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In response:

We really appreciate the comments regarding our work. We totally agree that the course of the patient reported on strongly suggests a cause-and-effect relationship. One may indeed assume a causal link based on the described physiological mechanisms.

The 2012 polyanagesic consensus conference on intrathecal drug delivery (1) in the treatment of chronic pain recommended clonidine in combination with morphine as second line of 5. We were not able to find any numbers regarding the frequency of treatment with intrathecally administered clonidine. Yet based on the consensus recommendations a substantial number of patients seems plausible. Given the tremendous implication of sexual dysfunction on life quality which interfered with the therapeutic strategy, the described effect surely is one of relevance.

As stated, 2 male patients are given a therapy which includes the intrathecal application of clonidine at our institution, none of them complained of erectile dysfunction. Therefore, apart from specific history-taking and course evaluation we gladly support the call for prospective studies by researchers treating a modest number of patients with intrathecally administered clonidine to support a causal link between the intrathecal application of clonidine and the development of erectile dysfunction.

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