	Did not climax 0	Big problem 1	Medium problem 2	Small problem 3	No problem 4
Problem assessment					
8. In the past 30 days, to what extent have you considered a lack of sex drive to be a problem?	Big problem 0	Medium problem 1	Small problem 2	Very small problem 3	No problem 4
9. In the past 30 days, to what extent have you considered your ability to get and keep erections to be a problem?	0	1	2	3	4
10. In the past 30 days, to what extent have you considered your ejaculation to be a problem?	0	1	2	3	4
Overall satisfaction					
11. Overall, during the past 30 days, how satisfied have you been with your sex life?	Very dissatisfied 0	Mostly dissatisfied 1	Neutral or mixed (about equally satisfied and dissatisfied) 2	Mostly satisfied 3	Very satisfied 4