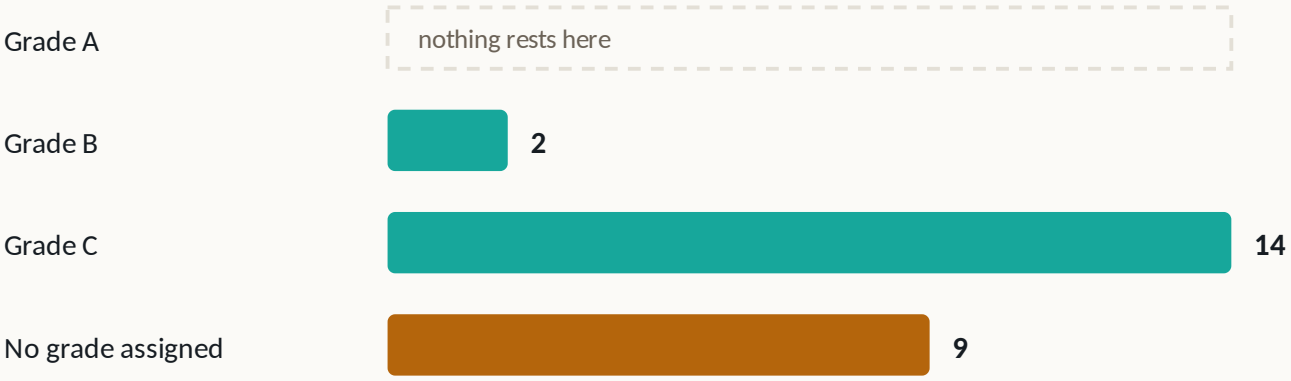
The ED Treatment Evidence Card

Every treatment in the American Urological Association's erectile dysfunction guideline, with the recommendation strength and the evidence grade it actually carries — and how often the internet mentions either.

0 of the 25 numbered statements in the guideline rest on **Grade A evidence**. Two rest on Grade B. Both are about the pills.



Evidence level assigned to each of the 25 numbered statements. Nine carry no evidence grade at all, being either Clinical Principles or Expert Opinion.

Will Preston · Big Dick Pills
bigdickpills.com/erectile-dysfunction/ed-evidence-card/

Source: AUA Erectile Dysfunction Guideline, 2018

1 How to read a recommendation grade

Two separate things are being graded, and conflating them is the single most common error in health writing.

Strong / Moderate / Conditional	How confident the panel is that the benefits outweigh the harms. A recommendation strength.
Grade A / B / C	How good the underlying evidence is. An evidence level.
Clinical Principle	Widely agreed practice with no graded evidence behind it. Usually uncontroversial — take a history, do an exam.
Expert Opinion	The panel's consensus judgement. The lowest tier in the system.

> A statement can be a **Strong Recommendation** on **Grade C** evidence — that is exactly what penile prosthesis surgery is. It means the panel is confident about the trade-off even though the trial base is thin. So "strongly recommended" is not a claim about evidence quality, and "Grade C" is not a claim that something does not work. It means we know less than we would like.

The whole guideline in one grid

Every statement placed by how strongly it is recommended (down) against the evidence grade underneath it (across). The first column is empty. That is the finding.

	GRADE A	GRADE B	GRADE C	NO GRADE	ALL
Strong Recommendation	·	2	2	·	4
Moderate Recommendation	·	·	8	·	8
Conditional Recommendation	·	·	4	·	4
Clinical Principle	·	·	·	6	6
Expert Opinion	·	·	·	3	3
All 25 statements	·	2	14	9	25

Read across a row to see what a tier is built on. Every Clinical Principle and every Expert Opinion sits in the final column because those two tiers carry no evidence grade by definition. What is striking is the second row: eight Moderate Recommendations, all of them Grade C.

2 The card

All 25 numbered statements, grouped by recommendation strength, with the evidence grade under each. Wording is summarised in plain language; the grades are quoted as published.

4 Strong Recommendation

The panel is confident the benefits clearly outweigh the harms.

Oral PDE5 inhibitors sildenafil, tadalafil, vardenafil, avanafil	Should be discussed with every man with ED, unless contraindicated	Grade B
PDE5i dose titration	Dose should be titrated for optimal effect	Grade B
PDE5i usage instructions	Instructions should be given to maximise benefit	Grade C
Penile prosthesis	Should be discussed as a treatment option	Grade C

8 Moderate Recommendation

The benefits probably outweigh the harms, with less certainty.

Vacuum erection device	Should be discussed as a treatment option	Grade C
Intracavernosal injections	Should be discussed as a treatment option	Grade C
Morning total testosterone	Should be measured in men with ED	Grade C
Lifestyle change diet, physical activity	Improves overall health and may improve erectile function	Grade C
PDE5i plus testosterone	May be more effective together in men with testosterone deficiency	Grade C
Mental health referral	Should be considered to aid adherence and reduce anxiety	Grade C
Early PDE5i after prostate cancer treatment	Men should be told it may not improve spontaneous function	Grade C
Penile venous surgery	Not recommended	Grade C

4 Conditional Recommendation

The balance of benefits and harms is unclear or depends on the man.

Intraurethral alprostadil	Should be discussed as a treatment option	Grade C
Penile arterial reconstruction	May be considered in selected young men with focal arterial blockage	Grade C
Low-intensity shockwave therapy LI-ESWT, acoustic wave, GAINSWave	Should be considered investigational	Grade C
Intracavernosal stem cell therapy	Should be considered investigational	Grade C

6 Clinical Principle

Widely agreed practice, with no graded evidence behind it.

History, examination, selective labs	Should be done in every man presenting with ED	no grade
ED as a cardiovascular warning	Men should be counselled that ED is a risk marker for heart disease	no grade
In-office test before intraurethral alprostadil	Should be performed	no grade
In-office test before injections	Should be performed	no grade
Counselling before prosthesis surgery	Post-operative expectations should be discussed	no grade
Prosthesis surgery during infection	Should not be performed	no grade

3 Expert Opinion

The panel's consensus judgement. The lowest tier in the system.

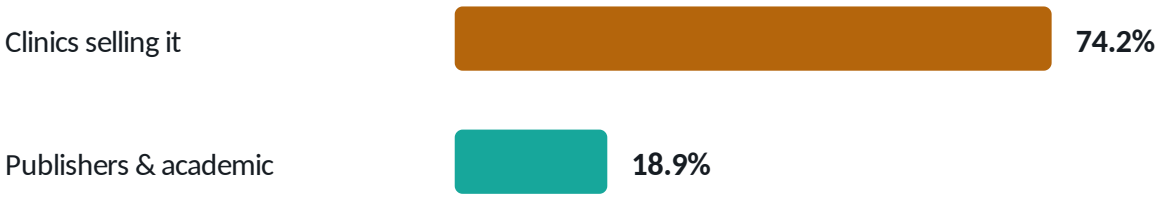
Platelet-rich plasma PRP, the "P-Shot"	Should be considered experimental	no grade
Validated questionnaires	Recommended to assess severity and track treatment	no grade
Specialised testing	May be necessary in some men to guide treatment	no grade

3 Where the internet and the guideline disagree

Three of these treatments carry an explicit warning label. They are also three of the most heavily marketed treatments in men's health.

In September 2026 we audited 90 consumer-facing pages and coded 137 separate claims about these three therapies against the guideline. Where a page took a position, this is how often it presented the therapy as effective or established *without* telling the reader about the designation.

THERAPY	GUIDELINE DESIGNATION	CLAIMS	OMITTED IT
Low-intensity shockwave	Investigational · Conditional, Grade C	55	**51%**
Platelet-rich plasma (P-Shot)	Experimental · Expert Opinion	49	**55%**
Stem cell / exosome injection	Investigational · Conditional, Grade C	33	**39%**



Commercial clinic pages omitted the designation nearly four times as often as publishers, news outlets and academic medical centres. 119 positioned claims across 90 pages.

The pattern is what you would predict from incentives, and we would be overstating it if we left it there. Several private clinics in the sample disclosed the status plainly, one citing the guideline by name and year. At least one major academic medical centre's main ED page listed shockwave therapy among its treatment options with no caveat anywhere. Incentive predicts the tendency. It does not decide the individual page.

Method. Pages were drawn from the first results pages of the major consumer queries for each therapy. A claim was coded as positioned where the page asserted effectiveness or presented the therapy as an established option; each positioned claim was then coded for whether the investigational or experimental designation appeared anywhere on the page, footers and disclaimers included. Publisher type was coded as clinic where the page sold or scheduled the therapy. No individual site is named. The full per-claim coding table is published as a CSV alongside the online version.

4 Sources, licence and how to cite

Every grade on this card is taken from the guideline itself and was checked against two independent readings.

25
numbered statements in the guideline

0
of them rest on Grade A evidence

137
consumer claims coded against it

HOW TO CITE THIS CARD

Preston, W. *The ED Treatment Evidence Card: every AUA recommendation and the evidence grade behind it.* Big Dick Pills, 13 September 2026. bigdickpills.com/erectile-dysfunction/ed-evidence-card/

1. Burnett AL, Nehra A, Breau RH, et al. *Erectile Dysfunction: AUA Guideline*. American Urological Association, 2018. auanet.org/guidelines
2. *Half of ED treatment pages leave out that the treatment is investigational.* Big Dick Pills, 12 September 2026 — the disclosure figures on this card, with the full method and the per-claim coding table. bigdickpills.com/erectile-dysfunction/ed-treatment-claims-audit/
3. Ergun O, Kim K, Kim MH, et al. *Low-intensity shockwave therapy for erectile dysfunction.* Cochrane Database of Systematic Reviews, 14 July 2025. cochrane.org

A note on what this is not: this card summarises a clinical guideline for general readers. It is not medical advice and cannot account for your circumstances. Treatment decisions belong with you and your doctor. The guideline is also seven years old at the time of writing, and a 2025 Cochrane review of shockwave therapy has since reported low-certainty evidence of benefit — consistent with, rather than contradicting, the investigational label.

Big Dick Pills is an independent men's health reference written by Will Preston. It sells nothing, takes no affiliate revenue, and names no individual site in its audits. Corrections are welcome and are published on the page they correct.