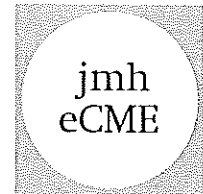
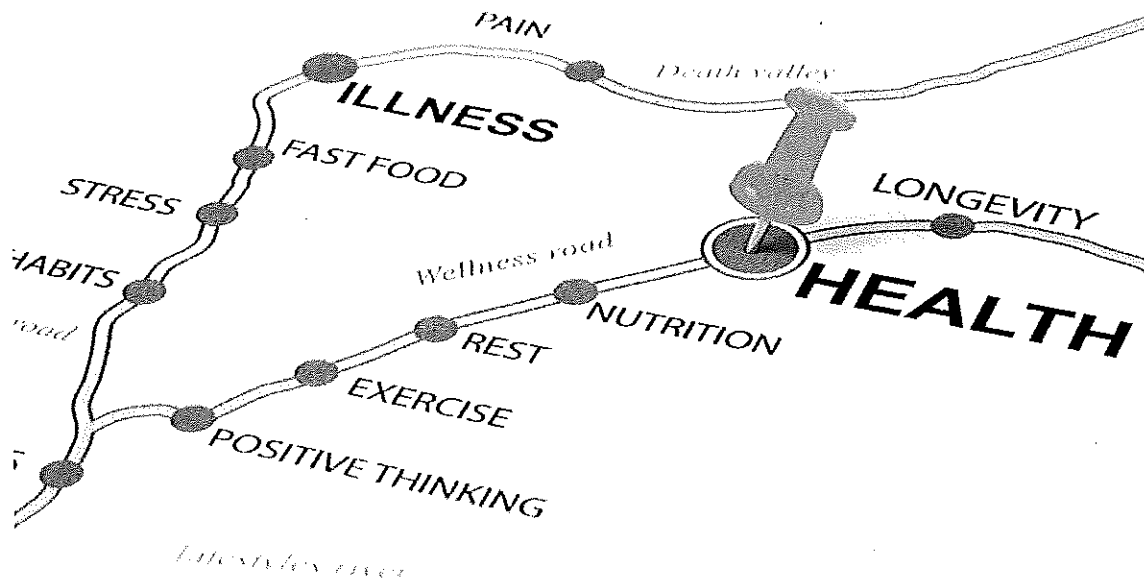


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- ISMH Congress 2011: Abstracts inside



providers involved with rheumatic disorders should focus on the early detection and effective treatment of this clinical entity, in order to alleviate health-related quality of life in this specific group of patients.

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Abstract ID: #0104

SEXUAL (CON)TRADICTIONS IN THE PRIMARY HEALTH CARE SETTING: MALE RESULTS OF THE PORTUGUESE SEXUAL OBSERVATIONAL STUDY

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Background: The presence of sexual dysfunction (SD) can alert one to as-yet-undiagnosed conditions that could be disabling or cause serious medical consequences. However, issues involving sexual health are often forgotten. This analysis aims to explore sexual contradictions in primary care (PC).

Materials & Methods: The Sexual Dysfunction Observational Study is a cross-sectional study designed to identify predictors of SD treatment-seeking behavior and SD management in PC using patients' and general practitioners' (GPs) interviews. The International Index of Erectile Function (IIEF) was used to evaluate erectile function, intercourse and overall satisfaction. The Kappa statistic was used to measure agreement between the IIEF score (reference standard) and a self-evaluation questionnaire.

Results: The sample consisted of 143 men, mean age = 54.06 ± 15.08 years. Prevalence of ED was 37.1%. CV risk factors, such as smoking, BMI ≥ 25, increased waist circumference and established CVD, were associated with a poorer sexual function and satisfaction when compared with apparently healthy individuals. Clustering of more than one CV risk factor was also associated with a decrease in sexual function and satisfaction, indicating that prevention and management of these are important for sexual health.

The majority of men thought that sexual problems should be addressed by the GP (90%), but only a minority had actually inquired about it (12%) or had the intention to do so (21%). There was an association between lower IIEF scores and help-seeking behavior.

There was a poor to fair agreement ($k=0.349$) between males with ED (from IIEF score) and self-evaluation of ED (72.4% negative and 81.3% positive predictive values). The majority of participants who contributed to this disagreement were men who failed to recognize their problems, or for whom their dysfunction wasn't a problem, and these were, therefore, categorized as "contradictory".

Conclusion: The PC setting is an arena of sexual contradictions: in the discussion of SD with the GP; in the importance attributed to sexual satisfaction and SD treatment-seeking; and in IIEF score and sexual function self-evaluation. Is this a challenge for the biomedical model? Understanding these contradictions could support the management of SD, and be of potential value for both patient and physician, since it may promote better overall health, improve the quality of the clinician-patient relationship, reduce iatrogenic SD and increase compliance with treatment prescribed for comorbid conditions.

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Abstract ID: #0097

TRADITIONAL HERBS TO IMPROVE MEN'S SEXUAL HEALTH: ARE THEY REALLY NEEDED?

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Background: It was assumed that almost all men worldwide will have ever consumed one or more stimulants to improve their sexual performance, despite the fact that they did not experience sexual dysfunction. This is a preliminary study for a bigger survey on men's health in Indonesia that will be delivered next year.

Materials & Methods: This study followed a qualitative approach using the in-depth interview method with 10 men in Jakarta, the capital city of Indonesia. Interviews were held in July 2011 with men aged 19-50 years old in such professions as college students and blue collar workers. All of them were asked for informed consent before starting the interview.

Results: From all men interviewed, it was found that almost all of them had ever consumed some medicine and traditional herbs to enhance their sexual performance. Some of them also stated that the herbs had had a significant effect on making the sexual intercourse last longer than before, whilst the others said not. Even though none of them suffered from sexual dysfunction and/or premature ejaculation, they continued the practice to make their spouse enjoy intercourse and achieve orgasm. **Conclusion:** The improper use of traditional herbs that are promoted to improve men's sexual health is quite common in Indonesia, while the clinical effects have not been investigated yet. Such usage may be harmful to their health due to side effects from taking these herbs. Therefore, a clinical study of traditional herbs is greatly needed and strongly recommended.

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Abstract ID: #0075

SEXUAL DYSFUNCTION AMONG AGEING MALES AFTER TRANSURETHRAL RESECTION OF THE PROSTATE FOR BENIGN PROSTATE HYPERPLASIA (LARGE GLANDS)

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Background: The impact of transurethral resection of the prostate (TURP) in cases of benign prostatic hyperplasia (BPH) for large glands has not been systematically assessed. The potentially negative impact of TURP on men's sexual function is one reason for the lack of patient satisfaction with the procedure.

Materials & Methods: A total of 36 men were evaluated for the assessment of sexual function based on the Georgian version of the International Index of Erectile Function (IIEF-15). Inclusion criteria of patients with BPH were: age from 50 up to 70 years, histologically confirmed diagnosis of BPH and a previous very large prostate volume (70-75 cm³ or greater).

Results: All patients with significant lower urinary tract symptoms (LUTS) underwent TURP and developed no serious primary outcomes. A link between age of patients and prostate volume was not found. Retrograde ejaculation was observed in 58.3% of patients after TURP. Erectile function was not significantly affected by TURP but libido was lower than in control group. Impotence attributable to TURP, as well as the deterioration in libido, was associated with severity of ejaculatory dysfunction after surgery.

Conclusion: TURP is generally a safe procedure for the sexually active ageing male with BPH even for those with very large glands. Sexual dysfunction after TURP could be alleviated by preoperative counseling with a sexologist especially with regard to ejaculatory dysfunction. The results of this study may not agree with the results from some other studies. One explanation for this may be that the group sizes were too small because of the strict inclusion criteria (notably large glands). However, a final determination of the impact of TURP on sexual function awaits the results from more long-term, prospective, controlled studies.

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