

practice it would seem logical to prescribe PDE5i in order to produce good erections that MSM can be confident will be sustained even while putting on a condom.<sup>3</sup> Unfortunately, the current data do not support this contention, rather showing an association between PDE5i usage and HIV prevalence.<sup>3</sup> Recent quantitative and qualitative studies strongly suggest that the likelihood of MSM having unsafe sex and having HIV is significantly higher in those with current depression, fatigue, past and current sexual assault and regular users of recreational drugs to counteract the psychological sequelae of these psychosocial issues.<sup>4–6</sup> Many of the recreational drugs used such as crystal meth and cocaine are profound peripheral vasoconstrictors as well as cerebral stimulants.<sup>3</sup> Hence the need for PDE5i to counteract the erectile dysfunction produced by them. Furthermore, there is suggestive evidence that the use of PDE5i itself can reverse low mood,<sup>7</sup> cause aggression and amnesia<sup>8</sup> and enhance sensation for the receptive partner at anal sex.<sup>9</sup> Enhanced engorgement of penile and anal areas with PDE5i may themselves predispose to HIV transmission.<sup>3</sup> Other factors associated with erectile dysfunction in MSM with HIV are the use of antiretroviral drugs, particularly protease inhibitors<sup>10</sup> and accelerated penile arterial pathology.<sup>11</sup>

Most of the studies showing an association between unsafe sex, HIV and PDE5i use in MSM indicate that these men do not acquire PDE5i from medical practitioners, but rather via the internet or other local contacts.<sup>3</sup> With this in mind it would seem prudent for all MSM who attend for STI or HIV screening or therapy to be asked about erectile dysfunction at partnered sex, as well as other relevant clinical issues, as delineated above. Management should include the whole spectrum of the clinical disorders these men present with, including the prescribing of PDE5i medication, along with advice about appropriate condom and lubrication use and the minimalisation of recreational drug use and management of other psychosocial issues. Asking about these issues in busy STI/HIV clinics may not be easy, not least because of lack of time but also because of health practitioner and patient embarrassment in bringing up these issues. Some of the health issues related to PDE5i use, such as depression, are crucial to recognise, because they are associated with poor antiretroviral compliance.<sup>12</sup>

In spite of these complex interactions between PDE5i and other conditions, MSM are ethically entitled to receive these medications when there is clinical necessity.<sup>13</sup>

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## Correction

There was an error in an article published in the June issue of the journal (Sethi G, Allason-Jones E, Richens J, *et al.* Lymphogranuloma venereum presenting as genital ulceration and inguinal syndrome in men who have sex with men in London, UK. *Sex Transm Infect* 2009;**85**:165–70). Fig 1 was inserted above the legend for fig 2; fig 2 above the legend of fig 3 and fig 3 should have been placed with the legend from fig 1. The correct figs and legends are available online at <http://sti.bmj.com/cgi/content/full/85/3/165/DC1>. The journal apologies for this error.

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