Correspondence

in dissolved salts from the soil. Hail region has a very wide surface area and its soil differs in different areas.7

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References


Sildenafil (Viagra™) A breakthrough in the management of an old problem or a risky drug

“Impotence”, a term commonly used amongst the lay masses and less educated people brings in its wake disastrous psychological and family problems. As the term impotence invariably heralds an end to masculine powers and manly ego, experts in linguistics and phraseology have coined the word “erectile dysfunction” to evade the most hated and distressing nomenclature of impotence while referring to these ill-fated individuals suffering from erectile dysfunction. Although the word “erectile dysfunction” sounds less haunting, reasonably appealing and devoid of the much talked about social stigma associated with its name, nevertheless, it also entails the same psycho-somatic suffering as impotence.

Erectile dysfunction is perhaps one of the most terrifying and ugliest endowments of the aging process. Young age embodies gifts such as beauty, moistened skin, dark hairs, glistening white teeth, elegant stature supported by an erect and composed spine and above all a graceful walk and a lightening memory. Naturally the first score years of human life are perhaps the best years of one’s life when the entire body presents a spectacular grace and heavenly grandeur. William Wordsworth, the famous English poet refers to this period nostalgically and says, “Now of my three score years and ten, twenty will not come again.” We agree that man’s strongest instinct and desire has been sex and this is well elucidated by the report that since its launch in the United States in March, Viagra has become the fastest selling drug ever.1 However we have to be aware of the famous maxim that “all that shines is not gold”. There have been 69 deaths associated with Sildenafil reported by the Food and Drug Administration in the United States since its launch there in March.2 It is an astronomical figure specially with a drug that has gained world wide publicity. Other similar deaths must have occurred elsewhere on the planet to which the clinicians and research workers are oblivious because it seems the drug is traded in black market and consumed by all and sundry. To appease their innate and strongest desire of sex, people seem ready to procure the magic drug by whatever means available to unfold a magic phenomenon in their sexual drive.

A 50 mg tablet costs $7.8 in Europe as against $7.5 in the United States.2 This exorbitant price is certainly beyond the reach of the middle and lower class. The question is not as to who can afford it but the basic problem is how to be sure that it is being rightly dispensed.

Unlicensed procurement without a thorough screening and without a Consultant’s advice has to be checked because logically it certainly might prove catastrophic in young adults with undiagnosed aortic or mitral stenosis. Normally these individuals experience erectile dysfunction stemming mainly from the fear and anxiety associated with their underlying disease. A kick to boost their sexual life under their precarious hemodynamic state can prove to be devastating. In our opinion, more skill sessions and extensive research is needed to arrive at concrete guidelines regarding the fate of Viagra.

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Sir,

Sildenafil (Viagra) is a potent and specific inhibitor of Phosphodiesterase type 5 found in Corpus Cavernosum. It is therefore specific vasodilator of penile vessels. The drug was licensed for use in the USA in March 1998 where it is available at 7.80 US dollars per 50 mg tablet. US Food and Drug Administration has reported 69 deaths during March to July 1998 after 3.6 million prescriptions.

European Medicine Evaluation Agency has also granted license for Sildenafil in September 1998 but the drug will not be available for British patients from NHS for the time being. In fact, doctors were advised not to prescribe the drug until definitive guidelines were issued by the Department of Health. The price per 50 mg tablet will be £4.84.

The drug has not been officially approved for use in Saudi Arabia so far. However, the debate on its use and possible misuse continues. The demand for the drug is expected to be high because of good socio-economic conditions of the population, good general physical health even in elderly subjects and very common practice of polygamy. Diabetes Mellitus is also very common in Saudi Arabia (around 20% in population above 30 years of age) and so is the erectile dysfunction in this group. How much of this erectile dysfunction is contributed by autonomic neuropathy and how much by accelerated atherosclerosis will definitely determine the response to treatment in this subject of population.

There will be a tendency by the normal population to use the drug in order to acquire the ultimate perfection in the male state of art which needs to be strongly discouraged.

As the exact indications for the use of the drug are not yet published but the drug is supposed to give very good results in patients with vascular erectile dysfunction. Psychological, hormonal, neurological causes for erectile dysfunction, therefore, need to be ruled out before prescribing the drug. With the passage of time, when more information will be available, we may have to perform functional test of sexual performance as well as penile angiography before prescribing the drug like we do for coronary insufficiency. Penile vascular system may then be as important as cardiovascular system.

But how long will the media madness last! Is this euphoria about Viagra going to abate or is there a possibility of backlash? Only time and experience can answer these questions.

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Reply from Author

The letter from Dr Latif Khan clearly points out the reluctance of health-care providers to consider prescribing Viagra as a health issue that can be covered. As a matter of fact, many third-party providers are establishing a category of treatment conveniently described as "life-style drugs" that are excluded from coverage. The question addressed here is how much public money can be assigned to improving personal life-style. There is considerable potential for misuse by physicians and abuse by patients. The population of diabetics with autonomic neuropathy, for example, may not be the best candidates for the drug because of weak efficacy and less tolerance. The recommendation for extensive evaluation of psychological, hormonal or neurological causes goes opposite to the current practice worldwide. Such extensive evaluations are currently considered only after the drug had been given a chance to relieve the complaint quickly and easily. Pre-prescribing investigation are limited to ruling out contraindications, at best.

Although one cannot challenge the poetic language of Dr Zahid Khan and his colleagues, one has to disagree with the exaggerations, such as claiming that erectile dysfunction is "one of the most terrifying and ugliest endowments". There are many situations in life and health that are far more terrifying and ugly. One does agree, however, that the high cost of the drug and the potential for unlicensed procurement are negative aspects of the discovery.

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