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Scriptwriter Name: Debopriya Sadhukhan

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Title: Treatment Model for Young Patients with Psychogenic Erectile Dysfunction and Resultant Infertility

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Author Questionnaire

1. We have marked your project as author-provided footage, meaning you film the video yourself and provide JoVE with the footage to edit. JoVE will not send the videographer. Please confirm that this is correct.

✓ Correct

2. Microscopy: Does your protocol require the use of a dissecting or stereomicroscope for performing a complex dissection, microinjection technique, or something similar? **No**

3. Software: Does the part of your protocol being filmed include step-by-step descriptions of software usage? **No**

4. Proposed filming date: To help JoVE process and publish your video in a timely manner, please indicate the proposed date that your group will film here: **05/19/2025**

When you are ready to submit your video files, please contact our China Location Producer, [Yuan Yue](#).

Current Protocol Length

Number of Steps: 08

Number of Shots: 11

Introduction

- 1.1. **Ruilin Yang:** Our research focuses on young patients with psychogenic erectile dysfunction resulting in unconsummated marriage and infertility. We aim to improve couple confidence, collaboration, and intimacy through a patient-centered communication framework and partner-involved treatment to help the couple conceive naturally.

1.1.1. INTERVIEW: Named Talent says the statement above in an interview-style shot, looking slightly off-camera. *Suggested B-roll: 2.5.1.*

What are the current experimental challenges?

- 1.2. **Jieling He:** Current challenges include getting patients to follow through with treatment, checking how well non-drug methods work, keeping track of mental health changes, and breaking taboos around sex and fertility.

1.2.1. INTERVIEW: Named Talent says the statement above in an interview-style shot, looking slightly off-camera.

~~What significant findings have you established in your field?~~

- ~~1.3. **Jieling He:** We found that this model significantly reduces anxiety, boosts sexual confidence, increases intercourse success, and enhances couple satisfaction.~~

~~1.3.1. INTERVIEW: Named Talent says the statement above in an interview-style shot, looking slightly off-camera. *Suggested B-roll: LAB MEDIA: Table 1.*~~

NOTE: Not provided by authors. Please skip 1.3

What advantage does your protocol offer compared to other techniques?

- 1.4. **Weifeng Liu:** The main advantage of this protocol is its holistic, psychosocial approach, which standardizes partner engagement, communication, and non-drug interventions to achieve sustainable results.

1.4.1. INTERVIEW: Named Talent says the statement above in an interview-style shot, looking slightly off-camera. *Suggested B-roll: 2.6.1.*

Ethics Title Card

This research has been approved by the Institutional Review Board of the Affiliated Panyu Central Hospital, Guangzhou Medical University

Protocol

2. Treatment Procedure for Patients with Psychogenic Sexual Dysfunction

Demonstrator: Ruilin Yang, Weilan Huang, Yibin Huang, Guihua Mai

NOTE: Authors have named same shot multiple times, like there are 20 takes for 2.1 and 10 for 2.2. Please check for the described action

- 2.1. To begin, provide the patient with a basic history questionnaire and the International Index of Erectile Function questionnaire, which scores from 5 to 25, and explain how to complete them while he waits in the designated form-filling area for his appointment [1]. Then, instruct the patient to fill out another questionnaire to measure the Erection Hardness Score, with a range from 0 (zero) to 4 [2]. Provide the female partner with the Sexual Satisfaction Score for Women questionnaire to assess the score, with a range from 1 to 5, where 1 indicates dissatisfied and 5 indicates very satisfied [3].
 - 2.1.1. WIDE: Talent explaining how to fill out the basic history questionnaire and the IIEF-5 questionnaire to the patient and the patient filling them out.
 - 2.1.2. Talent showing the patient the EHS questionnaire and instructing the patient on how to fill it out.
 - 2.1.3. The female patient filling out the SSS-W questionnaire.
- 2.2. Review the patient's preliminary information [1] and complete the relevant history taking and physical examination [2-TXT].
 - 2.2.1. Talent checking the patient's preliminary information.
 - 2.2.2. WIDE: Talent conducting a physical examination of the patient on an examination table. **TXT: Conduct tests for fasting glucose, lipid profile, and testosterone levels; Perform AVSS or NPTR testing if necessary**
- 2.3. Identify the psychological factors based on the Hawton classification table and further develop a personalized treatment plan, while conducting patient-centered communication skills with the couple [1].
 - 2.3.1. LAB MEDIA: Supplementary Table 2.xlsx, Supplementary Table 3.xlsx *Video Editor: Remove the column Checklist (both yes, no) from Table 3.*

2.4. After clearly explaining the treatment process and specific procedural steps to the patient and their partner, obtain informed consent [1-TXT].

2.4.1. The patient and their partner signing the consent form. **TXT: Perform the treatment once every 2 weeks for a total of 8 weeks.**

2.5. Ensure that the nurse provides 15 to 20 minutes of education on sexual and psychological health to the patient and their partner [1].

2.5.1. Talent (nurse) speaking to the patient and their partner in a consultation room, pointing to educational charts.

2.6. Ensure that the patient and their partner spend 20 to 30 minutes in the self-study room reviewing educational materials or videos [1-TXT].

2.6.1. Couple sitting side by side in a self-study room, flipping through pamphlets or books. **TXT: Ensure that the couple watches the Sensate Focus demonstration video to learn cognitive-behavioral sexual therapy techniques**

2.7. Ensure the couple participates in key Sensate Focus steps under the nurse's guidance and explanation while remaining fully clothed, and that they continue practicing these steps at home [1].

2.7.1. TEXT on PLAIN BACKGROUND:

Ensure that the nurse clarifies concepts and guides them through these three stages:

- 1) Non-genital Touching
- 2) Genital and/or Breast Touching
- 3) Sensual Intercourse

2.8. After confirming that the couple has completed all the steps, begin biweekly follow-up visits to assess key outcomes, monitor progress, and guide further treatment [1].

2.8.1. TEXT on PLAIN BACKGROUND:

Each follow-up visit should assess these key outcomes:

- 1) IIEF-5
- 2) EHS

- 3) SSS-W
- 4) The frequency of intercourse

Results

3. Results

3.1. This table summarizes the changes in key sexual function parameters before therapy, after treatment, and at the 8-week follow-up [1]. The mean International Index of Erectile Function-5 score increased significantly after treatment compared to before therapy, with a slight decrease observed at the 8-week follow-up [2].

3.1.1. LAB MEDIA: Table 1.

3.1.2. LAB MEDIA: Table 1. *Video Editor: Highlight the cells “IIEF-5”, “ 5.1 ± 1.1 ”, “ 18.9 ± 2.8 ”, and “ 17.6 ± 2.7 ”.*

3.2. The mean Erection Hardness Score also improved significantly after treatment compared to before therapy, and was maintained at a similar level at the 8-week follow-up [1].

3.2.1. LAB MEDIA: Table 1. *Video Editor: Highlight the cells “EHS”, “ 1.5 ± 0.7 ”, “ 3.6 ± 0.5 ”, and “ 3.5 ± 0.5 ”.*

3.3. Similarly, the rate of successful penile penetration significantly increased after treatment compared to before therapy, and remained high at the 8-week follow-up [1].

3.3.1. LAB MEDIA: Table 1. *Video Editor: Highlight the cells “SEP-Q2”, “8 (19.0%)”, “35 (83.3%)”, and “27 (75.0%)”.*

3.4. The success rate of completed sexual intercourse showed a substantial improvement after treatment compared to before therapy, and further increased at the 8-week follow-up [1].

3.4.1. LAB MEDIA: Table 1. *Video Editor: Highlight the cells “SEP-Q3”, “0 (0%)”, “34 (81.0%)”, and “30 (83.3%)”.*

3.5. The mean Sexual Satisfaction Score for Women increased markedly after treatment compared to before therapy, and remained elevated at the 8-week follow-up [1].

3.5.1. LAB MEDIA: Table 1. *Video Editor: Highlight the cells “SSS-W”, “ 1.3 ± 0.5 ”, “ 3.8 ± 0.6 ”, and “ 3.9 ± 0.6 ”.*

Pronunciation Guide:

1. Psychogenic

- Pronunciation link: <https://www.merriam-webster.com/dictionary/psychogenic>
- IPA: /ˌsaɪ.kəˈdʒɛn.ɪk/
- Phonetic Spelling: sai-kuh-JEN-ik

2. Erectile

- Pronunciation link: <https://www.merriam-webster.com/dictionary/erectile>
- IPA: /ɪˈrɛk.taɪl/
- Phonetic Spelling: ih-REK-tile[merriam-webster.com+5merriam-webster.com+5merriam-webster.com+5](https://www.merriam-webster.com/dictionary/erectile)

3. Dysfunction

- Pronunciation link: <https://www.merriam-webster.com/dictionary/dysfunction>
- IPA: /dɪsˈfʌŋk.ʃən/
- Phonetic Spelling: dis-FUNK-shun[merriam-webster.com+5merriam-webster.com+5merriam-webster.com+5merriam-webster.com](https://www.merriam-webster.com/dictionary/dysfunction)

4. Infertility

- Pronunciation link: <https://www.merriam-webster.com/dictionary/infertility>
- IPA: /ɪn.fərˈtɪl.ə.ti/
- Phonetic Spelling: in-fer-TIL-uh-tee[merriam-webster.com](https://www.merriam-webster.com/dictionary/infertility)

5. Psychosocial

- Pronunciation link: <https://www.merriam-webster.com/dictionary/psychosocial>
- IPA: /ˌsaɪ.koʊˈsoʊ.ʃəl/
- Phonetic Spelling: sai-koh-SOH-shul[merriam-webster.com+4merriam-webster.com+4merriam-webster.com+4](https://www.merriam-webster.com/dictionary/psychosocial)

6. Sensate

- Pronunciation link: <https://www.merriam-webster.com/dictionary/sensate>
- IPA: /ˈsɛn.sət/
- Phonetic Spelling: SEN-sayt[merriam-webster.com+2merriam-webster.com+2merriam-webster.com+2](https://www.merriam-webster.com/dictionary/sensate)