

Erectile Dysfunction in Diabetic Patients



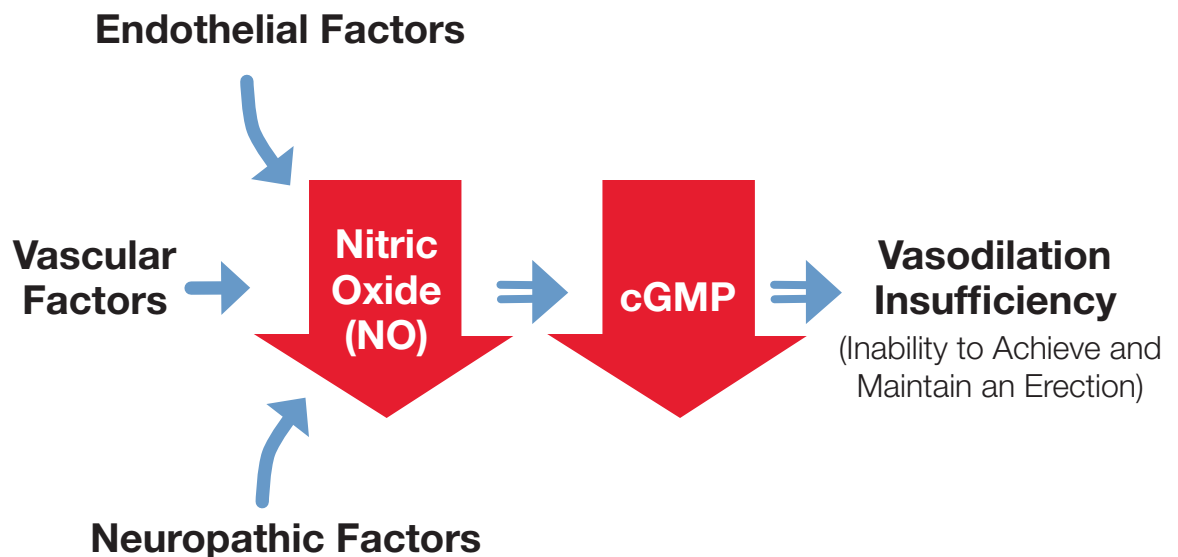
Erectile dysfunction (ED) affects 30 million men in the United States ¹

The Massachusetts Male Aging Study found that a diabetic man was 3X more likely to have ED than a nondiabetic ²

Diabetics have a 75% lifetime risk of developing ED and earlier onset of ED compared with nondiabetics ^{3,4}

Diabetes is a multi-factorial disease making effective ED treatment strategies illusive

Pathophysiologic changes in NO biology associated with diabetes



The Effects of Diabetes Create an Unfavorable Environment for Satisfactory PDE5i Response

Create a Strategy for Effective Diabetic ED Treatment

Vacuum Therapy Benefits

| Patient Benefits | First-Line Therapy | | Second-Line Therapy | | |
|--------------------------|--------------------|-------------------------|---------------------|------------------------|----------------|
| | PDE-5i's Oral Meds | ErecAid® Vacuum Therapy | Injections | Urethral Suppositories | Penile Implant |
| Non-invasive | | X | | | |
| Ease of Use | X | X | | | X |
| Long Term Cost | \$\$\$/Yr | \$/Yr | \$\$\$/Yr | \$\$\$/Yr | \$\$\$\$\$ |
| Low Risk of Side Effects | | X | | | |
| Drop-out Rate | Low/Moderate | Low | High | High | N/A |

*Assumes four encounters per month

The ErecAid® Vacuum Therapy System is an Excellent First-Line Therapy for Your Diabetic Patients:

- 1** Diabetics are less likely to respond to PDE5i⁵ but have a 90% success rate with ErecAid
- 2** The Osbon ErecAid System is non-invasive and far simpler to use than invasive alternatives
- 3** The Osbon ErecAid System is the most cost effective long-term management solution for diabetic ED

1. Impotence. NIH Consensus Statement. Am Fam Physician 1992; 10:1-31.
 2. Feldman HA, Goldstein I, Hatzichristou DG, Krane RJ, McKinlay JB. Impotence and its medical and psychosocial correlates: Results of the Massachusetts Male Aging Study. J Urol 1994; 151:54-61.
 3. Saigal CS, Wessels H, Pace J, Schonlau M, Wilt TJ. Predictors and prevalence of erectile dysfunction in a racially diverse population. Arch Intern Med 2006; 166:207-12.
 4. McCulloch DK, Campbell IW, Wu FC, Prescott, RJ, Clarke BF. The prevalence of diabetic impotence. Diabetologia 1980; 18:279-83.
 5. Rendell MS, Rajfer J, Wicker PA et al. Sildenafil for treatment of erectile dysfunction in men with diabetes: a randomized controlled trial. Sildenafil Diabetes Study Group. J Am Med Assoc 1999; 281:421-6.



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