

Clinical Outcomes and Treatment Adherence to Low-Intensity Extracorporeal Shockwave Therapy in Erectile Dysfunction: A Multicenter Experience in Latin America

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AFFILIATION

Introduction / Objectives

Erectile dysfunction (ED) affects up to



of men aged 40—70 years with similar prevalence in Latin America.

Low-intensity extracorporeal shockwave therapy (Li-ESWT) has emerged as a regenerative option, though guidelines still consider its efficacy uncertain.



Evidence in Latin American populations is scarce.

OBJECTIVE To evaluate clinical outcomes of Li-ESWT in men with ED across five Latin American countries, focusing on the role of treatment adherence.

Methods

DESIGN Multicenter observational study



POPULATION 7,893 men with ED from Mexico, Argentina, Colombia, Ecuador, and Peru.



7,893 men with ED

TREATMENT Li-ESWT + concomitant pharmacological therapy.



MEASURES Baseline/final severity with IIEF-5 and EHS.



ADHERENCE CATEGORIES

Complete (dose + time)



Partial (dose only)



Non-adherent



ANALYSIS Ordinal logistic regression adjusted for country, age, hypertension, diabetes, CAD, and baseline severity

Results

BASELINE PROFILE AND ADHERENCE

No patient presented with severe ED at baseline.

Ecuador showed the highest adherence

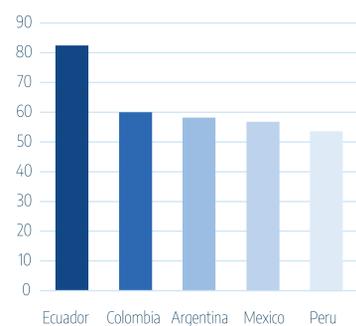
82,5%

Peru had the lowest

53,6%

In **Colombia**, the median adherence was

60%

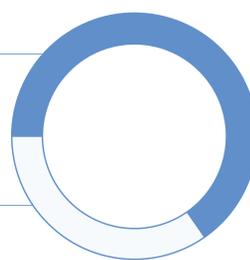


65,3%

patients improved at least ≥ 1 severity level

34,7%

No change or worsened



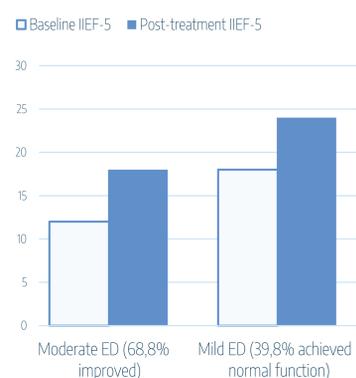
CLINICAL IMPROVEMENT

65.3% improved ≥ 1 severity level.

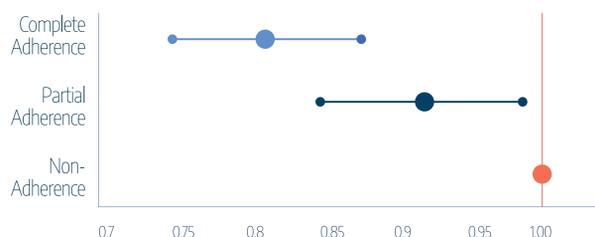
Mean IIEF-5 increase: +6 points

Moderate ED improved: 68.8%

39.8% with Mild ED achieved normal function.



EFFECT OF ADHERENCE (VS. NON-ADHERENT)



Predictors of worse outcomes:

Older age (>60 years) and diabetes.

Countries with best outcomes:

Colombia, Ecuador, Peru.

- Complete adherence: OR = 0.81 (95% CI: 0.75-0.88), $p < 0,001$
- Partial adherence: OR = 0.92 (95% CI: 0.850,99), $p = 0,024$
- Non-adherent: OR = 1,00 (Reference)

Discussion

Li-ESWT is effective in real-world settings for mild and moderate ED.

Complete adherence is associated with better outcomes, partial adherence also confers benefit.

Baseline severity remains the main predictor, followed by age and diabetes.

Variations across countries suggest structural and operational differences

Conclusions

Li-ESWT is effective in mild and moderate ED.

Complete adherence improves outcomes significantly. Partial adherence also yields benefits.

Baseline severity, age, and diabetes are key prognostic factors.

Absence of severe ED limits generalizability.

REFERENCES

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