

HP-06-004

EXTENDED PELVIC LYMPH NODE DISSECTION DURING NERVE-SPARING RADICAL PROSTATECTOMY AND ITS EFFECT ON ERECTILE FUNCTION RECOVERY: COMPARISON WITH STANDARD LYMPH NODE DISSECTION

Hatzicristodoulou, G.¹; Heck, M.²; Thalgott, M.²; Wagenpfeil, S.²; Herkommer, K.²; Kübler, H.²; Gschwend, J.²

¹Technische Universität München, Department of Urology, Munich, Germany; ²Technische Universität München, Munich, Germany

Objective: Extended pelvic lymph node dissection (ePLND) during radical prostatectomy (RP) is performed in patients with intermediate and high-risk prostate cancer (PCA). ePLND might be associated with an increased risk of postoperative erectile dysfunction (ED) due to damages to the vegetative pelvic plexus. The aim of this study was to assess erectile function (EF) recovery after ePLND in comparison with standard PLND (sPLND) in patients undergoing bilateral nerve-sparing RP (BNSRP).

Methods: Patients with localized PCA undergoing BNSRP were included in this analysis. Patients were divided into two groups: sPLND (<11 lymph nodes removed) and ePLND (>11 lymph nodes). The International Index of Erectile Function questionnaire (IIEF-5) was used to assess EF recovery. An IIEF-5 >17 was defined as EF recovery. Pre- and postoperative EF data was available in all patients. Group comparison of ePLND and sPLND with respect to EF recovery rates is due to Fisher's exact test with a prespecified two-sided significance level of 0.05.

Results: N = 460 patients were included from December 2006 to January 2012. Mean patient age was 65.3 years (range: 42–80). N = 262 patients had ePLND and n = 198 patients sPLND. Mean number of removed lymph nodes were 20.7 (range: 11–65) and 4.5 (range: 0–10), respectively. Overall, 235/460 (51.1%) patients were potent before surgery (IIEF-5 >17). At a mean follow-up of 24.7 months (range: 3–60), 106/235 (45.1%) patients had recovered EF spontaneously without any medical help and independent of other adverse factors (patient age, T-stage, risk classification, surgeon experience). EF recovery rates did not differ significantly between the two groups (p = 0.32).

Conclusion: ePLND is not associated with increased risk of postoperative ED in patients undergoing BNSRP. ePLND can safely be performed when indicated without compromising EF recovery rates. Further studies are needed to evaluate other predictors of postoperative EF recovery in patients undergoing BNSRP.

Policy of full disclosure: None

Results: The mean age of the patients was 57.8 ± 7.4 years. The mean IPSS ve IIEF-5 scores of the patients before the treatment were 14.8 ± 6.2 and 13.3 ± 5.5 , respectively. In Group 2,3 and 4 IPSS scores decreased 3.2, 4.9, 5.1 points respectively after the treatment whereas IPSS score increased 0.8 points in Group 1 ($p < 0.001$). There was no statistically significant decrease between Groups 2, 3 ve 4 in IPSS scores. The mean IIEF-5 scores were showed 0.1, 0, 0.9 ve 1.4 points of changes after the treatments ($p = 0.001$). The change of IIEF-5 scores in Group 3 and Group 4 were similar and the change in Group 4 was better than the changes in Group 1 and Group 2.

Conclusion: The most significant IPSS change was found in Doxazosin XL 8 mg/day and Tamsulosin 0,4 mg/day treatment groups but the clinical importance for IIEF-5 score changes is questionable.

Policy of full disclosure: None

HP-06-006

DOES THE PRESENCE OF METABOLIC SYNDROME EFFECT THE TREATMENT SUCCESS OF BPH RELATED LOWER URINARY TRACT SYMPTOMS?

Bilgin, O.¹; Balci, M.²; Aslan, Y.¹; Balci, M.¹; Guzel, O.¹; Koseoglu, E.¹; Tuncel, A.¹; Atan, A.¹

¹Ankara Numune Hospital, Turkey; ²Ankara Numune Hospital, Urology, Turkey

Objective: We aim to investigate the effect of the presence of metabolic syndrome (MS) on the treatment of BPH related lower urinary tract symptoms in our study.

Methods: Eighty one patients with ranging ages between 46 and 80 were included in this study. Treatments offered in guidelines were begun according to the patients' IPSS scores, post voiding residual urine volume (PVR), Qmax, PSA values. Patients were divided into 3 groups as: Group 1 (n = 35) Doksazosin 4 mg SR, Group 2 (n = 26) Doksazosin 4 mg SR+Dutasteride 0.5 mg, Group 3 (n = 20) Doksazosin 4 mg SR+Teroterodin 4 mg po once daily. AHA/NHLBI criteria were used for the diagnosis of MS. The changes in IPSS and IIEF scores between the first and 12 th months were compared.

Results: The mean age was 60.4 ± 7.9 years. Twentyfour (29.6%) patients had MS. IPSS scores in all groups were decreased statistically significantly ($p < 0.05$). Groups' IPSS scores changes were similar (-5.4, -4.4, -5.5, $p = 0.519$). The changes in IPSS of the patients' with and without MS were similar (-5.6, -4.0, -5.7 pms(+) = 0.084; -4.3, -5.2, -5.2 pms(-) = 0.687). The decrease in IIEF in Group 2 was more prominent (-0.03, -1.85, 0.53, $p < 0.001$). The change in IIEF seemed to diminish in Group 2 with the presence of MS (0, -2.1, 0.5 pms(-) < 0.001; 0, -1.4, 0.6 pms(+) = 0.048).

Conclusion: Different treatment modalities for the patients with LUTS associated with BPH have similar effects. The presence of MS does not have any effects on IPSS changes. The combination therapy with 5 ARI, IIEF changes unfavorably and this change is more prominent in the patients without MS. The presence of MS should be considered during the scheduling of the treatment with ARI combination for the patients willing to preserve their erectile functions.

Policy of full disclosure: None

HP-06-007

HOW MUCH EXPERIENCE IS NEEDED TO PERFORM A "SAVE" NERVE SPARING RADICAL PROSTATECTOMY? – THE TRANSRECTAL ULTRASOUND (TRUS) IN PREOPERATIVE STAGING OF PROSTATE CANCER IN COMPARISON TO THE EXPERIENCE OF THE UROLOGIST

Bannowsky, A.¹; Ückert, S.²; van Ahlen, H.³

¹Klinikum Osnabrück, Dept. of Urology, Germany; ²Hannover Medical School, Germany; ³Klinikum Osnabrück, Germany

Objective: Aim of the study was to compare preoperative transrectal ultrasound (TRUS) with the histopathological stage after radical prostatectomy (RP) and the dependence to the experience of the physician to determine the value of TRUS in preoperative staging of prostate cancer (PC), especially with regards to perform a "save" nerve sparing procedure.

Methods: The evaluation was performed as a prospective study. In 300 RP specimens the histopathology and TRUS were correlated. TRUS was performed by 20 physicians. Experience levels were defined as follows: group 1: <1 year of experience, group 2: 1–3 y., group 3: 3–5 y., group 4: >5 y.. All patients (mean age 66.7) underwent retropubic RP. The distribution of the histopathology stage: pT2a (n = 78; 26%), pT2b (n = 128; 42.7%), pT3a (n = 55; 18.3%), pT3b (n = 36; 12%), pT4 (n = 3; 1%).

Results: Overall organ-confined PC (T2a/b) was correctly identified with TRUS in 81% and capsular penetration (T3/T4) in 37%. Sensitivity of TRUS in organ-confined PC was 0.81, specificity 0.43 and PPV 0.76. Sensitivity, specificity and PPV of TRUS for stage T3 were 0.37, 0.87 and 0.56 respectively. Statistical evaluation of sensitivity, specificity and PPV in comparison to the experience levels showed significant difference between the groups (gp1: Sens.: 0.90, spec.: 0.23, PPV: 0.70; gp2: 0.81, 0.36, 0.67; gp3: 0.79, 0.41, 0.76; gp4: 0.91, 0.45, 0.83) ($p < 0.05$).

Conclusion: The evaluation showed a significant correlation between the staging quality and the TRUS experience level of the physicians. Especially in terms of "correct" preoperative staging before performing a "save" nerve sparing RP, education and training in TRUS is highly recommended as long as the optimal preoperative staging is still under debate.

Policy of full disclosure: None

Friday, 31 January 2014

15.30–16.00 Foyer

HP-07 Hormones and sexual health

HP-07-001

EFFECTS OF FIVE-YEARS TREATMENT WITH TESTOSTERONE UNDECANOATE ON URINARY FUNCTION IN HYPOGONADAL MEN WITH METABOLIC SYNDROME

Aversa, A.¹; Francomano, D.²; Ilacqua, A.²; Lenzi, A.²¹Dep. of Experimental Medicine, Medical Physiopathology, Rome, Italy;²Dept Experimental Medicine, Roma, Italy

Objective: Lower urinary tract symptoms (LUTS) and metabolic syndrome (MS) often coexist with male hypogonadism. No controlled study on the effects of testosterone on urinary function are present in such population. We investigated the possible effects of T-undecanoate (TU) injections in a population of obese (mean age 57) hypogonadal men on LUTS in a long-term observational study.

Methods: 20 obese hypogonadal men with MS were treated with TU injections every 12 weeks for 60 months; also 20 matched subjects in whom TU was unaccepted or contraindicated were used as control. LUTS severity and the impact of TU injections were assessed by differences in International Prostate Symptom Score (IPSS), maximum urinary flow rate ml/s (Qmax), post-voiding residual volume (PVR) and prostate size every 12 months, in a five-years controlled study.

Results: TU injections did not produce differences in IPSS, Qmax, PVR and prostate size in both groups. No modification in PSA and hematocrit levels was also found between the two groups. Interestingly, controls showed increased incidence of prostatitis than TU treated men (10% vs. 30%, $p < 0.01$).

Conclusion: We showed that five-years TU treatment did not change IPSS, PVR, Qmax and prostate size in obese hypogonadal men with MS and moderate LUTS at baseline. Therefore, long-term TU replacement therapy is a safe and effective treatment for reverting hypogonadal features related to MS, and does not impact negatively on LUTS and prostate volume.

Policy of full disclosure: None

HP-07-002

AN OPEN LABEL STUDY TO ASSESS THE IMPACT OF TESTOSTERONE REPLACEMENT AND WITHDRAWAL ON SEXUAL FUNCTION, PSYCHOLOGICAL SYMPTOMS AND MOBILITY IN SEVERELY OBESE HYPOGONADAL MEN

Aversa, A.¹; Francomano, D.²; Bruzziches, R.²; Lenzi, A.²¹Dep. of Experimental Medicine, Medical Physiopathology, Rome, Italy;²Dept Experimental Medicine, Roma, Italy

Objective: Testosterone (T) treatment in morbid obesity is often believed to be an hazard and measures of quality of life (QoL) including sexual function, depressive symptoms and mobility are lacking. We investigated the possible effects of T-undecanoate (TU) injections and after withdrawal in a population of obese (mean BMI=41) hypogonadal (mean T = 241 ng/dL) men on sexual function, psychological and physical performances.

Methods: Twenty-four severely obese (mean BMI = 42) hypogonadal men (mean T = 241 ± 51 ng/dL) were enrolled in a 54-weeks prospective, controlled, parallel arm, open label study of hypocaloric diet plus physical activity (DPE) or DPE plus TU (DPE+T), followed by a 24-weeks of DPE alone. We evaluated variations from baseline of International Index of Erectile Function-5 (IIEF-5), Erection Hardness Score (EHS) and dynamic penile-colour doppler ultrasound (dPCDU). Also, general well-being, somatic, psychological, such as SIO-Test Obesity-Related Disability (TSD-OC), Aging Males' Symp-

toms (AMS) total and subtotal scores (psychological, somatic and sexual function subdomain) were investigated. Individual mobility of the inferior limbs and the degree of functional autonomy by the short physical performance battery (SPPB) questionnaire were investigated.

Results: After 54 weeks of treatment, subjects in DEF+T only showed a significant improvement in IIEF-EF ($p < 0.01$), EHS ($p < 0.05$) and dPCDU ($p < 0.01$) as well as in the total ($p < 0.01$) and subdomain AMS scores (psychological; $p < 0.05$); also, improvements in disability (TSD-OC; $p < 0.05$) and mobility (SPPB; $p < 0.05$) were found. By contrast, all these results were not maintained at 78 weeks in both groups.

Conclusion: This study provide confirmative data that T replacement therapy improves erectile function and hardness, penile arteries' function, psychological symptoms and mobility in severely obese hypogonadal men. We demonstrated for the first time that T withdrawal results in a return back to pre-treatment condition of all outcomes despite lifestyle changes, thus being a continuative treatment.

Policy of full disclosure: None

HP-07-003

RELATIONSHIP OF TESTIS SIZE AND LH LEVELS WITH INCIDENCE OF MAJOR ADVERSE CARDIOVASCULAR EVENTS IN OLDER MEN WITH SEXUAL DYSFUNCTION

Rastrelli, G.¹; Corona, G.²; Lotti, F.²; Boddi, V.³; Mannucci, E.²; Maggi, M.²¹University of Florence, Clinical Biomedical Sciences, Firenze, Italy;²University of Florence, Firenze, Italy; ³Sexual Medicine and Andrology, Clinical Physiopathology, Florence, Italy

Objective: Measurement of testis volume (TV) is a reliable clinical procedure that predicts reproductive fitness. However, the role of TV in overall and cardiovascular (CV) fitness has never been studied. The study aims to verify the value of TV and its determinants (i.e., LH) in predicting major adverse CV events (MACE).

Methods: A consecutive series of 2,809 subjects without testiculopathy (age 51.2 ± 13.1) consulting for SD was retrospectively studied. A subset of this sample (n = 1,395) was enrolled in a longitudinal study.

Results: TV was negatively associated with both LH (Adj. $r = -0.234$; $P < 0.0001$) and follicle-stimulating hormone (Adj. $r = -0.326$; $P < 0.0001$). In addition, overweight/obesity, smoking, and alcohol abuse increased as a function of TV ([HR] = 1.041[1.021–1.061], $P < 0.0001$; 1.024[1.005–1.044], $P = 0.012$; 1.063[1.015–1.112], $P = 0.009$, respectively). Furthermore, mean blood pressure was positively related to increased TV (Adj. $r = 0.157$; $P < 0.0001$). The effect of these lifestyle factors on TV were only partially related to changes in gonadotropin levels. In the longitudinal analysis, after adjusting for confounders, TV was associated with a higher incidence of MACE (HR = 1.066[1.013–1.122]; $P = 0.014$), and the stepwise introduction in the Cox model of lifestyle factors, mean blood pressure and body mass index progressively smoothed out the association, which was no longer statistically significant in the fully adjusted model. Conversely, the association of higher LH levels with increased incidence of MACE was not attenuated by the progressive introduction of the aforementioned confounders in the model.

Conclusion: Our data show that in SD subjects, TV and LH are associated with an adverse CV risk profile that mediate the higher TV-associated incidence of MACE. High LH levels are an independent marker of CV risk.

Policy of full disclosure: None

HP-07-004

LONG-TERM TESTOSTERONE TREATMENT WITH TESTOSTERONE UNDECANOATE INJECTIONS IMPROVES ANTHROPOMETRIC MEASURES, INFLAMMATION, SEXUAL FUNCTION AND QUALITY OF LIFE

Saad, F.¹; Haider, A.²; Doros, G.³; Traish, A.³¹Bayer Pharma AG, Global Medical Affairs, Berlin, Germany; ²Private Urology Practice, Bremerhaven, Germany; ³Boston University, USA

Objective: Obesity and inflammation are risk factors for a host of diseases. This study analysed effects of testosterone replacement therapy (TRT) in hypogonadal men on obesity, sexual function and quality of life.

Methods: Prospective registry study in 300 men (age: 57.70 ± 6.76 years) with T levels below 12.1 nmol/L. They received parenteral T undecanoate 1000 mg/12 weeks following an initial 6-week interval for up to six years. Anthropometric parameters, IIEF-EF and AMS were assessed at every visit.

Results: Weight (kg) decreased from 104.71 ± 16.53 (70.0;139.00) to 88.41 ± 9.26 (72.0;113.0) ($p < 0.0001$). Mean change from baseline was 16.8 ± 0.41 kg (15.18 ± 0.3%). Waist circumference (cm) decreased from 106.46 ± 8.87 (86.00;129.00) to 97.31 ± 7.24 (81.00;111.00), BMI from 33.42 ± 5.4 (21.91;46.51) to 28.68 ± 2.95 (23.99;35.11) ($p < 0.0001$ for all). IIEF improved from 20.01 ± 5.06 to 26.11 ± 3.33. These changes were statistically significant for the first three years and were then maintained throughout the observation period. The Aging Males' Symptoms scale (AMS) improved from 53.43 ± 10.21 to 17.41 ± 2.36 ($p < 0.0001$). These changes were statistically significant for the first two years and were then maintained throughout the observation period. C-reactive protein (CRP) as a marker of inflammation dropped from 5.74 ± 7.51 to 0.94 ± 1.69 mg/dl ($p < 0.0001$ for both). These changes were statistically significant for the first three years and approached statistical significance throughout the remaining observation period.

Conclusion: TRT in hypogonadal men produced sustainable improvements in anthropometric parameters, inflammation, sexual function and quality of life. These effects are closely interrelated.

Policy of full disclosure: Farid Saad is a full-time employee of Bayer Pharma AG. Ahmad Haider has received speakers' honoraria and travel grants from Bayer Pharma AG and Takeda. Gheorghe Doros has received compensation for statistical analyses by Bayer Pharma AG. Abdulmaged Traish has nothing to disclose.

HP-07-005

THE IMPACT OF SEXUAL ACTIVITY ON SERUM HORMONE LEVELS AFTER PENILE PROSTHESIS IMPLANTATION

Canguven, O.¹; Talib, R.²; Shamsodini, A.²; Al Ansari, A.²¹Hamad Medical Corporation, Urology, Doha, Qatar; ²Hamad Medical Corporation, Doha, Qatar

Objective: Penile prosthesis implantation is the final treatment option for patients who have erectile dysfunction. Most of the patients use their penile prosthesis successfully and frequently for penile-vaginal intercourse. Previous literature showed that decrease in sexual activity resulted in decreased serum testosterone levels and vice versa. The aim of this study was to examine the impact of sexual activity on serum sex hormone levels after penile prosthesis usage.

Methods: A retrospective chart analysis was performed on patients that underwent PP implantation surgery from January 2009 through January 2013. We examined sixty-seven patients for their sex hormone changes who had penile prosthesis surgery 2.7 ± 1.5 years ago.

Results: Patients were using their penile prosthesis for sexual activity with a mean of 9.9 ± 5.7 times per month. Dehydroepiandrosterone sulfate was significantly higher compared to pre-surgery results (5.3 ± 2.6 vs 4.5 ± 2.9; $p = 0.031$). Mean serum total testosterone levels of patients before and after penile prosthesis usage were

15.78 ± 4.8 nmol/L and 16.5 ± 6.1 nmol/L, respectively. Mean serum luteinizing hormone levels of patients before and after penile prosthesis usage were 3.98 ± 2.16 IU/L and 5.47 ± 4.76 IU/L, respectively. No statistical significance difference was observed in the mean total and free testosterone, estradiol and luteinizing hormone levels between pre- and post-surgery.

Conclusion: It was demonstrated that sexual activity changed sex hormone levels positively among those men who were implanted penile prosthesis because of erectile dysfunction.

Policy of full disclosure: None

HP-07-006

HORMONAL MODULATION IN PATIENTS WITH ERECTILE DYSFUNCTION AND METABOLIC SYNDROME

Camposcosta, I.¹; Nogueira Carvalho, H.²; Pacheco Figueiredo, L.²; Tomada, I.²; Tomada, N.²; Tomada, N.²¹Matosinhos, Portugal; ²FMUP, Porto, Portugal

Objective: Erectile dysfunction (ED), metabolic syndrome (MetS) and hypogonadism are closely related, often coexisting in the aging male. Obesity was shown to raise the risk of ED and hypogonadism, as well as other endocrinological disturbances with impact on erectile function.

Methods: We selected 179 patients referred for ED to our Andrology unit, aiming to evaluate gonadotropins and estradiol interplay in context of ED, MetS and hypogonadism. Patients were stratified into groups in accordance to the presence (or not) of MetS and/or hypogonadism.

Results: Noticeable differences in total testosterone (TT) and free testosterone (FT) levels were found between patients with and without MetS. Men with MetS had evidenced lower TT circulating levels with an increasing number of MetS parameters, for which hypertriglyceridemia and waist circumference strongly contributed. Regarding the hypothalamic-pituitary-gonadal axis, patients with hypogonadism did not exhibit raised LH levels. Interestingly, among those with higher LH levels, estradiol values were also increased.

Conclusion: Possible explanations for this unexpected profile of estradiol may be the age-related adiposity, other estrogen-raising pathways or even unknown mechanisms. Estradiol is possibly a molecule with further interactions beyond the currently described. Our results further enlighten this still unclear multi-disciplinary and complex subject, rising new investigational opportunities.

Policy of full disclosure: None

HP-07-007

RELATIONSHIP BETWEEN TESTOSTERONE AND PROSTATITIS-LIKE SYMPTOMS ASSESSED BY THE NATIONAL INSTITUTES OF HEALTH CHRONIC PROSTATITIS SYMPTOM INDEX

Lee, J. H.¹¹National Police Hospital, Department of Urology, Seoul, Republic of Korea

Objective: To evaluate the relationship between testosterone and prostatitis-like symptoms assessed by the National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI).

Methods: A total of 1,974 men in their 40s who had participated in a health examination were included. The NIH-CPSI was administered to evaluate prostatitis-like symptoms. Symptoms were regarded as “prostatitis-like” if respondents reported perineal or ejaculatory pain and had an NIH-CPSI pain score ≥ 4 ; the symptoms were considered mild pain if the pain score was 4 but < 8 , and the symptoms were considered moderate to severe pain if the pain score was ≥ 8 .

Results: The median age was 45.0 years, and the median serum testosterone level was 5.4 ng/mL. The median total NIH-CPSI score was 7. There was a significant increase in the incidence of testosterone levels < 3.5 ng/mL as the severity of prostatitis-like symptoms increased (positive ratio (%): no pain, 7.4; mild pain, 9.0; moderate to severe pain 48.9; P trend = .018). The ages and components of the metabolic syndrome adjusted mean total score, pain score, and quality of life score was significantly higher in the testosterone < 3.5 ng/mL group (mean (95%CI): total score: 9.99 (8.97–11.0) vs. 8.43 (8.13–8.73); $P = .004$; pain score: 2.79 (2.30–3.27) vs. 2.05 (1.90–2.19); $P = .004$; QoL score: 4.15 (3.76–4.53) vs. 3.68 (3.57–3.79); $P = .022$). Additionally, odds ratio for a testosterone level of < 3.5 ng/mL was significantly associated with prostatitis-like symptoms and moderate to severe prostatitis-like symptoms after adjusting for potential confounding factors.

Conclusion: In our study, low testosterone levels (< 3.5 ng/mL) were significantly correlated with the presence and severity of prostatitis-like symptoms in men in their 40s.

Policy of full disclosure: None

Friday, 31 January 2014

15.30–16.00 Foyer

HP-08 Women's sexual health

HP-08-001

FEMALE GENITAL SENSATION: OUR EXPERIENCE WITH THE GENITAL SENSORY ANALYZER

Alej, G.¹; Letizia, P.¹; Alei, L.²; Rossi, A.²; Conversi, A.²¹Sapienza University of Rome, Surgery, Italy; ²Sapienza University of Rome, Italy

Objective: Neurological pathology may be responsible for female sexual dysfunctions. Thanks to a new instrument called the Genito Sensory Analyzer (GSA), we have evaluated the normalcy curves and deviation standards of the external female genitalia.

Methods: All tests were executed with the GSA (Genital Sensory Analyzer). The GSA is an instrument of great precision with extremely sensitive software capable of registering measurements in vibration and thermal sensitivity of hot and cold on the various zones researched (integrity and evaluation of the small fibers, callipers A- Delta and C). The tests included 46 women. The criteria for GSA testing included patients with the following: females with genital-urinary track infections, systemic maladies (including alcoholism, etc.), neurological pathologies and obviously psychiatric patients, and patients who abuse narcotics. The areas tested with the GSA were as follows: anterior and posterior vagina, the vulva and clitoris.

Results: The results for thermal and vibratory testing of the vaginal regions and the clitoris are clinically reliable and repeatable. These results may be evaluated as diagnostic instruments for determining neurological female sexual dysfunctions.

Conclusion: The normogram regarding sensibility to vibration and temperature is clearly demonstrated. The median temperature of the anterior vagina was 44.92C for heat and 25.26C for cold; for the posterior vagina the result for heat was 41.18C and for cold 26.82C. The median results registered for heat on the clitoris was 39.84C and for cold 30.98C. On the vulva the median temperature registered for heat was 40.30C and 25.80C for cold. Regarding the median sensitivity for vibration frequencies, obtained were the following results: for the posterior vagina, 7.9Hz, for the anterior vagina, 7.7Hz, for the clitoris, 5.16Hz and for the vulva, 6.8Hz.

Policy of full disclosure: None

HP-08-002

TRIBULUS TERRESTRIS FOR TREATMENT OF SEXUAL DYSFUNCTION IN WOMEN: A RANDOMIZED DOUBLE-BLIND PLACEBO-CONTROLLED STUDY

Raisi, F.¹; Akbtari, E.²; Keshavarz, M.²; Hosseini, H.³; Sobrabvand, F.²; Kamalinejad, M.⁴; Bios, S.²; Gbobadi, A.⁵¹Roozbeh Psychiatric Hospital, Psychiatric Research center, Tebran, Islamic Republic of Iran; ²Imam Khomeini Hos., Tebran, Islamic Republic of Iran; ³IRCT Site, Tebran, Islamic Republic of Iran; ⁴Bebeshti University, Tebran, Islamic Republic of Iran; ⁵Traditional Medicine Departmen, Tebran, Islamic Republic of Iran

Objective: Objective: Tribulus Terrestris has shown beneficial aphrodisiac effects in some animal and human studies. The aim of the present study was to assess the safety and efficacy of Tribulus Terrestris in women with low desire disorder.

Methods: This was a randomized double-blind placebo-controlled trial. Sixty seven women that experienced subjective feeling of sexual dysfunction entered the trial. The patients were randomly assigned to Tribulus Terrestris (3.5mg/5cc) 15 cc/daily or placebo for 4 weeks. Measurement was performed at baseline and week 4 after ending the period of intervention with using the Female Sexual Function Index (FSFI). Side effects were systematically recorded.

Results: Sixty women completed the study. At the end of the fourth week, patients in the Tribulus Terrestris group had experienced significantly more improvement in total FSFI ($p < 0.001$), libido ($p = 0.00$), arousal ($p = 0.03$), lubrication ($p = 0.00$), orgasm ($p = 0.00$), satisfaction ($p = 0.00$) and pain ($p = 0.04$). Frequency of side effects was similar between the two groups.

Conclusion: It seems Tribulus Terrestris may safely and effectively improve some sexual problems including desire, arousal and orgasm.

Policy of full disclosure: None

HP-08-003

VAGINISMUS TREATMENT IN LEBANON

Sabra, M.¹; Eid, T.²

¹Beirut, Lebanon; ²Clemenceau Medical Center, Beirut, Lebanon

Objective: To our knowledge, no previous studies were published about vaginismus in Lebanon. Our objective is to report the outcome of 15 patients diagnosed with vaginismus in Lebanon.

Methods: We did a retrospective study on 15 patients presenting for vaginismus between March 2011 and December 2012 to a private clinic in Beirut, Lebanon. We used cognitive-behavioral therapy (CBT) based on education (visual illustrations and mirror), desensitization and vaginal dilators. The main outcome was successful penetrative intercourse. Secondary outcome was identifying factors predicting commitment to therapy.

Results: The mean age of patients was 28 years. Only 5 patients completed therapy. In this group, the objective of seeking therapy was desire of pregnancy for 4 patients, and improving sexuality for 1 patient. The mean duration of vaginismus was 19,2 months (6 to 60), the mean number of sessions was 6,4 months (5 to 9), and the mean duration of treatment was 5 months (3 to 7). Three out of five patients had undergone unsuccessful surgery on the hymen. One patient's husband refused the use of dilators, but his wife used them secretly. In the second group, 10 patients attended one or 2 sessions only (education and explanation of the program). In one patient, vaginismus resolved after the second session. Eight out of ten patients in this group came to improve their sexuality, and two had desire of pregnancy. The mean duration of vaginismus was 10,8 months (2 to 60). Four patients in this group lived in another country.

Conclusion: CBT is a successful tool to treat vaginismus in Lebanon. When patients committed to therapy (1/3), success rate was 100%. Patients presenting for desire of pregnancy are more motivated than patients presenting to improve their sexuality. Other factors predicting commitment to therapy include the duration of vaginismus, and previous surgery on hymen.

Policy of full disclosure: None

HP-08-004

EFFECT OF POLYCYSTIC OVARIAN SYNDROME ON FEMALE SEXUAL FUNCTIONS

Altay, B.¹; Erkurt, B.²

¹Istanbul Medipol University, Urology, Turkey; ²Istanbul Medipol University, Turkey

Objective: To investigate the effects of hormonal changes seen in women with polycystic ovarian syndrome (POS) on female sexual functions in a prospective and controlled clinical study.

Methods: Study group was consisted of 28 newly diagnosed and untreated POS patients and control group was consisted of 25 healthy adult women with similar ages. Patients under any hormonal treatment or diagnosed with menopause, spinal cord damage, hyperprolactinemia, hypo-hyperthyroidism, hysterectomy, malignency and pregnancy were excluded. The hormonal investigation was performed from a fasting blood sample of one mid-cycle for each patient. Female Sexual Function Index (FSFI) scoring was used for all patients. T test and Mann-Whitney U tests were used in statistical analysis.

Results: The mean age of the patients in the study and control group were similar ($29,3 \pm 6,2$ and $30,1 \pm 7,8$ subsequently). Although significant high levels of Dehydroepiandrosterone (DHEAS), total and free testosterone has been determined in POS group when compared with the control group ($p = 0.001$); no significant difference in estradiol levels has been determined ($p = 0.11$). Total FSFI score, lubrication, orgasm and pain scores were found significantly lower in study group ($p = 0.01$). But sexual desire and arousal scores were found similar in each groups ($p = 0.14$).

Conclusion: POS may disturb the functions of female sexuality. Although the hyperandrogenic status of POS patients was documented in this trial, no increase in sexual desire was detected.

Policy of full disclosure: None

HP-08-005

THE BURDEN OF SEXUAL DYSFUNCTION IN FEMALE PATIENTS WITH LIVER CIRRHOSIS

Ferlitsch, A.¹; Bayerle-Eder, M.²; Paternostro, R.¹

¹Medical University of Vienna, Austria; ²Medical University of Vienna, Endocrinology & Clinical Pharm, Austria

Objective: Patients with liver cirrhosis are known to have several physical problems due to their disease, especially data on their sexual function is rare.

Methods: 39 female patients diagnosed with liver cirrhosis filled the FSFI 19(Female Sexual Function Index) questionnaire to evaluate sexual dysfunction (SD). Child-Pugh Score (CPS), MELD-Score, comorbidities and current medication were recorded. Hepatic Encephalopathy and a Karnofsky Index of <90 were exclusion criterias.

Results: Mean age of patients was 49.29 (#15) years. The mean BMI was 25.16 (#5). 69.7% were in a relationship when filling the scoring sheet. Median FSFI score was 12.4 (#11.9). SD (FSFI-Score <27) was found in 76.9% of the patients. 28.6% of the patients were found in CPS stage A, 57.1% in B and 14.3 % in stage C. FSFI scores worsened significantly with increasing CPS ($p = 0.022$). The median MELD Score was 11.8 (#6.4). FSFI was significantly lower with higher MELD score($p = 0.023$). 30.6% of the patients were under betablocker-therapy for portal hypertension(PH) but no correlation with the FSFI scores could be found. 38.4% of the patients were decompensated with ascites and within this group 86.6% were found with SD. 66.6% of compensated cirrhotics had SD. 15.6% were suffering from diabetes but correlation to SD could not be found. Von-Willebrand-Factor antigen, a noninvasive marker of PH (median 369) correlated significantly with sexual dysfunction ($p = 0.037$). FSFI was lower with increasing age ($p = 0.001$).

Conclusion: Sexual Dysfunction seems to be present in more than three quarters of female cirrhotics. Betablocker-therapy and diabetes do not seem to play a key role in this patients sexual dysfunction. Both impaired hepatic synthesis and portal hypertension deteriorate sexual function.

Policy of full disclosure: None

HP-08-006

PREVALENCE AND FACTORS ASSOCIATED WITH SEXUAL DYSFUNCTION IN HIV WOMEN AGED 40 TO 60 YEARS

Valadares, A. L. R.¹; Pinto-Neto, A. M.²; Akl, L.²; Lagrutta, B.²; Costa-Paiva, L.²

¹UNICAMP, Obstetrics and Gynecology, Campinas, Brazil; ²UNICAMP, Campinas, Brazil

Objective: To evaluate which factors are associated with sexual dysfunction in a group of HIV-positive middle-aged women.

Methods: A cross-sectional study was conducted with 273HIV-positive women of 40 to 60 years of age. The instrument used in the evaluation was based on the Short Personal Experiences Questionnaire (SPEQ). Sexual dysfunction was calculated from the mean score of

sexual responsiveness (pleasure in sexual activities, excitation and orgasm), frequency of sexual activities and libido. Sociodemographic, clinical, behavioral and reproductive factors were evaluated, as well as factors related to the HIV infection. A score of 7 or less was considered indicative of sexual dysfunction and a score >7 was considered indicative of no sexual dysfunction. A bivariate analysis was performed in which sexual dysfunction was considered the dependent variable and analyzed as a function of the independent variables. Pearson's chi square test and the Yates correction were used to compare the groups.

Results: 168 women answered the five questions comprising the sexual dysfunction variable. The prevalence of sexual dysfunction was 35.9% among our study population. The bivariate analysis revealed an association between sexual dysfunction and diabetes ($p = 0.035$). Having a job ($p = 0.001$), sexual partner ($p < 0.001$), two or more partners in the year before the interview ($p = 0.004$), eleven or more years since HIV diagnosis ($p = 0.019$) and having rated her life as the same or better than before HIV diagnosis ($p = 0.043$) were factors associated of not having sexual dysfunction.

Conclusion: Sexual dysfunction was common in this group of HIV-positive women and was associated with diabetes. Women who had a job, a sexual partner, better self-rated their lives and had more time since the HIV diagnosis had less sexual dysfunction.

Policy of full disclosure: None

HP-08-007

THE EFFECTS OF METABOLIC SYNDROME ON FEMALE SEXUAL FUNCTION IN PREMENOPAUSAL AND POSTMENOPAUSAL WOMEN

Otunctemur, A.¹; Danis, E.²; Dursun, M.²; Polat, E.³; Besiroglu, H.²; Koklu, I.²; Erkok, M.²; Ozbek, E.²

¹Okmeydanı Training and Research, Urology, Istanbul, Turkey; ²Okmeydanı Training and Research, Istanbul, Turkey; ³Balikligol Hospital, Sanliurfa, Turkey

Objective: Metabolic syndrome (MetS); is a multifactorial disease characterized by impaired glucose tolerance / diabetes, central obesity, high triglyceride levels, low HDL levels and hypertension. The prevalence is higher in postmenopausal women. Female sexual dysfunction is an important public health problem. Aim of this study is to evaluate sexual function in premenopausal and postmenopausal women with metabolic syndrome.

Methods: Premenopausal and postmenopausal 400 women with and without metabolic syndrome were divided into four equal groups. Mean age in postmenopausal women with and without MetS was respectively 58.1 (48–73) and 57.4 (47–71); mean age in premenopausal women with and without MetS was respectively 43.4 (32–50) and 41.4 (32–48). Diagnosis of metabolic syndrome was based on National Cholesterol Education Program (NCEP) Adult Treatment Panel III (ATP III) criterias. FSFI (Female Sexual Function Index) scale form used to evaluate female sexual functions. The results were evaluated statistically with the chi-square test.

Results: In pre- and postmenopausal women with MetS mean FSFI scores were respectively 17.2 ± 4.7 and 14.4 ± 5.1 ; and in pre- and postmenopausal women without MetS mean FSFI scores were 22.8 ± 4.1 and 19.1 ± 5.8 . FSFI scores were significantly lower in pre- and postmenopausal women with MetS ($p < 0.05$). Decreasing in FSFI scores were observed especially in postmenopausal women with MetS.

Conclusion: Sexual dysfunction appears more often in women with metabolic syndrome than the normal population. Sexual dysfunction in postmenopausal women with metabolic syndrome, is more often than that of premenopausal women with metabolic syndrome.

Policy of full disclosure: None

Saturday, 1 February 2014

11.00–11.30 Foyer

HP-09 MSD – preclinical and clinical

HP-09-001

ANTHROPOMETRIC PARAMETERS AND SEXUAL ACTIVITY

Varga, A.¹; Sándor, J.¹; Rurik, I.²; Fekete, F.³

¹University of Debrecen, Hungary; ²University of Debrecen, Family & Occupational Medicine, Hungary; ³Hung Soc of Sexual Medicine, Budapest, Hungary

Objective: There are many papers about the deterioration of sexual functions mainly due to the ageing or metabolic diseases. Only few data are available about sexual activity of the younger generations and even less was collected during confidential doctor-patients consultations. The mean of weekly coital frequency was $2.56(\pm 1.07)$. No favoured anthropometric parameter was found reflecting the sexual activity completely.

Methods: Data of 441 heterosexual men between 20–54 y were collected in 3 andrology centers. Past and recent morbidity, medications were recorded, andrological examination was performed, body height, weight and waist circumference were measured, body mass index was calculated and the average number of weekly intercourses was questioned.

Results: The highest self reported coital frequency/week(cf)/ was between 25–29 y of age (2.98 ± 1.06), among men lower than 175cm (2.75 ± 1.25), less than 77kg (2.80 ± 1.18), within normal BMI group (2.77 ± 1.12), having normal waist circumference (2.71 ± 1.16) and without cardio-metabolic disease (2.59 ± 1.09). Univariate logistic regression described the inverse, statistical significant association between age [ORcf#2: 0.922; $p < 0.001$; ORcf#2.5: 0.928; $p < 0.001$; ORcf#3: 0.930; $p < 0.001$], waist circumference [ORcf#3: 0.983; $p = 0.023$; ORcf#3.5: 0.980; $p = 0.018$]; and coital frequency. Decreasing coital frequency by age [ORcf#2: 0.919; $p < 0.001$; ORcf#2.5: 0.929; $p < 0.001$; ORcf#3: 0.934; $p < 0.001$], height [ORcf#3.5: 0.953; $p = 0.013$] and central obesity [ORcf#3.5: 0.963; $p = 0.035$] has been confirmed by multivariate analysis.

Conclusion: Obesity and metabolic diseases can deteriorate all type of sexual functions, although these effects are not prominent in the younger age. Health promotion within all generation should focus on prevention of obesity and can improve quality of life and sexual health.

Policy of full disclosure: None

HP-09-002

INTRATUNICAL INJECTION OF ADIPOSE STROMAL VASCULAR FRACTION PREVENTS FIBROSIS IN A RAT MODEL OF PEYRONIE'S DISEASE

Castiglione, F.¹; Albersen, M.²; Di Trapani, E.³; Russo, A.³; Nini, A.³; Bivalacqua, T.⁴; Salonia, A.³; Montorsi, F.³; Hedlund, P.³

¹Dep. Urology, University Vita-Salute San Raffaele, Milan, Italy; ²University of Leuven, Belgium; ³URI, San Raffaele Hospital, Milano, Italy; ⁴Jobns Hopkins Medical, Baltimore, USA

Objective: Local injection of cultured adipose-derived stem cells (ADSCs) into the tunica albuginea (TA) during the active phase of PD prevents the fibrosis and elastosis in the TA. However, culturing exposes ADSCs to the risk of contamination and dedifferentiation. Autologous adipose-derived stromal vascular fraction (SVF) could represent a plausible alternative. This study aimed to test the effects of uncultured autologous adipose SVF in the acute phase of a rat model of PD.

Methods: A total of 18 male 12-wk-old Sprague-Dawley rats were divided in three equal groups and underwent injection of vehicle (sham), 0.5 microg transforming growth factor (TGF)-b1 in a

50-microl vehicle in either a PD or a PD plus SVF group in the dorsal aspect of the TA. The sham and PD groups were treated 1 day after vehicle or TGF- β 1 injection with intralesional treatment of vehicle, and the SVF group received 50-microl of SVF solution (5000 cells for 1 microl). 5 weeks after treatment, following euthanasia, penises were harvested for histology and Western blot analysis (WB). Quantification of signals on the PVDF membrane was performed using Kodak Image Station 440 and SigmaScan Pro 5.0 software. Comparisons were performed with an ANOVA (Student-Newman Keuls).

Results: By immunohistochemistry, PD animals developed areas of fibrosis with upregulation of collagen III, collagen I and elastin compared to sham animals and SVF group. WB densitometry revealed that collagen III, I and elastin were three times more expressed in PD than in sham and SVF groups; $p < 0.05$. No differences were noted in collagen I,III and elastin expression between sham and SVF groups.

Conclusion: This study is the first to test SVF therapy in an animal model of PD. Injection of SVF into the TA during the active phase of PD prevents the formation of fibrosis and elastosis in the TA and corpus cavernosum.

Policy of full disclosure: None

HP-09-003

EFFECTS OF SILDENAFIL ON SPERM DNA STRUCTURE

Vlachopoulou, E.¹; Sofikitis, N.²; Georgiu, I.³; Giakoumakis, I.⁴; Giannakisa, I.³; Baltogiannis, D.³; Lazaros, L.³; Daphnis, D.⁵; Dimitriadis, F.⁶; Takenaka, A.⁷; Sofikitis, N.²

¹Ioannina University, Greece; ²Ioannina, Greece; ³Ioannina University, Greece; ⁴Mediterranean Fertility Center, CHANLA, Greece; ⁵Mediterranean Fertility Center, Chania, Greece; ⁶Aristotle University, Thessaloniki, Greece; ⁷Tottori University, Yonago, Japan

Objective: We evaluated the effects of sildenafil on sperm motility and sperm DNA fragmentation index (DFI).

Methods: A semen sample was collected from each of 20 men (group A) selected from a general population of men visiting a urology outpatient clinic. After a swim up procedure, motile spermatozoa populations were collected from each sample. Then two 1 ml-aliquots (C and EXP aliquots) containing washed spermatozoa suspended in a culture medium were prepared from each of the above 20 men. Sildenafil was added to EXP aliquots at a final concentration equal to 0.67microM. C aliquots served as control aliquots. Each pair of aliquots was incubated at 37°C under 5% carbon dioxide for 8 hours. At the end of the incubation period the % motile sperms (%MS) and the DFI as measured with the sperm chromatin structure assay were evaluated (Asian J Androl 2011;13: 69).

Results: Within group A, the mean value of the DFI was significantly larger in Exp aliquots (mean \pm SD: 29.17 \pm 11.67%) than in C aliquots (22.45 \pm 11.17%) (Wilcoxon test for paired observations; $P < 0.05$). On the other hand, within the group A, there were no significant differences in the mean value of %MS between Exp aliquots and C aliquots.

Conclusion: It may be suggested that elevation of the second messenger cGMP level due to inhibition of PDE5 by sildenafil activates a nuclear cGMP-dependent protein kinase PKG with an overall detrimental effect on sperm chromatin structure. Alternatively we may hypothesize that the effect of sildenafil on sperm DNA is due to the formation of hydrogen bonds between the C=O groups of the molecule of sildenafil and the NH2 group in the guanine moiety of the DNA. The latter hypothesis is strongly supported by previous research efforts indicating a similar mechanism responsible for the interaction between sildenafil with salmon sperm DNA (Biosensors and Bioelectronics 22,2007,2471).

Policy of full disclosure: This research has been co-financed by the European Union (European Social Fund / ESF) and Greek national funds through the Operational Program “Education and Lifelong Learning” of the National Strategic Reference Framework (NSRF) – Research Funding Program: Heracleitus II. Investing in knowledge society through the European Social Fund.

HP-09-004

INTRATHECAL BACLOFEN ADMINISTRATION AND ERECTILE DYSFUNCTION: IS THERE A LINK?

Calabrò, R. S.¹; D'Aleo, G.²; De Cola, M. C.²; Sessa, E.²; Bramanti, P.²; Quattrini, F.³

¹IRCCS Centro Neurolesi, Neurobehavioral Laboratory, Messina, Italy; ²IRCCS Centro Neurolesi, Messina, Italy; ³Dep. of Experimental and Clinical, Science “G. D’Annunzio” University, L’Aquila, Italy

Objective: Intrathecal administration of baclofen (ITB), an effective treatment for severe spasticity, acts directly on the receptor sites in the spinal cord, resulting in greater therapeutic efficacy with smaller drug doses and thus less systemic toxicity than with oral preparations. Nevertheless, many pharmacological side effects have been reported, such as muscle weakness, hypotension, dyspnoea, epileptic seizures. Aim of the study was to prospectively evaluate the effects of ITB on erectile function in male patients affected by severe spasticity.

Methods: Twenty patients, age-range 16-55 years, affected by severe spasticity due to different neurological disorders and treated with ITB, were enrolled in the study. All participants underwent specific scales (MAS, SFS, VAS, MMSE, HDRS), administered by a trained neurologist, and detailed sexual questionnaires by a sexologist. Indeed, their sexual function was assessed using a proper semi-structured interview, the DIQ, the IIEF-5.

Results: A comparative analysis of the neurological scales and psychometric scores at T0 (baseline) and T1 (follow-up) showed a significant difference before and after pump implantation. In particular, we noted a significant decrease in the DIQ and IIEF median scores and an interesting correlation between ITB dosage (average dose 288.2 \pm 236.27 ug/day) and IIEF scores ($\# = -0.59942$).

Conclusion: This study supports previous findings on a possible negative effect of ITB on erectile function, possibly due to a direct effect of baclofen on GABA B receptors that negatively modulate erectile spinal reflexes. Patients who are considering ITB for treatment of severe spasticity should be informed about possible but reversible sexual side effects, especially at higher dosage. Future studies with larger samples should be fostered to confirm these findings for a better management of these, often young, patients.

Policy of full disclosure: None

HP-09-005

THE UTILITY OF PENILE RATIO IN MEN WITH ERECTILE DYSFUNCTION

Kendirici, M.¹; Sariogullari, U.²; Aydin, M.²; Kadibasanoglu, M.²; Karatag, T.²; Bayar, G.²

¹Sisli Etfal Training and Research, Hospital, Istanbul, Turkey; ²Sisli Etfal Hospital, Istanbul, Turkey

Objective: To investigate the utility of “Penile Ratio” and it’s relation with the presence and severity of erectile dysfunction (ED).

Methods: A total of 1.051 men were divided into two groups as those with (n = 848) or without ED (n = 203). “Penile Ratio” was defined as measured penile circumference divided by stretched penile length. A number factors including patients’ age, body mass index (BMI), co-morbid conditions, presence, duration and severity of ED, and blood testosterone levels were analyzed in ED and non-ED men for their relation with penile ratio. International Index of Erectile Function (IIEF) and Beck Depression Inventory (BDI) were used to evaluate erectile function and psychogenic status. One-way ANOVA, student-T, Fischer and Pearson’s chi-square tests were used for statistical evaluations followed by LSD test for post-hoc analysis. $P < 0.05$ was considered as significant.

Results: Penile ratio in ED men was significantly higher than non-ED men (0.717 vs 0.651; $p < 0.001$). There was a direct correlation between penile ratio and BMI ($p = 0.001$). At univariate analysis, factors including presence of ED and vascular risk factors, low testosterone levels and increased BMI exhibited significant impact on penile

ratio. When the cut-off level for penile ratio was set as <7 and >7 and the parameters were compared, higher penile ratio was associated with significantly increased BDI and reduced IIEF scores. The rate of men with low testosterone and increased BMI in the high-penile-ratio group were significantly higher than the low-penile-ratio group ($p = 0.001$). At multivariate analyses, vascular risk factors and low testosterone were found to be independent risks for having increased penile ratio.

Conclusion: We think that penile ratio can be a useful tool for ED. This study demonstrates that vascular risk factors for ED as well as low testosterone levels have significant impact on penile ratio.

Policy of full disclosure: None

HP-09-006

ANTI-FIBROTIC EFFECTS OF LOSARTAN IN THE PROLONGED ISCHEMIC PRIAPISM ON RATS

Efe, E.¹; Bulut, B. B.¹; Resim, S.¹; Babar, M. R.¹; Sayar, H.¹

¹Kabramanmaraş Sütçü İmam Unive, Urology, Turkey

Objective: In this study, we created an angiotensin II receptor antagonist losartan in rats model of priapism, we intend to demonstrate experimentally the effect on corporal fibrosis.

Methods: A total of 56 adult male rats were divided equally into 8 groups, including group1 ischemic priapism + distilled water (vehicle) 4 hours, group2 ischemic priapism + losartan 4 hours, group3 ischemic priapism + distilled water (vehicle) 12 hours, group4 ischemic priapism + losartan 12 hours, group5 ischemic priapism + distilled water (vehicle) 24 hours, group6 ischemic priapism + losartan 24 hours, group7 ischemic priapism + distilled water (vehicle) 48 hours, group8 ischemic priapism + losartan 48 hours. Losartan was administered by oral gavage at 40 mg/kg/day for seven days. At the end of seven days, rats corpus cavernosum tissue received and sent to the pathology laboratory, connective tissue density, collagen density and rate of muscle-connective tissue examined. We took rats cardiac blood sample for biochemical analysis and examined changes in Smad1 protein, transforming growth factor-beta1 (TGF-1), thrombospondin (TSP1), collagen type1, fibronectin, and actin.

Results: In histopathologic examination of tissues, fibrosis was less in the drug groups according to water groups. This difference was more pronounced in late priapism groups. In biochemical analysis, TGF-1, TSP-1, collagen type-1, fibronectin, and actin less in the drug groups according to water groups. TGF-1 levels in the 12, 24, 48 hours groups were significantly low ($p < 0.05$). collagen type-1 levels in the 4 and 24 hours groups were significantly low ($p < 0.05$). actin levels in the 24 and 48 hours groups were significantly low ($p < 0.05$). There is no significant difference in Smad1 levels.

Conclusion: These data suggest that Angiotensin II type1 receptor antagonism may counteract this effect and promote erectile function preservation for conditions associated with penile fibrosis and patients with a history of recurrent priapism can be considered as a prophylactic treatment.

Policy of full disclosure: None

HP-09-007

EDUCATION PROGRAM AND PENILE ERECTION KNOWLEDGE IN PATIENTS AFTER MYOCARDIAL INFARCTION

Domagala, Z.¹; Kalka, D.²; Rakowska, A.³; Rusiecki, L.²; Womperski, K.⁴; Krauz, E.⁵; Stanis, J.²; Grychowski, A.⁶; Syrycki, M.²; Pilecki, W.²

¹Wroclaw Medical University, Anatomy, Poland; ²Wroclaw Medical University, Poland; ³Creator Centre, Wroclaw, Poland; ⁴Hosp. of Ministry of Interior, Glucholazy, Poland; ⁵Medinet Heart Center, Wroclaw, Poland; ⁶Cardiac Rehabilitation Centre, Glucholazy, Poland

Objective: Compliance with healthy lifestyle is one of the key factors affecting the effectiveness of cardiovascular diseases treatment. Erectile dysfunction(ED) and ischaemic heart disease are closely related. The aim of the work: Estimation of education influence on knowledge about ED in patients after myocardial infarction in Poland.

Methods: 412 patients treated for myocardial infarction (mean age 61.19±8.95 years). All patients were subjected to the phase II cardiac rehabilitation at 5 rehabilitation centers in Poland. None of all participants had any contact with sexologist before study. The study is based on an original survey that encompassed demographic data and the patients' knowledge of ED. The questionnaire was made twice: at the beginning of the cardiac rehabilitation (CR) programme and after education programme at the end of CR programme. Sexologist and physician during 90 minutes presentation discussed about ED risk factors, ED diagnostics and treatment and talked about role of physician in ED treatment.

Results: Results are presented in figure 1.

Conclusion: Cardiosexual education programme influence on improvement of patients' knowledge about mechanisms of erection, ED risk factors, sexual activity after myocardial infarction. It creates desire to cure ED.

Policy of full disclosure: None

Question	BEFORE	AFTER	S
Erection mechanism is associated with increased blood flow into the cavernous bodies of the penis	48.54%	92.23%	P<0.01
Erectile dysfunction is associated with cardiovascular diseases	33.98%	84.71%	P<0.01
Male have sexual intercourse after myocardial infarction	44.17%	90.53%	P<0.01
Male after myocardial infarction can use medications that improve erection	8.49%	86.56%	P<0.01
A person can resume sexual activity one month after a heart attack?	16.02%	76.94%	P<0.01
Not all cardiac drugs impair penile erection	15.29%	73.06%	P<0.01
Tobacco usage favours the onset of ED	30.83%	59.71%	P<0.01
Diabetes favours the onset of ED	28.88%	63.59%	P<0.01
Hypertension favours the onset of ED	33.50%	61.65%	P<0.01
I would like my doctor to be interested in my sexual health	47.81%		
Education create the desire to cure erectile dysfunction		88.59%	
Cardiosexual education clarifies all problems associated with sexual life after heart attack.		92.48%	

HP-09-008

ENDOPEPTIDASE INHIBITION ATTENUATES THE CONTRACTION INDUCED BY BIG ENDOTHELIN-1 OF ISOLATED HUMAN PENILE ERECTILE TISSUE

Shabin, P.¹; Ückert, S.²; Bannowsky, A.³; Assadi Pour, F.⁴; Kuczyk, M.¹

¹Hannover Medical School, Germany; ²Hannover Medical School, Department of Urology, Germany; ³Klinikum Osnabrück GmbH, Germany; ⁴FAPO GmbH, Hannover, Germany

Objective: Non-adrenergic, non-cholinergic signaling molecules, such as C-type natriuretic peptide (CNP), vasoactive intestinal polypeptide (VIP) and endothelin-1 (ET-1), are involved in the control of penile erectile tissue (CC). Tissue levels of said peptides are regulated by the activity of endopeptidase enzymes. Theoretically, inhibition of the degradation of CNP and VIP or the conversion of Big ET-1 into ET-1 in human penile erectile tissue should result in an enhancement of trabecular smooth muscle relaxation and, thus, an improvement in erectile function. The present study aimed to investigate the effects of the endopeptidase inhibitor KC 12615 on the relaxation of CC induced by CNP or VIP and the contraction mediated by Big ET-1.

Methods: Using the tissue bath technique, the responses of isolated human CC, challenged by 1 µM norepinephrine, to physiological concentrations of KC 12615, CNP and VIP (0.1/1 nM–1/10 µM) were investigated. The effects of CNP, VIP and Big ET-1 (0.1 nM–100 nM) on the isometric tension of the cavernous tissue following pre-exposure (10 minutes) to 10 µM of KC 12615 were also evaluated.

Results: While no relaxing effects of KC 12615 were observed, the tension was dose-dependently reversed by CNP and VIP to 38.7% and 62.6%, respectively, of the initial force generation. Increasing concentrations of Big ET-1 induced contraction of the CC strips amounting to a final tension of 1.200 mg. While pre-exposure to KC 12615 had no effects on the relaxation exerted by CNP and VIP, the contraction induced by 10 nM and 100 nM Big ET-1 was significantly attenuated.

Conclusion: The inhibition of endopeptidase activity can antagonize the contraction of human penile erectile tissue induced by Big ET-1. These findings might be of significance with regard to future pharmacological treatment options for male ED, in particular in conditions of a generalized endothelial dysfunction.

Policy of full disclosure: The study was supported by a research grant from ABBOTT Products GmbH, Hannover, Germany.

Saturday, 1 February 2014

11.00–11.30 Foyer

HP-10 Male sexual dysfunction II

HP-10-001

THE IMPORTANCE OF COLOR DOPPLER ULTRASONOGRAPHY, CAVERNOSOMETRY AND CORPUS CAVERNOSUM ELECTROMYOGRAPHY AT DIAGNOSIS OF PATIENTS WITH ERECTILE DYSFUNCTION

Okulu, E.¹; Dehni, D.²; Ener, K.²; Aldemir, M.²; Kayigil, O.³

¹Ataturk Training and Research, Hospital Urology Clinics, Ankara, Turkey;

²Ataturk Training and Research, Ankara, Turkey; ³Yildirim Beyazıt University, Ankara, Turkey

Objective: Penile erection involve an integration of complex physiologic processes involving the central nervous system, peripheral nervous system, and hormonal and vascular systems. So there are various and complex methods to diagnose. The aim of the study is to evaluate the role of penile color doppler ultrasonography (PCDUS), cavernosometry and corpus cavernosum electromyography (CC-EMG) at the diagnosis algorithm of patients with erectile dysfunction (ED).

Methods: One hundred seventy seven patients referred to hospital with erection problem between 2008 to 2010 were included. Patients were evaluated according to their history, biochemical and hormonal analysis, sexual functions. The patients questioned with “International Index of Erectile Function (IIEF)-5 and 15 questionnaire forms. PCDUS, cavernosometry and CC-EMG performed to all patients and according to results patients were divided to 8 subgroups.

Results: The mean age of patients was 53.8 ± 9.8 (range 27–74 age). The incidence of arterial deficiency (AD) and autonomic dysfunction plus AD were 8.47% and 7.91%, respectively. The incidence of cavernocclusive dysfunction (COD) and COD plus autonomic dysfunction were 24.86% and 13.56%, respectively. The incidence of autonomic dysfunction was 11.86%, and the 16.95% of these patients have psychological causes. The relaxation values of patients with AD were significantly higher than the patients with autonomic dysfunctions and COD plus autonomic dysfunction ($p < 0.005$). The relaxation values of patients with COD were significantly higher than the patients with autonomic dysfunction, autonomic dysfunction plus AD, COD plus autonomic dysfunction and autonomic dysfunction plus mixed (AD plus COD) ($p < 0.005$).

Conclusion: As a result of our study, PCDUS, cavernosometry and CC-EMG are important diagnostic methods to choose the treatment of the patients. Especially, CC-EMG leads to have detailed information about the functional capacity of penile smooth muscle tissue and helps to evaluate the treatment choices.

Policy of full disclosure: None

HP-10-002

STUDY OF THE EFFICACY OF USING MEDICINE TRIBESTAN FOR THE TREATMENT OF ERECTILE DYSFUNCTION AMONG MEN WITH BENIGN PROSTATIC HYPERPLASIA

Gurzenko, J.¹; Romaniuk, M.²; Gorpynchenko, I.¹

¹Institute of Urology, Kiev, Ukraine; ²Institute of urology, Dept. of Sexology and Andrology, Kiev, Ukraine

Objective: Evaluation of effectiveness of complex treatment with the use of Tribestan in the treatment of patients with ED and BPH.

Methods: The study of the medicine Tribestan in 117 patients over 50 years, who have ED and BPH 1 stage, with the signs of secondary hypogonadism was done in the clinic. All patients were divided into 2 clinical groups: group 1 (38 patients) (52 to 66 y.o.), disease duration

from 2 to 12 years received complex treatment for erectile dysfunction and BPH. In addition, patients received the medicine Tribestan 2 pills 3 times a day for three months. Group 2 (32 patients)(50 to 63 y.o.), disease duration from 1 to 14 years received complex treatment for erectile dysfunction. Patients were examined in the dynamics. Clinical examination included: examination of the patient; rectal examination, the PSA level, urofloumetry, questionnaires ICEF, IPSS, RFG, laboratory tests, levels of sex and gonadotropic hormones in blood). As a result of treatment dysuria was stopped completely in patients of both groups after 3 months of treatment. The expressed positive changes of the indicators IPSS and quality of life indicate the substantial decrease of dysuria and negative feelings.

Results: In the study the concentration of testosterone in the blood increased in the first group from 4.1+0,3 to 7.3+0,6 (up for 78%). In the second group testosterone decreased from 4.5+0,4 up to 4.4+0,6, (down for 3.3%). In the group of patients receiving TRIBESTAN significantly increased almost all integrative indicators of IIEF. IIEF increased on 95,9% ($p < 0.01$), in the second group – on 52,2%; «satisfaction with sexual intercourse» on 104,3% ($p < 0.05$), in the second group – on 32,5%; «orgasm» – thus 96,6% and 49,7%.

Conclusion: The final assessment of the effectiveness of therapy revealed «excellent» and «good» results for 86,8% of patients of clinical group.

Policy of full disclosure: None

HP-10-003

TADALAFIL ONCE DAILY UNDER ROUTINE CONDITIONS (EDATE): PATIENT CHARACTERISTICS, EFFECTIVENESS AND TREATMENT SATISFACTION DURING A 6-MONTH OBSERVATIONAL STUDY

Hatzichristou, D.¹; Boess, F.²; Gebchan, N.³; Henneges, C.²; Buvat, J.⁴; Porst, H.⁵

¹Centre for Sexual and Reproductive, Health, 2nd Dep. of Urology, Thessaloniki, Greece; ²Lilly Deutschland GmbH, Bad Homburg, Germany; ³Lilly Europe, Neuilly Sur Seine, France; ⁴Centre ETPARP, Lille, France; ⁵Private Practice, Hamburg, Germany

Objective: To present patient characteristics, effectiveness, and treatment satisfaction data from the first non-interventional study observing the use of tadalafil 5mg once daily (OaD) for the treatment of erectile dysfunction (ED) in routine practice.

Methods: Patients ≥ 18 yrs with a history of ED, pretreated with any PDE5 inhibitor (PDE5I) on-demand (PRN) or PDE5I-naïve, switching or starting new treatment with any approved PDE5I were consecutively enrolled at 59 sites in Germany, France, Italy, and Greece. Baseline characteristics including the Erectile Function Domain score of the International Index of Erectile Function (IIEF-EF) were collected for all patients (T1). Patients starting tadalafil OaD at baseline completed the IIEF, global assessment question (GAQ) on erection improvement, and Erectile Dysfunction Inventory of Treatment Satisfaction (EDITS) after 1–3 (T2) and 4–6 (T3) months. Changes in IIEF and EDITS were evaluated using mixed model for repeated measures.

Results: At baseline, 778 patients (79.8% of 975 overall) were prescribed tadalafil OaD and 197 (20.2%), tadalafil, vardenafil, or sildenafil PRN; the table summarizes patient characteristics. Frequent comorbidities included cardiovascular disorders (34.3%), hypertension (33.4%), dyslipidemia (18.2%) and diabetes (16.8%). 11.4% of patients reported prior pelvic surgery. For patients prescribed tadalafil OaD at baseline, LSmean (95%CI) IIEF-EF scores increased by 6.2 (4.8, 7.5) (T2) and 7.1 (5.8, 8.5) points (T3), exceeding the minimal clinically important difference (MCID) of 4 at both time points; 91.3% of patients reported improved erections (GAQ) at T3. LSmean EDITS total scores increased by 14.2 (1.0, 27.3) (T2) and 14.8 (1.6, 28.0) (T3) points (PDE5I-pretreated patients only; n = 165).

Conclusion: In patients initiating tadalafil OaD treatment under routine conditions, treatment satisfaction improved and patients showed clinically important improvement of erectile function during the 6-month observation.

Policy of full disclosure: The study was funded by Eli Lilly and Company. The presenter has worked as Advisory Board member for Eli Lilly and Menarini, as speaker in symposia for Bayer, Menarini, and Eli Lilly, and as clinical trial investigator for Eli Lilly and Pfizer.

	TAD OaD N = 778	TAD PRN N = 135	VAR PRN N = 33	SIL PRN N = 29	Overall N = 975
Age [years], median (range)	56.7 (19.7-85.9)	56.8 (23.7-85.9)	56.9 (30.8-76.6)	56.8 (25.9-84.5)	56.8 (19.7-85.9)
BMI [kg m ⁻²], mean (SD)	26.7 (3.57)	27.6 (4.12)	28.7 (4.68)	26.5 (3.43)	26.9 (3.71)
Previously used PDE5I, n (%)	267 (34.3)	42 (31.1)	5 (15.2)	15 (51.7)	329 (33.7)
ED severity, n (%)					
Mild	160 (20.6)	31 (23.0)	4 (12.9)	4 (14.8)	199 (20.6)
Moderate	411 (53.0)	79 (58.5)	14 (45.2)	14 (51.9)	518 (53.5)
Severe	204 (26.3)	25 (18.5)	13 (41.9)	9 (33.3)	251 (25.9)
Duration ED symptoms, n (%)					
3–12 months	231 (29.8)	28 (20.7)	8 (25.8)	9 (33.3)	276 (28.5)
≥ 12 months	490 (63.1)	95 (70.4)	20 (64.5)	16 (59.3)	621 (64.1)
ED etiology, n (%)					
Mixed	343 (44.2)	80 (59.3)	8 (25.8)	12 (44.4)	443 (45.7)
Organic	240 (30.9)	26 (19.3)	14 (45.2)	6 (22.2)	286 (29.5)
Psychogenic	145 (18.7)	20 (14.8)	4 (12.9)	3 (11.1)	172 (17.8)
Unknown	48 (6.2)	9 (6.7)	5 (16.1)	6 (22.2)	68 (7.0)
Baseline IIEF-EF, mean (SD)	14.5 (7.06)	17.0 (6.25)	12.9 (6.39)	14.7 (6.55)	14.8 (6.97)
Baseline EDITS (PDE5I-pretreated), mean (SD)	59.6 (21.27)	69.6 (19.32)	53.6 (27.11)	64.1 (14.27)	61.4 (20.98)

BMI = body mass index; ED = erectile dysfunction; EDITS = Erectile Dysfunction Inventory of Treatment Satisfaction; IIEF-EF = International Index of Erectile Function, Erectile Function; OaD = once a day; PDE5I = phosphodiesterase 5 inhibitor; PRN = pro re nata, i.e. on-demand; SD = standard deviation; SIL = sildenafil; TAD = tadalafil; VAR = vardenafil.

HP-10-004

ERECT PENIS SIZE IN A LARGE GROUP OF MIDDLE-EASTERN MEN ESTABLISHMENT OF A NORM

Habous, M.¹; Tealab, A.²; Mahmoud, S.²; Eldawy, S.²; Muir, G.³; Williamson, B.³

¹Elaj medical center, Urology & Andrology, Jeddah, Saudi Arabia; ²Elaj medical center, Jeddah, Saudi Arabia; ³King's College, London, United Kingdom

Objective: Men seeking treatment for penile size (PS) present a major problem to Andrologists since treatment is associated with very poor outcomes. We present the largest series of erect penile measurements to date in a group of 862 Middle-Eastern men (MEM).

Methods: 862 MEM patients were seen in andrology outpatient clinics in several countries across the Middle-East. All patients wished validation of PS or function using intracavernosal injection and achieved full erection. Exclusions were: patients with a complaint of short or small penis, Peyronie's disease, clinical hypogonadism, previous penile surgery or injury, and men aged 18 or under. We recorded age and body mass index (BMI) as well as three measurements of the penis in full erection: 1) suprapubic skin to distal glans (skin-to-tip) length, 2) pubis to distal glans (bone-to-tip) length and 3) maximum shaft diameter.

Results: Mean age was 41.91 years (range 19–82; SD 13.31). The mean skin-to-tip length was 12.45cm; mean bone-to-tip length 14.26cm; mean circumference 11. All measurements correlated: skin-to-tip and bone-to-tip lengths ($r = 0.914$, $P < 0.01$); skin-to-tip length and circumference ($r = 0.461$, $P < 0.01$); and bone-to-tip length and circumference ($r = 0.536$, $P < 0.01$). Furthermore correlation was established between skin-to-tip length and age ($r = -0.099$, $P < 0.01$) and skin-to-tip length and BMI ($r = -0.285$, $P < 0.01$).

Conclusion: This is the largest large study of erect PS reported, and provides a normal distribution of data for the future when dealing with MEM. It should be of greater utility than previous studies since most patients are concerned with erect rather than flaccid PS and there may be variability between measuring the erect and non-erect penis. Our data confirm that a high BMI makes the erection look smaller but does not affect the underlying size.

Policy of full disclosure: None

HP-10-005

BODY WEIGHT LOSS REVERTS OBESITY-ASSOCIATED HYPOGONADOTROPIC HYPOGONADISM: A SYSTEMATIC REVIEW AND META-ANALYSIS
Maggi, M.¹; Rastrelli, G.²; Saad, F.³; Luconi, M.⁴; Forti, G.⁴; Mannucci, E.⁵; Corona, G.⁶

¹University of Florence, Andrology, Unit, Department of Clinical, Italy; ²Sexual Medicine Unit, Florence, Italy; ³Bayer Schering Pharma AG, Berlin, Germany; ⁴Endocrinology Unit, Florence, Italy; ⁵Diabetes Agency, Florence, Italy; ⁶Endocrinology Unit, Bologna, Italy

Objective: Few randomized clinical studies have evaluated the impact of diet and physical activity on testosterone (T) levels in obese men with conflicting results. Conversely, studies on bariatric surgery in men generally showed an increase in T levels. The aim of the present study is to perform a systematic review and meta-analysis of available trials on the effect of body weight loss on sex hormones levels.

Methods: An extensive Medline search was performed including the following words “testosterone”, “diet”, “weight loss” and “bariatric surgery” and “males”. The search was restricted to data from January 1, 1969 up to August 31, 2012.

Results: Out of 266 retrieved articles, 24 were included in the study. Of the latter, 22 evaluated the effect of diet or of bariatric surgery, whereas 2 compared diet and bariatric surgery. Overall both low calorie diet and bariatric surgery are associated with a significant ($p < 0.0001$) increase plasma sex hormone binding globulin bound and unbound T levels (TT), bariatric surgery being more effective in comparison with low calorie diet (TT increase = 8.73[6.51–10.95] vs 2.87[1.68–4.07] for bariatric surgery and low calorie diet, respectively; both $p < 0.0001$ vs baseline). Androgen rise is greater in those patients that lose more weight as well as in younger, non-diabetic subjects with a greater degree of obesity. Body weight loss is also associated with and decrease in estradiol and increase in gonadotropins levels. Multiple regression analysis shows that the degree of body weight loss is the best determinant of TT rise ($B = 2.50 \pm 0.98$; $p = 0.029$).

Conclusion: Present data show that weight loss is associated with an increase of both bound and unbound T levels. The normalization of sex hormones induced by body weight loss is a possible mechanism contributing to the beneficial effects of surgery in morbid obesity.

Policy of full disclosure: None

HP-10-006

DEHYDROEPIANDROSTERONE SUPPLEMENTATION IN ELDERLY MEN: A META-ANALYSIS STUDY OF PLACEBO CONTROLLED TRIALS

Maggi, M.¹; Rastrelli, G.²; Giagulli, V.³; Forti, G.⁴; Mannucci, E.⁵; Corona, G.⁶

¹University of Florence, Andrology, Unit, Department of Clinical, Italy; ²Sexual Medicine Unit, Florence, Italy; ³Unit of Metabolic Diseases, Conversano, Italy; ⁴Endocrinology Unit, Florence, Italy; ⁵Diabetes Agency, Florence, Italy; ⁶Endocrinology Unit, Bologna, Italy

Objective: Age-related dehydroepiandrosterone (DHEA) deficiency has been associated with a broad range of biological abnormalities in males. The aim of the present study is to meta-analyze all double blind, placebo controlled randomized trials (RCTs) investigating the effect of oral DHEA (DHEA supplementation) in comparison to placebo on sexual and metabolic outcomes in elderly men.

Methods: An extensive Medline Embase and Cochrane search was performed including the following words “DHEA”, “RCTs” and “males”. Only double blind placebo controlled trials performed in elderly men were included. Data extraction were performed independently by two of the authors (A.S, V.G), and conflicts resolved by the third investigator (G.C). The quality of RCTs was assessed using the Cochrane criteria.

Results: Out of 220 retrieved articles, 25 were included in the study. The available RCTs enrolled 1353 elderly men, with a mean follow-up of 36 weeks. DHEA supplementation was associated with a reduction of fat mass (standardized mean differences $-0.35[-0.65; -0.05]$; $p = 0.02$). However, the association with fat mass disappeared in a multivariate regression model, after adjusting for DHEA-related metabolite increase such as total testosterone and estradiol. In contrast to what was observed for fat mass, no effect of DHEA supplementation in comparison to placebo was observed for various clinical parameters including lipid and glycaemic metabolism, bone health, sexual function and quality of life.

Conclusion: Present meta-analysis of intervention studies shows that DHEA supplementation in elderly men can induce a small but significant positive effect on body composition which is strictly dependent on DHEA conversion into its bioactive metabolites such as androgens or estrogens.

Policy of full disclosure: None

POSTER PRESENTATIONS – ESSM

P-01 Male sexual dysfunction

P-01-001

THE PROTECTIVE ROLE OF CURCUMIN IN EXPERIMENTAL ISCHEMIC PRIAPISM AND REPERFUSION INJURY OF RATS

Atar, M.¹; Cakmakci, S.²; Yilmaz, Y.³; Daggulli, M.¹; Bodakci, M. N.¹; Hatipoglu, N. K.¹; Soylemez, H.¹; Sancaktutar, A. A.¹

¹Dicle University Hospital, Diyarbakir, Turkey; ²Dicle University, Urology Department, Diyarbakir, Turkey; ³Diyarbakir State Hospital, Turkey

Objective: This study was carried out in rats to identify the oxidative stress effects of the ischemic priapism on cavernosal tissues and to assess the biochemical and histopathological effects of curcumin as an antioxidant on this penile ischemia-reperfusion model.

Methods: 26 adult male Sprague Dawley rat were used in this study and were randomly divided into three groups. Group 1 (Control, n = 8): Only penectomy were done and 3 ml blood sample obtained from vena cava inferior (VCI). Group 2 (ischemia-reperfusion group; I/R, n = 8): Penectomy after 1 hour ischemic priapism + 30 min reperfusion and 3 ml blood sample from VCI. Group III (I/R+CURC group, n = 10): 200 mg/kg/day curcumin per orally before surgery for 7 days + Penectomy after 1 hour ischemic priapism + 30 min reperfusion and 3 ml blood sample from VCI. At the end of the experimental period, total oxidant status (TOS), total antioxidant status (TAS) and paraoxonase (PONX) levels were measured from serum samples. Tissue samples were investigated and scored histopathologically in terms of bleeding, edema and necrosis.

Results: TOS levels were higher ($p = 0,002$), and TAS levels were lower ($p = 0,001$) in I/R group than the control group. TAS levels were increased ($p = 0,003$), and TOS levels were decreased ($p = 0,004$) in I/R+CURC group than the I/R group. In the treatment group (I/R+CURC) TAS and TOS levels were similar to levels in control group. PONX levels were increased with ischemia-reperfusion ($p = 0,21$) and decreased with curcumin treatment ($p = 0,53$), however this changes were not statistically significant. There was no significant difference between curcumin treated group and others according to histopathological findings in terms of bleeding, edema and necrosis.

Conclusion: Curcumin treatment has preventive effects on oxidative stress parameters against ischemia-reperfusion injury in rats.

Policy of full disclosure: None

P-01-002

THE PREDICTIVE EFFECT OF NEUTROPHIL / LYMPHOCYTE RATIO ON THE SEVERITY OF ERECTILE DYSFUNCTION

Yildirim, M. E.¹; Badem, H.²; Cavis, M.²; Karatas, O. F.²; Cimentepe, E.²

¹Turgut Ozal University, Urology, Ankara, Turkey; ²Turgut Ozal University, Ankara, Turkey

Objective: Neutrophil / lymphocyte ratio (NLR) was shown to be an independent prognostic factor in many diseases with a range of cardiovascular diseases to inflammatory incidents such as appendicitis. In this study we aimed to determine whether there is any connection between the severities of dysfunction and NLR in patients with complaints of erectile dysfunction.

Methods: 82 patients admitted to our clinic with the complaint of erectile dysfunction filled out the IIEF-5 questionnaire. History taken

from all of the patients including drug use and complete blood count, fasting blood glucose, lipid profile, testosterone levels were measured. NLR were determined. Patients were divided into 5 groups according to their IIEF scores. Groups are given in the table.

Results: Even median NLR was 2,26 at severe erectile dysfunction group, it was found to be 2.22 at free of erectile dysfunction group. There was no statistically significant difference between all groups. Also the mean age of the groups were given in the table.

Conclusion: However an increase of NLR is expected to with the severity of erectile dysfunction, in our study there were no difference between all groups. According to the results of this study, NLR cannot estimate the degree of erectile dysfunction. Larger series are needed to reveal the prognostic value of NLR to predict erectile dysfunction.

Policy of full disclosure: None

	N	NLR	Age
Severe	11	2,26	47,7
Mild	12	2	46,4
Mild-moderate	30	1,9	45,3
Moderate	25	1,64	42,7
No E.D	4	2,22	44
p		0,54	0,751

Table: Mean age and NLR of groups and statistically comparison of groups.

P-01-003

THE EXAMINATION OF THE PERCENTAGE OF MORPHOLOGICALLY NORMAL SPERM: WITH OR WITHOUT STAIN

Koyun, E.¹; Dogan, Ö. E.²

¹Izmir, Turkey; ²Dokuz Eylul University, Izmir, Turkey

Objective: The aim of this study was to compare between a staining method and direct examination without staining for the evaluation of the percentage of morphologically normal sperm by phase contrast microscope.

Methods: A total of 30 semen samples of men who referred to the in vitro fertilization unit of Dokuz Eylul University Medical School were included in the present study. Direct examination without staining and with Spermac staining method were used in the assessment of the percentage of morphologically normal sperm in all semen samples.

Results: There was no significant difference between the examinations (with stain and without stain) in the assessment of the percentage of morphologically normal sperm ($p > 0.05$).

Conclusion: As a result direct examination of sperm morphology without stain could give important information about the percentage of morphologically normal sperm especially at busy centers.

Policy of full disclosure: None

P-01-004

THE RELATIONSHIP BETWEEN SOCIAL PHOBIA AND SEXUAL SATISFACTION IN PATIENTS WITH PROSTATE CANCER

Gul, M.¹; Sari, E.²; Goktas, S.²

¹Selcuk University, Urology, Konya, Turkey; ²Selcuk University, Konya, Turkey

Objective: The majority of sexual dysfunction from psychic source in men, moves phobic property. Despite the high prevalence of prostate cancer, there is little information available on social phobia of men with

prostate cancer. To determine the factors that affect the behavior of individuals, physical and psychological health is very important for individuals. The aim of this study is to evaluate the relationship between social phobia and sexual satisfaction of men with prostate cancer.

Methods: This descriptive- correlational study was held on a sample of 80 men who have prostate cancer. The study population was consisted of oncologic patients who applied urology and radiation oncology clinic between January 2013 and March 2013. The data were collected with a questionnaire, including a socio-demographic informations, Liebowitz Social Phobia Scale and The International Index of Erectile Function. The data were summarized as percentage, mean, standard deviation, frequency t-test and correlations were used.

Results: Patients with prostate cancer reported high rates of sexual dysfunction. Among these men not only International Index of Erectile Function score was high but also Liebowitz Social Anxiety Scale scores were significantly high. It was found that IIEF score increases as the liebowitz fear subscale score decreases in a negative way and relationship between these two parameters was statically significant ($r = -.59$, $p = 0.000$). It defines that moderately strong correlation. There is a meaningful relation found between the liebowitz fear subscale score and liebowitz avoid subscale score ($r = .87$, $p = 0.000$).

Conclusion: Physicians always should be aware of that sexual dysfunction can lead to social phobia in patients with prostate cancer. Specific programs of care are needed to assist men with prostate cancer to manage the effects of illness especially sexual dysfunction.

Policy of full disclosure: None

P-01-005

THE EVIDENCE-BASE FOR SEX THERAPY FOR SEXUAL DYSFUNCTIONS. A SYSTEMATIC REVIEW AND METAANALYSIS

Landmark, B.¹; Almås, E.²; Brurberg, K. G.³; Fjeld, W.⁴; Hammerstrøm, K.⁵; Svendsen, K. O.⁶; Sørensen, D.⁷; Aars, H.⁸; Reinar, L. M.⁹

¹Inland Hospital Trust, Mental Health Services, Brumunddal, Norway;

²University of Agder, Grimstad, Norway; ³Kunnskapssenteret NOKC, Oslo,

Norway; ⁴Inland Hospital Trust, Brumunddal, Norway; ⁵NOKC, Oslo,

Norway; ⁶Røde Kors Klinikken, Oslo, Norway; ⁷Sexologiklinikken, Tromsø,

Norway; ⁸IKST, Oslo, Norway; ⁹NOKC, oslo, Norway

Objective: The Norwegian Society for Clinical Sexology challenged the public health care system to set up treatment opportunities for sexual problems. The Norwegian Directory of Health answered with a challenge back What are the effects and effectiveness of treating sexual problems?

Methods: The Norwegian Knowledge Centre for the Health was commissioned to perform a systematic search and review to find research evidence and evaluate the effectiveness of sexological treatment in the following areas: Sexual problems in men, women, couples, mental illness, chronic illness, mental retardation, physical handicap, gender issues, sexual traumas among adults, children and adolescents.

Results: We use the term #sexological interventions# as an overall term for psychological, psychosocial and educational interventions, within the context of information, counseling and treatment for sexual dysfunction. The first search based on key words agreed upon by a sexological reference group of 5 persons, resulted in 4061 abstracts that were reviewed by two persons, one of them from the reference group. This critical review resulted in 320 papers that were regarded as relevant. These were read by 5 people. In each subject the quality of the research papers was critically evaluated by criteria developed by the Cochrane Library.

Conclusion: Results from one systematic review and four randomised controlled trials evaluated the effect of sexological interventions in men. Four systematic reviews and 12 randomised controlled trials showed effect of sexological interventions in women. Three studies with a total of 242 couples all showed positive effect on several sexual outcomes on couple therapy with communication skills and conflict solving supplemented with sexological therapy. For chronic disease we found two single studies concerning sexological interventions for

people with heart infarction and spinal chord injury. One RCT with a dating skills program was performed for people with intellectual impairment, and one Review covered 14 studies on people with mental health problems.

Policy of full disclosure: None

P-01-006

TREATMENT OF SEXUAL DYSFUNCTION AND OCD: A PARADOX

Khan, M.¹; Rahman, K.²; Mukhtar, Z.³

¹Sexual Health Institute of Pak, Psychiatry, Labor, Pakistan; ²Fima Memorial Medical College, Labor, Pakistan; ³AZM Center, Sargodha, Pakistan

Objective: There is high prevalence of sexual dysfunction in drug naïve OCD patients. SSRIs used for treatment of OCD further impair sexual functions. Concomitant treatment of OCD and sexual dysfunction is a challenging task. Strategies we can use are psychotherapy, drugs with minimum SD, and add drugs to undo sexual side effects.

Methods: Pubmed search was made using key words OCD, sexual dysfunction, prevalence, SSRIs, low sexual side, and PDE5 antagonist.

Results: 50% of OCD patients have sexual dysfunction. Between 60% to 73% have dissatisfied sexual lives. Anorgasmia was found in 24.2% and sexual avoidance in 60.6% of OCD female patients. SD is reported in 80% of SSRIs treated patients. Mianserin, mirtazepine sildenafil, tadalafil, saffron, yohimbine, can undo sexual side of SSRI, buspiron, N acetyl cystine, lamotrigine, mamentine, mirtazepine can be used as add on drug for OCD treatment and can offset SSRIs induced sexual side effects. Mirtazepine, ketamine, vilazodone can be used independently for OCD.

Conclusion: For OCD and related sexual dysfunction psychotherapy is of cardinal importance. SSRIs is considered to have sex dampening effect, mediated via 5HT_{2C} receptor. Other serotonin receptors like 5HT_{1A}, 5HT_{1B}, 5HT₃ and 5HT₇ can modulate glutamatergic and dopaminergic transmission. Add on medication like buspiron or mianserin are agonist to 5HT_{1A} like receptors. medicine like mirtazepine has intrinsic activity on these receptors. Vilazodone is a serotonin reuptake inhibitor plus partial agonist of 5HT_{1A} has least sexual side effects. Drugs like yohimbine act on alpha receptor to revert SSRIs induced anorgasmia. PDE5 antagonists improve arousal which improve blood circulation leading to better erection and lubrication. Glutamatergic medicines, like ketamine has minimum SD. They act through NMDA receptor and do have potent effect on OCD symptoms. For comprehensive management OCD, treatment has to be tailored according to type of sexual dysfunction.

Policy of full disclosure: None

P-01-007

ERECTILE DYSFUNCTION IN QATAR: STUDY OF PREVALENCE AND RISK FACTORS

Al Naimi, A.¹; Majzoub, A.²; Talib, R.¹; Canguven, O.¹

¹Hamad Medical Corporation, Doha, Qatar; ²Hamad Medical Corporation, Urology, Doha, Qatar

Objective: The aim of this study is to investigate the prevalence of erectile dysfunction (ED) in Qatar and to determine the risk factors associated with it.

Methods: This is a cross-sectional survey study of men attending the outpatient department at Hamad Medical Corporation in Qatar between February 2012 and February 2013. The international index for erectile function questionnaire -5 (IIEF-5) was used for data collection. In addition to the IIEF-5, the participants' medical history was taken with special emphasis on risk factors for ED including diabetes mellitus, hypertension, dyslipidemia, coronary artery disease and their body weight and height.

Results: One thousand and fifty two participants were randomly selected to fill the IIEF-5 questionnaire. The participants' mean age \pm SD was 41.87 ± 13.24 years. Analyses of replies to the IIEF-5 showed that ED was prevalent in 573 out of 1052 participants (54.5%).

Fifty-six (5%) participants had severe ED, 61 (6%) had moderate ED, 173 (16%) had mild to moderate ED, and 283 (27%) had mild ED. Risk factors for ED that held statistical significance were age (OR 2.9 [2.1, 4.1], $p < 0.001$), DM (OR 2.6, 95% CI 1.7–3.9, $p < 0.001$), HTN (OR 1.6, 95% CI 1.1–2.5, $p 0.012$), dyslipidemia (OR 1.5, 95% CI 1.05, 2.4, $p 0.024$), and CAD (OR 3.2, 95% CI 1.3–7.5, $p 0.009$).

Conclusion: Overall, 54.5% of men in our study had ED according to the IIEF-5. Besides age diabetes mellitus, HTN, CAD and dyslipidemia were found to be the most important risk factors for ED.

Policy of full disclosure: None

P-01-008

THE INFLUENCE OF DIFFERENT METABOLIC SYNDROME DEFINITIONS IN PREDICTING VASCULOGENIC ERECTILE DYSFUNCTION – IS THERE A ROLE FOR THE INDEX OF CENTRAL OBESITY?

Carvalho, H.¹; Campos Costa, I.²; Botelho, F.³; Tomada, N.²; Tomada, N.⁴

¹Universidade do Porto, Urology, Guimaraes, Portugal; ²Universidade do Porto, Portugal; ³Universidade do Porto, Braga, Portugal; ⁴Fmup, Porto, Portugal

Objective: Analyze the capacity of ICO, the ratio of waist circumference (WC) and height, in predicting hemodynamic impairment in Erectile Dysfunction (ED) patients, independently and integrated in Metabolic Syndrome (MetS) definitions.

Methods: Four hundred and eighty-five ED patients followed in Urology consult from January 2008 until March 2012 were evaluated by a standardized protocol: health questionnaire, anthropometric measurements (AM), blood pressure and analysis, and Penile Duplex Doppler Ultrasound (PDDU) exam. Associations between AM and MetS definitions, including ATPIII, IDF and a new definition replacing WC by ICO in ATPIII MetS definition (ModATPIII), and PDDU were calculated.

Results: ICO was the measure of obesity more strongly correlated with diminished mean Peak Systolic Velocity (mPSV) ($r 1\#4 \#0.189$, $p 0.001$). A positive association remained when replacing WC by ICO $\# 0.60$ (a nationally obtained ratio) in ATPIII MetS definition (ModATPIII). Patients with ModATPIII had lower mPSV when compared to non-MetS patients (30.8 versus 37.1, $p 0.001$). Only the IDF definition had a significant association with AD (OR $1\#41853$; 95% CI, 1.202#2.857).

Conclusion: ICO revealed potential value to predict PDDU changes in a MetS context. However, IDF definition presented a stronger correlation with arteriogenic ED. Although longitudinal studies are necessary to confirm this hypothesis, our study highlights the importance of different MetS definitions for ED assessment.

Policy of full disclosure: None

P-01-009

THE AUTONOMIC DYSFUNCTION AND THE QUALITY OF LIFE IN PATIENTS WITH ERECTILE DYSFUNCTION: PRELIMINARY REPORT

Dagglu, M.¹; Tuglu, D.²; Turkel, Y.³; Sipal, T.⁴; Yuvanc, E.⁴

¹Dicle University, Urology, Diyarbakir, Turkey; ²Kirikkale University, Urology, Turkey; ³Kirikkale University Neurology, Turkey; ⁴Kirikkale University, Turkey

Objective: Erectile dysfunction (ED) is defined as the inability to attain or maintain a penile erection sufficient for successful vaginal intercourse. ED is a common medical disorder that primarily affects men older than 40 years of age. ED is classified as psychogenic, organic (ie, neurogenic, hormonal, arterial, cavernosal, or drug induced), or mixed psychogenic and organic. Erectile dysfunction is usually of a mixed psychogenic and organic nature.

Methods: The autonomic nervous system (ANS) organizes involuntary, unconscious employee activities such as blood pressure, body temperature, sweating, urination, digestive system, endocrine glands, genitourinary system, circulatory system. The autonomic nervous system consists the sympathetic and parasympathetic nervous system. The aim of this study was to investigate ANS functions by using electrophysiological tests of autonomic function in patients with ED. We also examined the relations between the Quality of life parameters and indicators of autonomic activity in patients with ED.

Conclusion: Urology outpatient clinics in the study as a control group of 20 ED and 20 were 40 people. IIEF score for ED patients with symptoms and quality of life questionnaire SF-36 and the sympathetic skin response measurements were made. Erectile dysfunction compared with the control group, sympathetic skin response and quality of life parameters were significantly different between the two groups was observed. In the literature on the influence of the parameters of quality of life in patients with ED were detected in our study were different in all parameters of quality of life.

Policy of full disclosure: None

P-01-010

SOLID ORGAN TRANSPLANTATION IN A PATIENT WITH LATE LATENT SYPHILIS: OVERCOMING FEARS

Dabmani, O.¹; Sopoclis, C.²; Kebir, M.²; Sakbo, A.²; Demarcbi, P.²

¹CH Louis Jaillon, Nephrology, Saint Claude, France; ²CH Louis Jaillon, Saint Claude, France

Objective: A transplanted patient is not immunized from acquiring various types of infection including syphilis.

Methods: This 70 year old Caucasian patient is a known case of diabetes mellitus under insulin therapy. He was hemodialyzed and was found to have advanced hepatic failure and portal hypertension due to concomitant syphilis infection and hepatocellular carcinoma. Consequently he developed many episodes of haematemesis due portal grade III esophageal varicose veins. After bi transplanplantation he was enjoying new life, reinforcing his fancies in front of the fact of being a solid organ transplanted patient.

Results: A pre transplant screening of solid organ transplant candidates and donors for active and latent infectious disease represents the paramount in reducing infectious disease. Syphilis is caused by spirochete treponema pallidum transmitted mainly through sexual practices. In solid organ transplanted patient who develops such infection; two pathways should be investigated: the donor and the reactivation of the disease in a recipient. Our patient was a well known to have a late latent syphilis that mandate appropriate treatment before the realization of the procedure. He was able to recognize his overwhelmed repressed events as they submerge, expressing fancies to overcoming the chain of fear.

Conclusion: late latent syphilis is not a contre indication to solid organ transplantation. Prophylactic measures and screening remains the main tool to avoid reactivation or infection transmitted by the donor.

Policy of full disclosure: None

P-01-011

EVALUATION OF THE RELATIONSHIP BETWEEN ASYMMETRIC DIMETHYLARGININE (ADMA) AND SEVERITY OF ERECTILE DYSFUNCTION IN CHRONIC RENAL FAILURE

Kaygisiz, O.¹; Gokcen, K.²; Coskun, B.²; Ackgoz, H. E.²; Kordan, Y.²; Serin, O.²; Kalacarslan, H.²

¹Uludag University, Urology, Bursa, Turkey; ²Uludag University, Bursa, Turkey

Objective: Endothelial dysfunction is a common problem in patients with chronic kidney disease (CKD). The patients with CKD have

lower serum levels of L-arginine and NO and reduced expression of NOS isoforms at kidney and vascular tissue. We aimed to evaluate the relation between ADMA levels and erectile functions of patients with CKD and control subjects in the present study.

Methods: A total of 45 men with diagnosis of CKD were enrolled to the present study between the dates January 2008 and August 2012. The patients with CKD and IIEF-EFD score of <26 composed group 1; the patients with CKD and IIEF-EFD score of ≥ 26 was composed group 2; and the control patients without CKD and ED composed group 3. The status of erectile function was determined with the IIEF-EFD.

Results: The mean ADMA levels were similar in group 1 and 2. The mean ADMA level of group 3 were significantly lower than group 1 and 2 ($p = 0.0000$, $p = 0.003$ respectively). The mean total serum testosterone level of group 1 was lower than group 2, however the results were statistically insignificant ($p = 0.123$). Both groups of CKD had significantly lower levels of serum testosterone than the control group ($p = 0.000$). The mean serum prolactin level in group 1 was significantly higher than group 2 and group 3 ($p = 0.000$). The mean serum prolactin level in group 2 was significantly higher than group 3 ($p = 0.000$). There was no correlation between ADMA levels and IIEF-EFD scores of patients with CKD $r = -0.1388$, $p = 0.3634$. Also, there was no correlation between ADMA levels and duration of CKD. $r = 0.2123$, $p = 0.1614$.

Conclusion: The results of the present study suggest that ADMA levels are not a single factor in ED pathophysiology and serum ADMA levels is not related with ED in patients with CKD.

Policy of full disclosure: None

P-01-012

DEPRESSION AND SEXUAL DYSFUNCTION IN TURKISH MEN DIAGNOSED WITH INFERTILITY

Orban, E.¹; Coskuner, E.²

¹Aczbadem Hospital, Psychology, Istanbul, Turkey; ²Aczbadem Hospital, Istanbul, Turkey

Objective: To determine the impact of male factor infertility on sexual function and depression levels of Turkish men.

Methods: 52 infertile men (mean age 30.4 ± 5.1) during their in-vitro fertilization (IVF) treatment and 48 fertile men (mean age 32.0 ± 4.2) were included in this prospective, longitudinal study. Data of the research was obtained by using the International Index of Erectile Function (IIEF-15 and IIEF-5) and Beck Depression Inventory (BDI).

Results: Although 84.9% of the men in the patient group and all of the men in the control group had a moderate-level erectile dysfunction in IIEF-5, no significant difference was found between the fertile and infertile men (12.9 ± 2.5 vs 13.2 ± 0.8) in terms of erectile function domain of IIEF-15. But orgasmic function (8.4 ± 2.5 vs 9.7 ± 0.7 ; $p < 0.001$), sexual desire (7.4 ± 1.8 vs 8.6 ± 1.4), intercourse satisfaction (7.6 ± 1.9 vs 8.4 ± 0.7) and overall satisfaction (8.3 ± 2.0 vs 9.2 ± 1.3) domains in infertile men were found significantly lower than control group. Although all the BDI scores were below the cutoff score, infertile men felt more depressed than controls (8.4 ± 6.6 vs 0.9 ± 2.2 ; $p < 0.001$).

Conclusion: The findings of this study indicate that the sexual dysfunction in Turkish men is more common than expected, when we considered the main domains of IIEF-15. Not surprisingly, infertile men felt more depressed. This may be because of the psychological pressure to try to conceive.

Policy of full disclosure: None

P-01-013

THE ASSOCIATION BETWEEN VARICOCELE PRESENCE, GRADE AND SEXUAL DYSFUNCTION, BPH-LUTS IN ELDERLY MEN

Otunctemur, A.¹; Bozkurt, M.²; Besiroglu, H.²; Dursun, M.²; Sabin, S.²; Koklu, I.²; Erkok, M.²; Danis, E.²; Ozbek, E.²

¹Okmeydani Training and Research, Urology, Istanbul, Turkey; ²Okmeydani Training and Research, Istanbul, Turkey

Objective: To evaluate the relationship between varicocele presence, grade and sexual dysfunction, benign prostatic hyperplasia/lower urinary tract symptoms (BPH/LUTS) in patients over the age of 40 in a prospective study.

Methods: We prospectively evaluated 1040 patients who applied our institution with the complaints of LUTS. The parameters evaluated for each patients include prostate volume measured by TRUS, total testosterone, t-PSA, and body mass index (BMI). A questionnaire including international prostate symptom score (IPSS) and uroflow test measuring the peak urinary flow rate were performed to appreciate the complaints of the patients objectively. A questionnaire, The International Index of Erectile Function (IIEF-5) was used to determine the erection status of the participants. Physical examination was performed for the presence and grade of a varicocele.

Results: Varicocele was present bilaterally in %22,3 unilaterally in %25,7 of the patients. There was no difference in terms of age and BMI distribution in subgroups. T-testosterone levels were significantly lower in the patients with bilateral ($p = 0,001$), unilateral ($p = 0,019$) and high grade varicocele ($p = 0,0001$). PSA levels and prostate size were similarly lower in the patients with bilateral ($p = 0,038$; $p = 0,001$) and high grade ($p = 0,022$; $p = 0,001$) varicocele. IPSS, IIEF and Q max values were not different between subgroups.

Conclusion: The presence of either a bilaterally and high grade varicocele is correlated with lower testosterone, PSA levels and prostate size in the patients with over age of 40.

Policy of full disclosure: None

P-01-014

DO BODY IMAGE RELATED DIMENSIONS IMPACT MEN'S ERECTILE FUNCTION? PRELIMINARY RESULTS FROM A COMMUNITY STUDY

Pascal, P.¹; Alvarez, M. J.²; Nobre, P.³; Laan, E.⁴; Byers, S.⁵; Vicente, L.⁶; Pereira, N. M.⁷

¹Faculty of Psychology, Universities, of Lisbon and Porto, Portugal, Portugal;

²University of Lisbon, Portugal; ³University of Porto, Lisbon, Portugal;

⁴Academisch Medisch Centrum, Amsterdam, Portugal; ⁵University of New Brunswick, Fredericton, Canada; ⁶Ministry of Health, Lisbon, Portugal;

⁷University Lusofona, Lisbon, Portugal

Objective: The impact of body image on men's health, and specifically on men's sexual health, is a new area of research. This study aims to better understand the specific role that different body image related dimension have on men's self-perception of erectile function. According to cognitive explanatory models of sexual dysfunction we expect cognitive distraction with body appearance and beliefs about appearance to be the meaningful predictors of erectile functioning.

Methods: This is a correlational study using validated self-report measures, and developed online. Our sample has 124 heterosexual men with an average age of 32 years ($SD = 9.85$), involved in an exclusive relationship in average for 6.38 years ($SD = 6.24$). The measures used were: the International Index of Erectile Function (Rosen R.C., Riley A., Wagner G., Osterhol I.H., Kirkpatrick J., Mishra A., 1997) the subscale of Global Body Dissatisfaction of the Body Attitudes Test (Probst, Vandereycken, Van Coppenolle, & Vanderlinden, 1995), the Body Appearance subscale of the Cognitive Distraction Scale (Dove & Wiederman, 2000), the Body Esteem Scale (Franzoi & Shields, 1984) and the Beliefs About Appearance Scale (Spangler & Stice, 2001). All

measures showed good validity and reliability. We used descriptive statistics as well as multiple hierarchical regression. After controlling for self-reported health conditions and Body Mass Index, each variable was entered step by step in the equation in order to assess its impact on erectile function.

Results: In the final model, only beliefs about appearance had a significant impact in erectile function ($B = -2,019$) explaining 13% of the variance ($R^2 = .132$)

Conclusion: Our results indicate that beliefs about appearance have an impact on men's erectile function and are supportive of cognitive models of sexual dysfunctions. Research and assessment of erectile function should consider beliefs about appearance.

Policy of full disclosure: This study is supported with a grant from Bial Foundation.

P-01-015

THE ROLE OF EJACULATION FREQUENCY IN THE ETIOLOGY OF STABLE ANGINA IN YOUNG MALES

Sagnak, L.¹; Aksun, F.²; Ertem, A. G.²; Ersoy, H.³; Karakoyunlu, N.²; Topaloglu, H.²; Ozok, U.²

¹Diskapi Yildirim Beyazit Hosp., Urology Clinic, Ankara, Turkey; ²Diskapi Yildirim Beyazit Hosp., Ankara, Turkey; ³Hitit University, Urology, Çorum, Turkey

Objective: Cumulative assessment of the levels of ejaculation in young male patients with diagnosis of stable angina (SA).

Methods: Between April 2009 and June 2012, 67 male patients, who were matching to our protocol, with a diagnosis of SA were referred to Urology Clinic after initial treatment by Cardiology Clinic. Sexual, psychological and medical history related to the purpose of the study were examined. Physical examination, routine laboratory tests were performed. Patients who have a history of pelvic and genitourinary surgery, premature ejaculation, erectile dysfunction, and who were on regular medication were excluded. Patients whose baseline frequency of masturbation and ejaculation >10/month and intercourse frequency >8/month was elected to be high levels of ejaculation and were compared with in the recent period datas. All of the patients was classified into low (<5/month), moderate (5–10) and high (>10/month) groups depending on frequency of intercourse in the last year.

Results: 30 of the patients were in low group whereas 21 in moderate, and 16 in high ejaculation group. 80,6% of the patients have a history of smoking and 10,4% have a history of alcohol consumption. The mean age of patients with initial ejaculation was at 14,67. Mean baseline frequency of ejaculation was 14,43/month. Patients who have the frequency of ejaculation <5/month in the last period have an initial value of the average ejaculation 3.2/month ($p = 0.05$).

Conclusion: We had observed that the almost half of the patients with SA have a recent reduction in incidence of ejaculation. This may be regarded as significant predisposing factor for SA ($p = 0.05$). Increased ejaculation whereat sexual intercourse bring physical activity burden but it is not easy to think of this situation reduces the risk of SA such a study which has inadequate number of patients. Epidemiological studies are needed on this subject.

Policy of full disclosure: None

P-01-016

CORPUS CAVERNOSUM ELECTROMYOGRAPHY: COULD IT BE A PARAMETER TO PREDICT AGEING?

Aldemir, M.¹; Agrad, K.²; Ener, K.²; Dehni, D.²; Kayigil, O.²

¹Atatürk Training and Research, Urology, Ankara, Turkey; ²Atatürk Training and Research, Ankara, Turkey

Objective: In this study, we investigated whether electromyography of corpus cavernosum (CC-EMG) results vary with age and whether CC-EMG could be a parameter to predict ageing of cavernous smooth muscle.

Methods: Recordings of electrical activity of corpus cavernosum (EACC) were retrospectively investigated in 134 patients with erectile dysfunction. Penile colour Doppler ultrasonography and cavernosometry were also performed for all of the patients. The total number and duration of EACC and amplitudes between positive and negative peaks were compared between the flask state for 10 min and after intracavernosal papaverine injection.

Results: The mean age of the 47 patients in group 1 was 35.2 ± 6.3 years (range, 23–44), the mean age of the 45 patients in group 2 was 51.1 ± 3.1 years (range, 45–56) and the mean age of the 42 patients in group 3 was 61.8 ± 4.6 years (range, 57–77). Total IIEF-5 score was 7.6 ± 2.1 in group 1, 7.9 ± 2.4 in group 2 and 7.9 ± 2.1 in group 3. There were no statistically significant differences among the groups regarding electrical potential frequencies, durations and amplitudes of electromyographic recordings.

Conclusion: We do not think that CC-EMG findings could be used efficiently as a predictor of ageing.

Policy of full disclosure: None

P-01-017

AGING, SMOKING, HYPERTENTION, AND DIABETES ARE NEGATIVE RISK FACTORS IN VASCULOGENIC ERECTILE DYSFUNCTION AS SHOWN IN PENILE DUPLEX ULTRASOUND PARAMETERS WHILE PENILE SIZE DOES NOT MATTER

Haboub, M.¹; Elhadek, W.²; Williamson, B.³; Elkhouly, M. E.²; Gbidan, A.²; Ali, K.²

¹Elaj medical center, Urology & Andrology, Jeddah, Saudi Arabia; ²Elaj medical center, Jeddah, Saudi Arabia; ³King's College, London, United Kingdom

Objective: to evaluate the influence of different factors affecting the penile vascularity: the arterial supply represented by the Peak systolic velocity (PSV) and the venous occlusion system represented by the End diastolic velocity (EDV), and to see if larger penises have better function or not.

Methods: we performed a retrospective review of all men presenting with erectile dysfunction (ED) who underwent penile duplex ultrasound (PDU) between January 2011 and January 2012. A total of 362 patients with complete data were included in this study including patients diagnosed as psychogenic ED. We looked for statistical correlation between PSV&EDV and those variables: age, smoking, body mass index (BMI), Testosterone, Diabetes Mellitus (DM), Hypertension, Dyslipidaemia, Peyroni's disease, and erected penile size.

Results:

1.	Older patients have lower PSV	($r = -0.361$, $P = 0.000$)	highly statistically significant
2.	Older patients have higher EDV	($r = 0.174$, $P = 0.001$)	highly statistically significant
3.	Hypertensive patients have lower PSV	($r = -0.296$, $P = 0.000$)	highly statistically significant
4.	Smokers have lower PSV	($r = -0.140$, $P = 0.008$)	highly statistically significant
5.	Smokers have higher EDV	($r = 0.178$, $P = 0.001$)	highly statistically significant
6.	Diabetics have lower PSV	($r = -0.318$, $P = 0.000$)	highly statistically significant
7.	Diabetics have higher EDV	($r = 0.139$, $P = 0.008$)	highly statistically significant
8.	Men with larger penises measured skin to tip, have lower EDV	($r = -0.119$, $P = 0.024$)	less significant

Conclusion: Aging, smoking, and hypertension are negative risk factors for quality of penile vascularity while there was no statistical significant correlation with BMI, Peyroni's disease, dislipidemia, and Testosterone. Diabetics have less efficient penile vascularity compared to non diabetics but not affected with heamoglobin A1c value. Men with larger penises dont show more efficient erection.

Policy of full disclosure: None

P-01-018

ERECTILE FUNCTION IN PATIENTS WITH HYPERGONADOTROPIC HYPOGONADISM AND AZOOSPERMIA

Kbelaia, A.¹; Managadze, L.²; Kbelaia, A.¹

¹National Center of Urology, 1st department, Tbilisi, Georgian;

²National Center of Urology, Tbilisi, Georgian

Objective: To assess erectile function in patients with primary testicular dysfunction and hypergonadotropic hypogonadism

Methods: We evaluate 17 patients (21–36 years) without Klinefelters syndrome and complete azoospermia. Endocrinological tests: elevated FSH (ranged from 22,7–55,7 mE/ml, normal range 0,70–11,0 mE/ml); elevated LH (ranged from 14–23,77 mE/ml, normal range 0,80–7,60 mE/ml); low free testosterone (ranged from 155–247 ng/dl, normal range 270–1730 ng/dl); low total testosterone (ranged 0,1–1,8 ng/ml, normal range 2,8–8,0 ng/ml). By ultrasonography testicular volume ranged from 4,1 cc till 19 cc. Erectile function was assessed by International Index of Erectile Function – IIEF questionnaire.

Results: According to IIEF questionnaire received scores in our patients ranged from 18–24, which was surprisingly quite normal despite severe hypogonadism.

Conclusion: In our study we find normal sexual function in men with Hypergonadotropic Hypogonadism and Azoospermia, which need future follow up and better understanding of the role of testosterone in such cohort of patients.

Policy of full disclosure: None

P-01-019

PISTACHIO DIET IMPROVES ERECTILE FUNCTION PARAMETERS AND SERUM LIPID PROFILES IN PATIENTS WITH ERECTILE DYSFUNCTION

Aldemir, M.¹; Okulu, E.²; Neselioglu, S.²; Erel, O.²; Kayigil, O.²

¹Atatiirk Training and Research, Urology, Ankara, Turkey; ²Atatiirk Training and Research, Ankara, Turkey

Objective: We investigated the effects of Antep pistachio on International Index of Erectile Function (IIEF) scores, penile color Doppler ultrasound (PCDU) parameters and serum lipid levels in patients with ED.

Methods: A total of 17 married male patients with ED for at least 12 months were included in this prospective study. Patients were put on a 100 g pistachio nuts diet for 3 weeks. IIEF and PCPU were evaluated before and after the pistachio diet. In addition, plasma total cholesterol (TC), low-density lipoprotein (LDL), high-density lipoprotein (HDL) and triglyceride were measured before and after dietary modifications from all subjects.

Results: Mean IIEF-15 score was 36 ± 7.5 before the diet and 54.2 ± 4.9 after the diet ($P = 0.001$). Similarly, an increase in all five domains of IIEF was observed after the diet ($P < 0.05$). Mean peak systolic velocity values before and after the pistachio diet were 35.5 ± 15.2 and 43.3 ± 12.4 cm/s, respectively ($P = 0.018$). After the pistachio diet, TC and LDL levels decreased significantly, whereas HDL level increased ($P = 0.008$, 0.007 and 0.001 , respectively).

Conclusion: We demonstrated that a pistachio diet improved IIEF scores and PCPU parameters without any associated side effects in patients with ED. Furthermore, the lipid parameters showed statistically significant improvements after this diet.

Policy of full disclosure: None

P-01-020

SEXUAL LIFE AFTER SURGERY FOR BILATERAL TESTICULAR TUMOR

Belinski, C.¹; Manu, A.²; Calomfirescu, N.³

¹Gerota Emergency Hospital, Urology, Bucharest, Romania; ²Gerota Emergency Hospital, Bucharest, Romania; ³Medlife Hospital, Bucharest, Romania

Objective: Quality of life means good sexual life. We present the case of a young male with secondary hypogonadism after bilateral orchiectomy for bilateral synchrony testicular cancer.

Methods: A 41 years old male was diagnosed with bilateral testicular tumour. We perform bilateral orchiectomy by inguinal approach. The testosterone level reach castration level after one month when the patient start to complain about his sexual life.

Results: We initiated testosterone treatment (testosterone undecanoate – nebido) and the patient was regaining his sexual life.

Conclusion: Even if in the beginning the oncological problem is the most important for the patient we have to take care of the quality of his life and a good sexual life means a good quality of life.

Policy of full disclosure: None

P-01-021

A CLINICAL STUDY COMPARING BIVAP SALINE VAPORIZATION OF THE PROSTATE WITH BIPOLAR TURP: EARLY COMPLICATIONS, PHYSIOLOGICAL CHANGES AND POSTOPERATIVE FOLLOW-UP OUTCOMES

Aydogdu, O.¹; Karakose, A.²; Atesci, Y. Z.²

¹Izmir Univ, Urology, Turkey; ²Izmir Univ, Turkey

Objective: We aimed to compare BIVAP saline vaporization of the prostate with bipolar transurethral resection of the prostate (TURP) in the treatment of benign prostatic hyperplasia.

Methods: Eighty six patients who were treated with BIVAP (n = 44) and bipolar TURP (n = 42) were included in the study. The inclusion criteria consisted of the maximum urinary flow rate (Qmax) ≤ 10 ml/s, International Prostate Symptom Score (IPSS) ≥ 16 , and prostate volume measured with transrectal ultrasound scan (US) between 30–80 ml. Preoperative characteristics of the patients were noted. Serum electrolyte, hemoglobin, and hematocrit levels were determined pre and postoperatively. Postoperative complications were evaluated. Operation and hospitalization time were noted. All patients were evaluated at the postoperative 1st&3rd month and IPSS score, IIEF score, postvoiding residual urinary volume (PVR), Qmax, and average urinary flow rate (Qave) were compared. Statistical analyses were performed using SPSS16.0 program and statistical significance was set at a p value of <0.05 .

Results: Preoperative demographic characteristics were similar in two groups. Mean operation time was significantly higher ($p = 0.02$) and hospitalization time was significantly lower ($p = 0.04$) in BIVAP group when compared to bipolar TURP group. There was no significant difference between two groups in terms of preoperative and postoperative serum electrolyte, hemoglobin and hematocrit levels. Postoperative complication rates were similar in 2 groups except severe dysuria. The rate of severe dysuria was significantly higher in BIVAP group. No statistical difference was noted between the two groups in terms of postoperative follow-up results.

Conclusion: Bipolar TURP is a safe and highly effective technique which can be used in the surgical treatment of benign prostatic obstruction with minimal side effects. BIVAP saline vaporization of the prostate seems to be a potential alternative to bipolar TURP with shorter hospitalization time.

Policy of full disclosure: None

P-01-022

COMPARISON OF ARTERIAL BLOOD SUPPLY TO THE TESTICLES IN THE PREOPERATIVE AND EARLY POSTOPERATIVE PERIOD IN PATIENTS UNDERGOING SUBINGUINAL VARICOCECTOMY

Ener, K.¹; Uçgul, Y. E.²; Okulu, E.²; Aldemir, M.²; Isik, E.²; Kayigil, O.²; Ozcan, M. F.²

¹Ataturk E.R.H., Urology Clinic, Ankara, Turkey; ²Ataturk E.R.H., Ankara, Turkey

Objective: Varicocele, which is the abnormal dilatation of internal spermatic veins, is the most determined and treatable cause of male-related infertility. In the evaluation of testicular arterial and venous blood supply, the scrotal color doppler ultrasound (CDU) is a valuable diagnostic method. However, in practice, CDU examination is not routinely performed in the patient follow-up after varicocelectomy. In this study, we aim to investigate how the testicular blood flow is affected after varicocelectomy, and the place of scrotal CDU in the follow-up after varicocelectomy.

Methods: Thirty male patients, who were diagnosed with left sided varicocele were included in the study, prospectively. Prior to the varicocelectomy, semen analysis were obtained and, peak systolic velocity (PSV), end diastolic velocity (EDV), resistive index (RI), and pulsatility index (PI), were measured by applying CDU to the patients. In the 2nd post-operative month, the scrotal CDU and the semen analysis of the patients were performed, and compared with the pre-operative results.

Results: The arterial flow parameters; PSV and EDV increased significantly, and the resistance parameters RI and PI, are decreased significantly, compared to the pre-operative values. The sperm count, motility, and normal morphology improved in the post operative semen analysis compared with the pre operative results. The increase in all 3 parameters was found to be statistically significant.

Conclusion: As confirmed with the results of semen analysis, the testicular blood flow increases after the varicocelectomy, and the hemodynamics of the testicle recovers, no matter which method is used to perform the operation. CDU, which is generally used for the diagnosis in the varicocele, can also be a valuable method in determining the treatment success after the surgery.

Policy of full disclosure: None

P-01-023

PHYSICIANS' ATTITUDE TOWARD FEMALE GENITAL PLASTIC SURGERY – A MULTINATIONAL SURVEY

Lowenstein, L.¹; Salonia, A.²; Shechter, A.³; Porst, H.⁴; Reisman, Y.⁵; Burri, A.⁶

¹Dep. of Obstetrics and Gynecology, Rambam Health Care Campus, Haifa, Israel; ²Department of Urology, Milan, Italy; ³Clalit Health Care Service, Haifa, Israel; ⁴Urology Department, Hamburg, Germany; ⁵Department of Urology, Amstelveen, The Netherlands; ⁶Institute of Psychology, Zurich, Switzerland

Objective: The demand for female genital plastic surgery (FGPS) has increased over the last decades. Yet, to date, there are no objective explicit measurements to define #abnormal# appearance of genital organs. Based on the results of this study we aimed to make a statement of the ESSM on FGPS practice. The aim of our study was to evaluate the prevalence in demand for FGPS and to explore the attitudes of sexual medicine specialists towards indications for FGPS.

Methods: Attendees of the 2012 Annual Congress of the European Society of Sexual Medicine (ESSM) in Amsterdam, The Netherlands were asked to participate in a survey during the congress days. Main outcome measure. A 25-item self report, closed-question questionnaire subdivided into three sections: socio-demographic data; professional background; and personal attitudes towards FGPS.

Results: Overall, a total of 360 physicians (mean age 48 years; range 23–72) from different medical disciplines completed the survey. There

were diverse definitions among participants for abnormal labial appearance and the techniques for labial reduction. Of all, 65% responded that FGPS is frequently or occasionally demanded by the patients they usually treat. Likewise, most physicians (63%) reported that they never perform FGPS. Conversely, only 14% reported that they either frequently or occasionally perform FGPS. Almost one-third of participants believe that FGPS (labial surgery) improves sexual function. Fifty-two percent of participants answered that they believe that self image is the main reason for women to ask for labial surgery.

Conclusion: Self-image was regarded as the main factor for the demand of FGPS. Many practitioners in the field of sexual medicine recommend that women be referred for consultation with a psychiatrist or psychologist before undergoing FGPS.

Policy of full disclosure: None

P-01-024

HOW CAN MILLIN PROSTATECTOMY INFLUENCE THE URINARY SYMPTOMS, THE SEXUAL STATUS AND THE QUALITY OF LIFE OF MEN SUFFERING FROM BENIGN PROSTATIC ENLARGEMENT?

Toutziaris, C.¹; Gkagkalidis, K.²; Kampantais, S.³; Laskaridis, L.²; Ioannidis, S.⁴; Vakalopoulos, I.⁴; Dimitriadis, G.⁴

¹Aristotle University of Thessa, 1st Department of Urology, Thessaloniki, Greece; ²1st Department of Urology AUTH, Thessaloniki, Greece; ³Thessaloniki, Greece; ⁴1st Department of Urology AUTH, Thessaloniki, Greece

Objective: The aim of the present prospective study is to evaluate urinary symptoms, sexual function and quality of life in patients with benign prostatic enlargement (BPE) before and after Millin prostatectomy. For this purpose the International Prostate Symptom Score (IPSS) with the extra question for quality of life and the International Index of Erectile Function (IIEF-15) questionnaires were used.

Methods: Between September 2010 and March 2013, a Millin prostatectomy was performed in 38 men (mean age 69.32 years) with BPE. All the patients underwent a digital rectal examination, prostatic volume estimation with transrectal ultrasound, measurement of total prostatic specific antigen serum level and uroflowmetry. The evaluation of the urinary symptoms, sexual function and quality of life was achieved using the IPSS (7 + 1) and IIEF-15 before and 6 months after Millin prostatectomy. The relationship between symptom scores (urinary + sexual) and age, tobacco use, diabetes mellitus, coronary disease, alcohol consumption and BMI was examined.

Results: Pair sample t-test was used to assess the changes in scores of the two questionnaires. Millin prostatectomy resulted in a significant improvement ($p < 0.05$) in obstructive (mean 15.56 to 4.19), irritative symptoms (mean 9.94 to 5.00) and quality of life score (mean 4.67 to 1.67). On the other hand the results from IIEF-15 questionnaire showed deterioration of erectile function (mean 15.21 to 12.11) and overall satisfaction (mean 5.07 to 4.33) parameters, while orgasmic function, sexual desire and intercourse satisfaction remained without any change.

Conclusion: To our knowledge, this is the first prospective trial that estimates these parameters using validated questionnaires. Millin prostatectomy resolves obstructive symptoms (increases Qmax), improves quality of life, maintains erectile function and overall satisfaction but adversely affects the sexual performance status of the patients. A larger sample of patients and other similar trials must be performed to establish the above result.

Policy of full disclosure: None

P-01-025

PENILE PROSTHESIS IMPLANTATION FOR TREATING ERECTILE DYSFUNCTION: INITIAL EXPERIENCE OF A SINGLE SURGEON IN 26 PATIENTS

Penbegul, N.¹; Cakmakci, S.²; Atar, M.¹; Daggulli, M.¹; Bodakci, M. N.¹; Hatipoglu, N. K.¹; Sancaktutar, A. A.¹

¹Dicle University Hospital, Diyarbakir, Turkey; ²Dicle University, Urology Department, Diyarbakir, Turkey

Objective: Purpose of this study is to present outcomes of 26 patients who underwent penile prosthesis implantation in our clinic.

Methods: The data of 26 patients who underwent penile prosthesis implantation between January 2011 and July 2013 were evaluated retrospectively. Distribution of penile prosthesis type was; 3 malleable (AMS Spectra), 23 tree-piece inflatable prosthesis (LGX n: 17, AMS CX-MS 700 n: 6). All of these were primary implants. The mean follow-up duration was 6.5 (2–13) months.

Results: The mean age (range) of the patients was 50.5 (29–66) years. Implantation performed penoscrotally in 16 patients and infrapubically in 10 patients. Etiological dispersion pattern of erectile dysfunction was; diabetes in 18 (%69.2) patients, venous leak in 3 patients, Peyronie's disease in 3 patients, priapism and trauma were 1 patient for each one. There were 2 wound infections but not any gross complications such as prosthesis infection. All of the patients could have sexual intercourse and 93.5% were satisfied with the results. Rate of satisfaction was higher in patients who had prosthesis which gets wider both length and depth. The partner satisfaction rate was 95.1% which higher than the patients' satisfaction.

Conclusion: The satisfaction rate found higher at men who had implanted inflatable penile prosthesis. The partner satisfaction ratio was detected higher than the patients.

Policy of full disclosure: None

P-01-026

AN INTERESTING CASE: UNDESCENDED TESTIS WITH NORMAL SCROTAL POSITION OF THE EPIDIDYMIS

Yylmaz, M.¹

¹Governmental Hospital, Urology, Sirnak, Turkey

Objective: Several theories had been developed to explain the descent mechanism of testes including hormonal, mechanical and neurological factors. Some researchers believe that the role of the epididymis is important for testis descent mechanism because it is androgen-dependent and epididymal abnormalities are often accompanied with undescended testes. However, many researchers believe the exact opposite. A lot of study show that descent of the testis is not affected the removal of epididymis. The descent mechanism of testis is not affected even in the congenital absence of wolf channels. This review purposes the presentation of patient with undescended testes and normal scrotal position of the epididymis.

Methods: A 20 years old patient presenting with left lower quadrant abdominal pain (LAP / hernia sac?) and physical examination showed both of the testes were in normal scrotal position but were found to be atrophic. Scrotal ultrasonography showed absence of testicular tissue in left scrotal sac but was detected testicular tissue with normal size (15 ml) and parenchyma in the inguinal canal. Also a smaller right testis (11 ml) was shown in the right scrotal sac. Patients underwent left inguinal exploration. Epididymal tissue was normal scrotal position but testicular tissue located almost proximal of external ring. The patient underwent a standard technique of orchidopexy and scrotal dartos pouch.

Results: If the epididymis is a normal scrotal position in patients with undescended testes may result in an incorrect diagnosis or backlog diagnosis.

Conclusion: In conclusion epididymal abnormalities seen with the high rate of cases of undescended testes so it should be considered on diagnosis time.

Policy of full disclosure: None

P-01-027

THE REDUCING EDGE FIBROSIS GRAFT AFTER SURGICAL CORPOROPLASTIC

Arkatov, A.¹; Knigavko, O.²; Lesovoy, V.¹

¹Kharkov National Medical University, Ukraine; ²Kharkov National Medical University, Urology, Nephrology and Androl, Ukraine

Objective: Corporoplasty with graft using geometric principles in a dense ossified plaque is a common method which preserving or extending the length of the penis. However, after such operations often arises fibrosis in graft-linking with the tunica of the corpora cavernosa. This complication reduces the size of the penis, may cause distortion, compression, deterioration of sexuality and even urethral stricture. The aim of our study was to explore the process of fibrosis edge of the graft and reduce fibrosis of graft.

Methods: On the basis of andrologic department of Kharkiv Regional Clinical Center of Urology Nephrology named by V.I. Shapoval, surgical treatment of 176 patients with Peyronie's disease were carry out. They are cut out all or part of the plaque, and used to fill the defect autological tissue: fascia lata femoris, vena saphena magna, the tunica vaginalis testis. Patients were divided into 2 groups. In group 1 after surgery received standard absorbable and anti-inflammatory therapy (suppositories Longidaza, diclofenac, vitamin E). In the second group, in addition to standard therapy during and after surgery and were mikroinjections with Cerebrolysin and Andekalin to fibrosis and near. Both groups are divided into subgroups, depending on the type of graft.

Results: In the first group there was a significant amount to 22.4% of postoperative fibrosis in the suture between the graft and the tunica. In Group 2, the amount of fibrotic complications was 7.3%.

Conclusion: 1. With the standard software corporoplastic there is a significant amount to 22.4% of postoperative fibrosis (least 8.7% in the subgroup, where it was used vena). 2. Using Cerebrolysin and Andekalin and in the second group to 7.3% significantly reduces the number of postoperative complications of fibrosis. 3. Differences in subgroups group 2 were insignificant.

Policy of full disclosure: None



P-01-028

TOLERANCE OF INTERFERON ALFA-2B TREATMENT BY PEYRONIE'S DISEASE

Bittner, L.¹; Heracek, J.²; Grill, R.²

¹Revnice, Czech Republic; ²FNKV, Revnice, Czech Republic

Objective: To prove safety and tolerance of intralesional administration of interferon alfa-2b by patients with Peyronie's disease.

Methods: In the period 2008–2013 we have treated 41 patients with Peyronie's disease by intralesional application of interferon alfa-2b in

dose 3MIU once in two weeks, at least for 12 weeks. Patients were instructed to take 400mg ibuprofen one hour prior to application. During the treatment we asked patients for presence of side effects and their severity.

Results: We have prematurely terminated the treatment only once because of presence of serious side effects (myalgia, arthralgia and weakness). Other patients noted only mild or weak adverse events. Most frequent side effects were muscle pain (87%), joint pain (75%) and flu like symptoms (68%), which were well tolerated with ibuprofen.

Conclusion: Intralesional application of interferon alfa-2b is recommended local treatment of Peyronie's disease by European Association of Urology (GR B, LE 1b), but there are often reservations because of its side effects. On our group can be demonstrated, that use of non-steroidal antirheumatics makes treatment with interferon alfa-2b well tolerated.

Policy of full disclosure: None

P-01-029

THE ROLE OF VACUUM PUMP THERAPY AFTER INCISION OR PARTIAL PLAQUE EXCISION AND GRAFTING FOR PEYRONIE'S DISEASE

Colombo, F.¹; Gentile, G.²; Pultrone, C. V.²; Franceschelli, A.³

¹Andrology Unit, Dept. of Urology, Bologna, Italy, Italy; ²Andrology Unit, Univ. Hospital, Bologna, Italy; ³Bologna, Italy

Objective: The most frequent consequence after incision/excision and grafting for Peyronie's disease is loss of penile length. An early rehabilitation program with Vacuum device (VD) is believed to decrease post-op penile length loss. We retrospectively reviewed our experience with intensive use of Vacuum device in order to prevent penile length loss.

Methods: 23 patients (pts) underwent albugineal incision (21 pts) or excision (2 pts) and grafting technique from March 2011 to June 2013. In the first post-op week pts used a nocturnal gravitational traction with 100 gr while during 2nd and 3rd post-op weeks they were instructed to perform manual traction at least for 3 times a day. From 21st post-op day pts began to use VD 2 times a day for 6 months. Pts were instructed to measure penile length at the beginning of the use of VD and subsequently every month. We also performed an outpatient visit every two month. Mean follow-up was 14 months.

Results: Mean Age 57 years. Mean post-op use of VD was 8.9 months. The mean post-op gain length was 16.6 mm (range 0–70 mm). Mean Age 57 years. Mean post-op use of VD was 8.9 months. The mean post-op gain length was 16.6 mm (range 0–70 mm). During follow-up 16 pts (69.5%) reported regular sexual intercourse without PDE inhibitors. 6 pts used PDE5i, while the remaining one did not have sexual intercourse.

Conclusion: The post-op use of VD has an important role in obtaining and maintaining the best aesthetic and functional results after surgery for PD.

Policy of full disclosure: None

P-01-030

PECULIARITIES OF VEGETATIVE NERVOUS SYSTEM IN PATIENTS WITH PEYRONIE'S DISEASE

Gurzenko, J.¹; Romaniuk, M.²

¹Institute of Urology, Kiev, Ukraine; ²Institute of Urology, Dept. of Sexology and Andrology, Kiev, Ukraine

Objective: In integrative complex of mechanisms of the pathogenesis of Peyronie's disease (PD) adaptive mechanisms of corticosteroid structures include in response to chronic inflammation in albuginea,

which equates to a long stressful situation. In patients neurotic changes develop such as erectile dysfunction (ED).

Methods: Whereas, the autonomic nervous system (ANS) is included in the regulatory mechanisms of erection and ejaculation and reacts with activation of emotional experiences, we had the purpose to give an assessment of the ANS in PD patients by the method of determining the vegetative index (VI). 76 men aged 25–68 years were examined: 32 patients had PD, without ED (group 1); 44 patients had PD with ED (group 2). In the study of vegetative index (VI) the criteria of normotonia (1.00 + 0.01), of sympathicotonia (1.22 + 0.03 – 1.27 + 0.03) and of parasympathicotonia (0.68 + 0.06 – 0.72 + 0.01) were set, expressed in relative units.

Results: Data about the state of ANS balance in PD: sympathicotonia detected in 49 patients (68.06%); parasympathicotonia in 12 patients (16.66%); 11 patients (15.28%) had normotonia. All 11 cases (33.3%) of normotonia and 10 cases (30.3%) of parasympathicotonia and 12 cases (36.4%) of sympathicotonia have been reported in patients with BP without ED (33 patients). Certain that a PD with ED (39 patients) accompanied by sympathicotonia in 37 cases (94.9%) and only 2 (2.1%) – parasympathicotonia. We can conclude that one of the mechanisms of ED when PD is sympathicotonia, which leads to violation of peripheral blood circulation in the penis. The analysis of VI revealed the presence of autonomic disorders of varying severity 38 (52.78%) of the patients with the symptoms of moderate, and severe expression was observed only in 9 (12.5%) patients.

Conclusion: VI indicators show that in patients with PD imbalance of the sympathetic and parasympathetic divisions of the ANS is observed, with predominance percent of sympathicotonia.

Policy of full disclosure: None

P-01-031

INVESTIGATION OF THE ROLE OF MYOFIBROBLAST DIFFERENTIATION IN PEYRONIE'S DISEASE

Mateus, M.¹; Stebbins, W.²; Rabeem, A.³; Muneer, A.⁴; Christopher, N.⁴; Ralph, D.⁴; Celtek, S.²

¹Cranfield University, Cranfield Health, United Kingdom; ²Cranfield University, United Kingdom; ³University College London H, United Kingdom; ⁴University College London Hosp, United Kingdom

Objective: Peyronie's disease (PD) is a localised connective tissue disorder, which is characterised by the formation of fibrotic plaques of the tunica albuginea (TA) of the penis. The differentiation of fibroblasts to myofibroblasts is involved in wound healing and it has been suggested as one of the hallmarks of fibrosis. However, the importance and precise role of these cells in the pathophysiology of PD is yet to be fully elucidated. The aim of this project was to investigate and characterise myofibroblast differentiation in PD.

Methods: Fibroblast cultures established from TA of patients without and with PD were exposed to TGF-beta. The mRNA levels of alpha-smooth muscle actin (alpha-SMA, a myofibroblast marker) were examined using real-time RT-PCR and the protein levels were evaluated using immunocytochemistry (ICC).

Results: Preliminary data shows that there is a two-fold increase in alpha-SMA gene expression in the presence of TGF-beta in cells established from patients with and without PD. Furthermore, there is a differential response to TGF-beta depending on the presence of PD, with cells acquired from patients without PD presenting a greater response to TGF-beta. ICC data confirms this observation as exposure to TGF-beta also induces the differentiation of fibroblasts to myofibroblasts, characterised by an increase in their alpha-SMA staining.

Conclusion: The data presented in this report suggests that cells derived from the TA of patients with and without PD contain myofibroblasts. Myofibroblast transformation can be further induced by addition of TGF-beta. These results suggest that myofibroblasts play a role in PD and further work on elucidating their differentiation may reveal potential targets for the treatment of PD.

Policy of full disclosure: None

P-01-032

ORIGINAL SPACE MAINTAINER DEVICE IN PENILE LENGTHENING: A NEW TECHNIQUE

Alej, G.¹; Letizia, P.²; Rossi, A.²; Conversi, A.²; Alei, L.²¹Sapienza University of Rome, Surgery, Italy; ²Sapienza University of Rome, Italy

Objective: Personal experience in the surgical treatment of severe cases of short penis is reported, we describe a new technique for penile lengthening and the results achieved.

Methods: Release of the suspensory ligament and advancement of the suprapubic skin with an V-Y plasty, a block of soft silicone is cut to fit the angle created by the cavernosal bodies and the pubic symphysis; the concave surface is fashioned which will come into direct contact with the convex dorsal surface of the cavernosal bodies, then the proximal convex surface is prepared to fit the concave surface, an area in which the pubic symphysis is found. Four Prolene 0 stitches are passed through the space-maintainer, 2 in the deep part, one on the left and one on the right, and 2 in the superficial part.

Results: From November 1999 and august 2013 the technique was applied in 143 patients (mean age 33 years). The increase in penile length was about 2,5 cm in flaccid state and 1,9 cm in erect state, there were no injuries of the neurovascular bundle or urethra, and not erectile dysfunction. Removal of the space-maintainer was not necessary in any of these patients.

Conclusion: The suspensory ligament release and the implant of the space maintainer provides a genuine increase in penile length with satisfactory results without the most frequent being recurrence of the shortening within three months due to the adherence and subsequent scarring of the edges of the resection.

Policy of full disclosure: None

P-01-033

PROXIMAL HYPOSPADIAS REPAIR

Djordjevic, M.¹; Majstorovic, M.²; Bizic, M.²; Stojanovic, B.²; Korac, G.²; Vukadinovic, V.²; Radojicic, Z.²; Krstic, Z.²¹Univeristy of Belgrade, Dept of Urology, Serbia; ²Univeristy of Belgrade, Serbia

Objective: The Snodgrass technique presents the procedure of choice for distal hypospadias. Fistula formation is the most common complication with various rates. We evaluated the importance of a urethral covering using long vascularized dorsal subcutaneous tissue for fistula prevention for correction of proximal hypospadias.

Methods: Our study included 19 patients, aged 9 months to 11 years, who underwent proximal hypospadias repair from April 2008 through October 2012. Chordee occurred in all patients and was corrected by dorsal plication. All patients underwent standard tubularized incised plate urethroplasty, which was followed by reconstruction of new surrounding urethral tissue. A very long, longitudinal dartos flap was harvested from the dorsal penile skin and transposed to the ventral side by the buttonhole maneuver. The flap was sutured to the glans and the corpora cavernosa to completely cover the neourethra with well-vascularized subcutaneous tissue. Penile body was covered using remaining penile skin.

Results: Mean follow-up was 33 (11–66) months. A successful result without fistula was achieved in 16 patients. Two fistulas were healed spontaneously, while remaining one was corrected by minor revision. There was no urethral stenosis.

Conclusion: Urethral covering with long dorsal well-vascularized dartos flap represents a good choice for fistula prevention. Redundancy of the flap and its excellent vascularization are promising for good outcome in proximal hypospadias repair using Snodgrass technique.

Policy of full disclosure: None

P-01-034

DIAGNOSIS OF FALSE PENILE FRACTURE: AN ALGORITHM

Ziypak, T.¹; Adanur, S.²; Keskin, E.²; Aksoy, Y.²; Ozbey, I.²¹Ataturk University, Urology, Erzurum, Turkey; ²Ataturk University, Erzurum, Turkey

Objective: Penile fracture is defined as the traumatic rupture of the tunica albuginea of the one or both corpora cavernosa secondary to a blunt trauma to the erected penis. False penile fracture is caused by bleeding within the soft tissues of the penis without cavernosal rupture. In most of the cases penile fracture can be diagnosed without any imaging tools. The aim of this study is to assess in which patients we should apply radiological imaging.

Methods: The charts of 65 patients diagnosed with penile fracture were evaluated retrospectively. Suspicious false fracture cases were compared true penile fracture cases with regards to history, physical examination and treatment results. MRI was used only in the presence of suspicion false fracture. International Index of Erectile Function-5 (IIEF-5) Questionnaire was used for erectile function assessment.

Results: Between October 1991 and January 2013, 65 patients with penile fracture were treated at our institution. Six patients (group I) refused surgery and 6 patients (group II) were suspected as false fracture. So that, these 12 patients were treated conservatively. Immediate surgical exploration and repair were applied in the other 53 patients (group III) and penil fracture diagnosis was proved. The complication rate was higher in group I. Neither early nor late severe complications were seen in group II and group III during follow up. After assessing all of these 59 patients' (grup II and grup III) histories and physical examination findings, we had developed a scoring system and an algorithm. This scoring system and algorithm are shown in the following table.

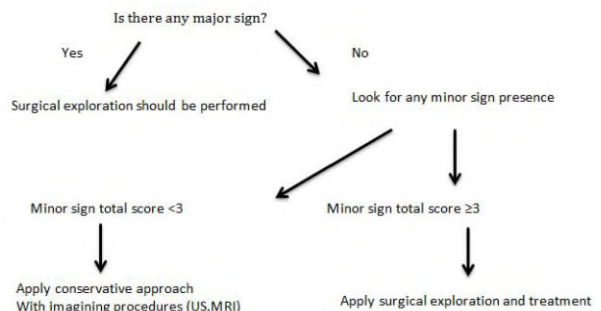
Conclusion: In conclusion, we expect that this algorithm we developed will be useful for clinical approach of those patients with suspected penil fractures. However, it is a fact that algorithm's efficiency should be supported with prospective studies.

Policy of full disclosure: None

Table 1. False fracture diagnosis scoring system.

Major signs	Minor signs
Serious <u>penil</u> hematoma and edema	Mild <u>penil</u> hematoma and edema →2 points
Eggplant deformity	<u>Penil</u> ecchymosis→1 point
Butterfly ecchymosis	Absence of postinjury new erection→1 point
<u>Urethrorrhagia</u>	Sudden penile pain→2 points
Immediate <u>detumescence</u>	

Cracking sound



P-01-035

SECOND PATHWAYS IN THE PATHOPHYSIOLOGY OF ISCHEMIC PRIAPISM AND TREATMENT ALTERNATIVES

Karakeci, A.¹; Firdolas, F.²; Ozan, T.²; Unus, I.³; Ogras, M. S.⁴; Orban, I.²
¹Elazığ Harput Government Hospi, Urology, Turkey; ²Faculty of Medicine, Firat University, Elazığ, Turkey; ³Mardin Government Hospital, Turkey; ⁴Elazığ Training and Research H, Turkey

Objective: To evaluate the early therapeutic alternatives such as bosentan, an endothelin receptor blocker, theophylline, an adenosin receptor blocker, and a nonselective phosphodiesterase enzyme inhibitor, zinc protoporphyrin (ZnPP), a heme oxygenase 1 inhibitor, for the therapy of ischemic priapism in the rat models.

Methods: Twenty-four Sprague-Dawley rats were randomly divided into 4 equal groups: control group, ZnPP group, bosentan group, and theophylline group. Erection was provided by vacuum constriction method and maintained for 4 hours for achieving the priapism in all groups. The rats in the control group were administered 1 mL/kg saline intraperitoneally (ip). The rats in group 2 were administered 25 mg/kg ZnPP ip. The rats in group 3 were administered 0.25 mg/kg bosentan ip. The rats in group 4 were administered 100 mg/kg theophylline ip. Six rats from each group were decapitated after 6 hours of drug administration. Then endothelin 1, adenosine deaminase, heme oxygenase 1 enzymatic activity, and apoptosis index in the cavernous tissues were estimated.

Results: Cavernous tissue endothelin 1, adenosine deaminase, heme oxygenase 1 enzymatic activity levels, and apoptosis index were significantly decreased in bosentan, theophylline, and ZnPP-treated rats compared with the controls.

Conclusion: Inhibition of priapism induced apoptosis with bosentan, theophylline, and ZnPP seems promising on preserving erectile function.

Policy of full disclosure: None

P-01-036

THE USE OF BOSENTAN, THEOPHYLLINE AND VARDENAFIL IN THE TREATMENT OF PRIAPISM

Unus, I.¹; Karakeci, A.²; Firdolas, F.²; Ozan, T.³; Orban, I.³

¹Mardin Government Hospital, Turkey; ²Elazığ Harput Government Hospi, Urology, Turkey; ³Faculty of Medicine, Firat University, Elazığ, Turkey

Objective: To evaluate the early therapeutic alternatives such as Bosentan an endothelin receptor blocker, theophylline an adenosin receptor blocker and vardenafil a non-selective phosphodiesterase 5 enzyme inhibitor for the therapy of ischemic priapism in the rat models.

Methods: Twentyfour Sprague-Dawley rats were randomly divided into 4 equal groups. Control group, vardenafil group, Bosentan group, Theophylline group. Erection was provided by vacuum constriction method and it was maintained for 4 hours for achieving the priapism in all groups. Then, Six rats from each group were sacrificed by cervical dislocation. Consequently, cavernous tissue samples were collected and placed in the tissue bath. Tissue samples were prepared as 0.5-0.2 cm. strips and put into heat jacketed double walled organ bath containing 37°C krebs solution which is constantly bubbled with 95% O₂ and %5 CO₂ and are mounted at a resting tension of 1000 mg. After taking the 1 hour record of the three groups except the control group Bosentan, Theophylline and Vardenafil were admitted in increasing doses. Consequently the alterations of the contractions in the strips due to the drugs and their increasing doses are observed.

Results: In this study we detected that Bosentan increased the frequency and amplitude of the contractions of the cavernous tissue in the priapism status in a statistically significant manner, Theophylline decreased the frequency and the amplitude significantly and Vardenafil had statistically no effect on the frequency and amplitude.

Conclusion: Inhibition of priapism induced apoptosis with Bosentan, seems promising on preserving erectile function.

Policy of full disclosure: None

P-01-037

PRIAPISM: OUR 25 YEARS EXPERIENCE

Adamur, S.¹; Ziypak, T.²; Özbey, E. G.²; Özkaya, F.²; Yapanoglu, T.²; Özbey, I.²

¹Ataturk University, Urology, Erzurum, Turkey; ²Ataturk University, Erzurum, Turkey

Objective: Priapism is an urological emergency characterized by prolonged and painful erection unrelated to sexual desire, and intercourse. We wanted to share our experiences related to the patients applied to our clinic with the established diagnosis of ischemic priapism.

Methods: Medical files of 41 patients consulted to our clinic between January 1988 and April 2013 with the diagnosis of priapism were retrospectively examined. The patients were evaluated as for etiologic factors, duration of priapism, and treatment modalities. The patients were requested for a control visit scheduled one month later for the evaluation of their erectile functions.

Results: Mean age of the patients was 5.4 years (14–71 yrs). Development of priapism was associated with intracavernous papaverine injection (n = 24), antipsychotic drug use (n = 3), excess sexual activity (n = 3), sickle-cell anemia (n = 1), and coumadin use (n = 1). In 9 patients idiopathic priapism was detected. Mean duration of erection of the patients at admission was 13.2 (5–72 hrs) hours. Thirty one patients responded to intracavernous aspiration, and intracavernosal adrenaline injection. For refractory cases (n = 9), saphenocavernous shunt (n = 3), Winter shunt (n = 3), and T shunt (n = 1) were applied. Medical tumescence was achieved in one patient with sickle-cell anemia using medical drug treatment. At postoperative 1. months, it was observed that 4 of 5 patients who had undergone proximal shunt procedure preserved their erectile function, while the remaining patient developed erectile dysfunction. Characteristic features of the patients who had undergone shunt operation are seen in Table 1.

Conclusion: Etiologic factors, and duration of erection are very important in the successful treatment of priapism. The patients usually respond to conservative treatment. Proximal shunt procedures are effective in the preservation of erectile function. Long-term monitorization of the patients is important so as to determine potential complications.

Policy of full disclosure: None

P-01-038

OUTCOMES OF PERINEAL URETHROSTOMY IN PATIENTS WITH COMPLEX ANTERIOR URETHRAL STRICTURES

Gvasalia, B.¹; Kochetov, A.²; Parsbin, V.²; Abramov, R.²

¹Central Military Hospital, Urology, Moscow Region, Russia; ²Central Military Hospital, Moscow Region, Russia

Objective: To evaluate clinical outcomes and quality of life after perineal urethrostomy in patients with complex anterior urethral strictures.

Methods: We reviewed data of 79 patients (median age 62 years) who underwent perineal urethrostomy (from 2004 to 2010) for a complex anterior urethral stricture. During the perineostomy we used flap urethroplasty technique. Quality of life score (QOL) was used to evaluate patient quality of life and satisfaction.

Results: Etiology of stricture in 16.1% cases was lichen sclerosus, in 5.4% cases – traumatic injury, in 4.9% cases – infection, in 19.2% patients – failed surgery for hypospadias, in 10.1% instrumentation and in other cases etiology was unknown (44.3%). The mean stricture length was 7.1 cm. Median followup after perineostomy was 42 months. 64 (81%) patients had satisfactory clinical outcomes and 56(71%) had improvement in their quality of life (QOL) score after perineal urethrostomy. 42 (53%) patients decline further urethral reconstruction.

Conclusion: Perineal urethrostomy can be performed as a temporary or definitive measure in patients with complex anterior urethral strictures.

Policy of full disclosure: None

P-01-039

COMPARATIVE EFFICACY OF SILICONE-BASED AND SILVER IMPREGNATED URINARY CATHETERS IN THE PREVENTION OF NOSOCOMIAL URINARY TRACT INFECTIONS AFTER RECONSTRUCTIVE URETHROPLASTY

Gvasalia, B.¹; Gvasalia, B.¹; Kocbetov, A.²; Abramov, R.²

¹Central Military Hospital, Urology, Moscow Region, Russia; ²Central Military Hospital, Moscow Region, Russia

Objective: To evaluate the efficacy of silicone-based, silver ion-impregnated urinary catheters in the prevention of nosocomial urinary tract infections after reconstructive urethroplasty.

Methods: Prospective, crossover study to compare the efficacy of a silicone-based, silver-impregnated Foley catheter with that of a silicone-based catheter in the prevention of NUTIs.

Results: A total of 132 patients after urethroplasty were evaluated; 54 (41%) of the catheters were silver impregnated, and 78 (59%) were not silver impregnated. The rate of NUTIs was 9.3 in the silver catheter group, compared with 10.3 in the nonsilver catheter group. The median length of catheterization prior to the onset of a urinary tract infection was 4 days for each group. There were no differences in the recovery of gram-positive, gram-negative organisms in NUTIs.

Conclusion: Unlike previous trials of latex-based, silver ion-impregnated Foley catheters, we found that silicone-based, silver impregnated Foley catheters were not effective in preventing NUTIs after reconstructive urethroplasty. Prospective trials remain important in assessing the efficacy and cost-effectiveness of silver-coated products.

Policy of full disclosure: None

P-01-040

WHICH SKIN GRAFTS USE TREATMENT PARAFINOMA?

Mai Ba Tien, D.¹

¹BINH DAN Hospital, Andrology, Ho Chi Minh City, Viet Nam

Objective: Evaluate the effectiveness of the scrotal skin flap and skin graft thin cover penile for the treatment parafinoma.

Methods: Case series.

Results: From 1/2011 to 5/2013. Conducted at Andrology Department – Binh Dan Hospital. Number of patients: 27 cases. All cases parafinoma are done by people without medical specialties. We treated 25 cases with entire block silicone penis, 2 cases of skin necrosis entire penis and scrotum skin. Scrotal skin flap is applied to cases of penile skin lesions only; we only applied for 25 case penis skin lesions, results: penile skin resilient, patient satisfaction and not recognized erectile dysfunction, however, the mean duration of 152.08 days, and patients must undergo surgery twice. Thin skin graft covering the penis, using thin flap of skin covering the penis in the thigh, we use this method for 2 cases with necrosis entire penis and scrotum skin. Results: penis skin elastic but no structure under the skin and scarring on the inside of the thigh, a case hypertrophy scars, day treatment period 13.5 and not record erectile dysfunction.

Conclusion: Scrotal skin flaps and skin grafts thin are covered penis and had elastic penis skin. Scrotal skin flap structure helps patients having more physiology than thin skin covering the penis.

Policy of full disclosure: None



P-01-041

THE INFRAPUBIC TESTIS TRANSPOSITION: A NEW SURGICAL APPROACH TO MANAGE THE BILATERAL TESTICULAR HYPOTROPHY

Timpano, M.¹; Falcone, M.²; Rolle, L.¹; Ceruti, C.¹; Sedigh, O.¹; Preto, M.¹; Frea, B.¹

¹University of Turin, Italy; ²University of Turin, Urology, Italy

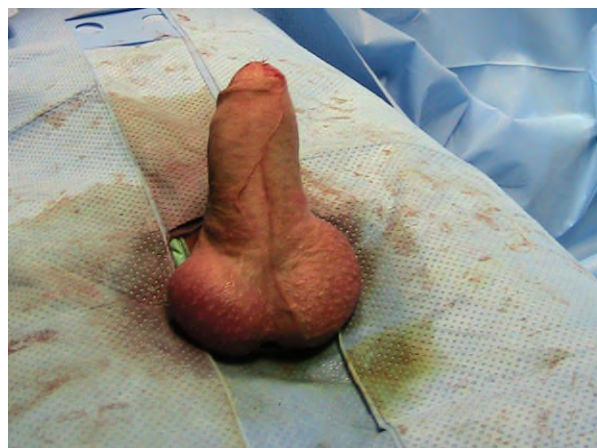
Objective: Any congenital or acquired condition which adversely affects the size and the appearance of the external genitalia can lead to a significant psychosexual repercussion. The bilateral testicular hypotrophy can have a strong ripercussion on the patient's quality of life. Few surgical procedure have been proposed to increase the volume of the scrotum. We propose an original surgical procedure to manage this problem: The Infrapubic testis transposition.

Methods: Two patients, aged respectively 21 and 29 years old affected by a non-mosaic Klinefelter's Syndrome came to our observation complaining an important bilateral testicular atrophy with strong psychosexual repercussion and infertility. A preoperative spemiogram confirmed an azoospermia. The endocrinological function of the testis was assessed and resulted preserved in both our patients. A bilateral microTESE with a suprapubic V access was performed. Furthermore a transposition of the right testis in the contralateral scrotum was performed through the same incision. Moreover a testicular prosthesis was fitted in the right empty hemiscrotum. Finally, an Y inverted lengthening cutaneous plastic was performed.

Results: No major intraoperative or postoperative complication were recorded. The procedures were performed in one-night surgery. The mean follow-up is 10 months. Both testicles resulted trofic after the procedure. Their endocrinological function have been preserved postoperatively. In both our patients an azoospermia with an histological Sertoli Cell Only Syndrome was diagnosticated. All the patients resulted completely satisfied by the surgical procedure and referred to be more self-confident postoperatively.

Conclusion: The infrapubic testicular transposition results a safe technique with excellent functional and esthetic results addressed to the patients claiming a bilateral testicular hypotrophy. These technique is costeffective and well tolerated by the patients. Moreover it preserves the endocrinological function of the testicles. The results of this preliminary report should be validate through larger multicenter prospective study.

Policy of full disclosure: None



P-01-042

LICHEN SCLEROSUS AFTER MALE TO FEMALE PENILE INVERSION VAGINOPLASTY

Stojanovic, B.¹; Bizic, M.¹; Kojovic, V.¹; Majstorovic, M.¹; Korac, G.¹; Djordjevic, M.²

¹University of Belgrade, Serbia; ²University of Belgrade, Dept of Urology, Serbia

Objective: Lichen sclerosis is a chronic cutaneous disorder with predilection for genital skin. In women, lichen sclerosis presents as vulvar discomfort, pruritus, bruising/bleeding, discharge, dysuria, or painful defecation. Diagnosis and treatment of lichen sclerosis is of utmost importance in the prevention of complications such as scarring, adhesions, atrophy, or long-term sexual dysfunction. We present two transwomen who developed vulvar lichen sclerosis following penile skin inversion vaginoplasty.

Methods: From September 2011 to March 2013, two patients were treated for vulvar lichen sclerosis developed after 26 and 37 months, respectively, following male to female gender reassignment surgery. The age at diagnosis was 53 years and 57 years, respectively. There was no data about presence of the disease at the time of sex reassignment surgery. The main symptoms were dry and itchy skin of the vulvar region, labial adhesions, painful sexual intercourse with consequential bleeding and problems during voiding. Use of topical corticosteroids resulted in some improvement in the early period, but it was not effective as a curative treatment of the disease. Surgery included excision of affected skin and new vulvoplasty. Buccal mucosa grafts and urethral flaps were used for the prevention of new skin adhesions and vulvar closure.

Results: Biopsy specimens confirmed lichen sclerosis in both patients. In the follow-up of 6 and 19 months, respectively, good esthetical and functional result was achieved in both patients. They were advised to apply dilation of the vaginal introitus and repeated topical corticosteroid treatment.

Conclusion: This is the one of the rare series to describe the vulvar lichen sclerosis in transwomen after sex reassignment surgery. Our results represent new information that might help shed some light on this rare condition. Long-term follow-up of these patients is recommended to prevent recurrence of the disease.

Policy of full disclosure: None

P-01-043

PREMATURE EJACULATION: DIFFERENT TREATMENTS, DIFFERENT RESULTS

Carlos, S. M.¹; Ana Rosa, J.²; M^a José, T.³; Froilán, S.⁴

¹CIPSA Santander, Sexology, Spain; ²European Institute of Sexology, Marbella (Málaga), Spain; ³Centro de Salud La Cañada, Almería, Spain; ⁴Centro de Salud Xàtiva, Xàtiva (Valencia), Spain

Objective: Describe the different results obtained with various therapeutic resources in a sample of patients with premature ejaculation (PE).

Methods: Observational, descriptive, single-centre study of male patients with PE seeking consultation at Sexual Medicine clinics between 2006 and 2013. Variables analysed were the type of treatment used and the results obtained: therapeutic discharge, favourable progress, dropout and failure. Analysis was performed using the SPSS 15.0 program.

Results: 106 patients with PE were treated: 20% with sexual therapy (Group A), 14% with drugs alone (Group B) and 67% with combined therapy (drugs and sexual therapy) (Group C). The rate of therapeutic discharges was 67, 29 and 72% in groups A, B and C, respectively. The favourable progress rate was 10, 36 and 20%, respectively; the dropout rate was 9, 21 and 5%, respectively, and the rate of failures were 14, 14 and 3%.

Conclusion: In the sample of patients with PE therapeutic success rates (discharge or favourable progress) were higher with combination therapy. The dropout and failure rates were lower with combination therapy. Drug treatment alone had higher dropout rates, all of which is consistent with the results obtained in other samples studied.

Policy of full disclosure: None

P-01-044

SEXUAL PROBLEMS IN PATIENTS WITH LONG TERM DJ STENT INSERTED IN RELATED TO THE URETERAL STONE

Karaköse, A.¹; Aydogdu, Ö.²; Atesçi, Y. Z.²

¹Izmir University School of Med, Department of Urology, Turkey; ²Izmir University School of Med, Turkey

Objective: To evaluate the sexual problems in patients who were operated and a DJ stent was inserted in related to the ureteral stone.

Methods: The data of 37 male patients had no previous sexual problems with ureteral stone underwent endoscopic ureteral stone surgery with a DJ stent insertion were retrospectively evaluated. All DJ stents were removed after 3 month. We interviewed the patients to determine the sexual problems related to the DJ stent by full form of IIEF 15 questionnaire 3 months after during DJ stent removal.

Results: The mean age was 39.7 ± 6.2 years. The sexual problems related to the DJ stent contained 1 (2.7%) erectile dysfunction, 5 (13.5%) decreased intercourse satisfaction, 8 (21.6%) decreased overall satisfaction, 10 (27%) painful ejaculation, 11 (29.7%) decreased sexual desire and 2 (5.4%) orgasmic dysfunction.

Conclusion: In our study showed that surgical stone disease stress and the negative impact of DJ stent on the quality of life increased the sexual problems in patients with long term DJ stent inserted.

Policy of full disclosure: None

P-01-045

LIFELONG PREMATURE EJACULATION LESS THAN ONE-MINUTE INTRAVAGINAL EJACULATION LATENCY TIME

Kim, J. Y.¹¹Philip and Paul Medical Inst, Urology, Kyunggido, Republic of Korea

Objective: This study aims to analyze sexual activity patterns and the results of clinical laboratory studies of the patients with lifelong premature ejaculation of less than 1 minute IELT.

Methods: The subjects were those who ejaculated within 1 minute, did not have any other disease history, and no other sexual dysfunction. In this study, their sexual activity patterns were researched, penile sensitivity test, blood test, and prostatitis test were conducted.

Results: The number of subjects were 122. The threshold of biothesiometry was 5.1 ± 1.6 and 32(26.2 %) of them showed less than 4 threshold level. All were normal in the prostatitis test. Their thyroid hormone levels were T3 1.1 ± 0.3 ng/ml, and T4 8.3 ± 1.7 μ g, respectively. 6(4.9%) of them showed hypothyroidism while 3(2.5%) of them showed hyperthyroidism. The level of total testosterone and free testosterone was 514 ± 193 ng/dl and 12.6 ± 5.2 pg/ml, respectively. 4(3.3%) of them had increased level of testosterone. Their leptine level was 3.9 ± 3.9 ng/mL and 75.5% of the subjects showed prolongation of the ejaculatory latency after using anesthetic cream. As for the question about the reason of their premature ejaculation, 54.5% responded that it was due to penile hypersensitivity.

Conclusion: In case of consulting the patients with lifelong premature ejaculation of less than 1minute IELT, it may be considered to take thyroid function test, testosterone hormone test and biothesiometry as a selective test. As for treatment, along with the generally-used drug therapy such as SSRIs and behavioral therapy, it is recommended to use penile sensitivity approach.

Policy of full disclosure: None

P-01-046

PRIMARY PREMATURE EJACULATION THAT ALWAYS OCCURS WITHIN 10 SECONDS

Kim, J. Y.¹¹Philip and Paul Medical Inst, Urology, Kyunggido, Republic of Korea

Objective: Few clinical researches has been done on lifelong premature ejaculation that ejaculates before or immediate after the insertion. This study reports clinical characteristics of the patients who have severe lifelong premature ejaculation.

Methods: The subjects were those who repeated ejaculation before or immediate after (less than 10 seconds) the insertion. Their sexual behavioral patterns were researched, penile sensitivity test, blood test, and prostatitis test.

Results: The study was conducted on 39 patients. The threshold of biothesiometry was 4.75 ± 1.2 and 14(36.8%) of them showed less than 4. In the prostatitis test, they were all turned out to be negative. The average PSA was 0.93 ng/ml. Their thyroid hormone levels were T3 1.2 ± 0.2 ng/ml, and T4 8.2 ± 1.3 #/dl. 1(2.6%) showed hypothyroidism while 1(2.6%) showed hyperthyroidism. The total testosterone and free testosterone were 489 ± 132 ng/dl and 12.7 ± 4.7 pg/ml. 1(2.6%) of them showed increase in testosterone. The leptine was 3.1 ± 1.98 ng/mL. 73.7% of the patient responded that they had prolongation of the ejaculatory latency after applying anesthetic cream. On the question asking What do you think of the reason of your premature ejaculation?, 55% responded to penile hypersensitivity.

Conclusion: Though the patients group was small in number, this study was meaningful for reference in treating patients with very severe premature ejaculation. Not only the neurobiological access using SSRIs drug, but also the method to decrease penile sensitivity can be considered for treating the patients with severe premature ejaculation.

Policy of full disclosure: None

P-01-047

IMPROVEMENT IN SEXUAL FUNCTION AND FERTILITY IN PATIENTS WITH EJACULATORY DISORDERS

Knigavko, O.¹; Lesovoy, V.²; Arkatov, A.²¹Kharkov National Medical University, Urology, Nephrology and Andrology, Ukraine; ²Kharkov National Medical unive, Ukraine

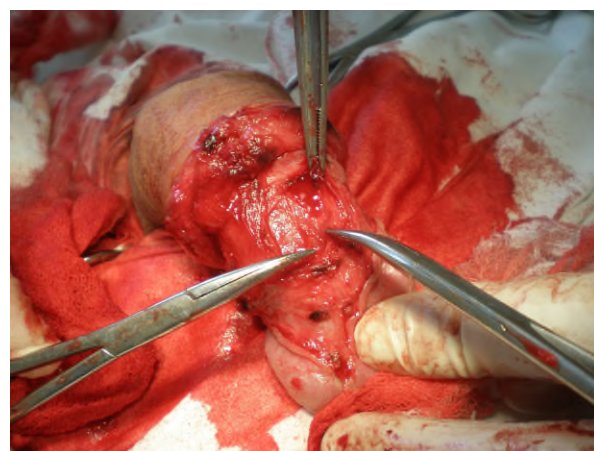
Objective: Ejaculatory disorders occupy a significant place sexual disharmony couple and are the most common physiological cause of divorce. Among the most common disorders release: the syndrome of premature ejaculation (SPE), retrograde ejaculation (ER) and anorgasmia.

Methods: On the basis of the Kharkiv Regional Clinical Center of Urology and Nephrology conducted a comprehensive examination and treatment of 287 patients suffering from various forms of ejaculatory disorders.

Results: According to the prevailing factor SPE was made the appropriate treatment in the groups with the following efficiency (% of patients satisfied sexual life after treatment): 1. In the presence of infectious and inflammatory diseases – the treatment of these infections (83 %), including with the use of minimally invasive procedures (91.4 %) 2. Mild SPE without infections and neurological problems – local- anesthetic and behavioral therapy (87.6 %). 3. In the presence of autonomic and / or neuropsychiatric dysfunction – the use of SSRIs for a period of 4–8 months (81.3 %). 4. With moderate and severe degrees of SPE without neurological factors and failure of behavior therapy underwent surgical treatment (selective, dorsal neyrotomy, injection of hyaluronic acid gel) – 96.2 % In the treatment of RE patients were divided into 2 groups, depending on the cause of RE (functional or anatomical type). In the group of 9 patients with anorgasmia after radical prostatectomy was performed earlier (within 2 months of surgery) endofaloprosthesis with possible early (up to 6 months), the resumption of sexual activity.

Conclusion: 1. The use of this diagnostic algorithm allows to achieve high outcomes (81,3–96,2%) treatment of SPE. 2. With moderate and severe degrees of SPE without neurological factors, we recommend early surgery (neyrotomia selective, partial dorsal neyrotomia, the introduction of hyaluronic acid gel under the bridle) – Effective – 96.2%. 3. When SPE caused by chronic obstructive prostatovesiculitis is highly effected transurethral catheterization and dilatation of the ejaculatory ducts, followed procesing seed mound 2% solution of colloid silver (91.4%). 4. In the presence of retrograde ejaculation functional genesis recommended lifting simpatholytics appointment or sympathomimetic, as well as antidepressants (imipramine). 5. In retrograde ejaculation anatomical origin shows the introduction of non-absorbable gel in the posterior segments of the prostatic urethra. 6. Early (within 2 months) endofaloprosthesis significantly at 2, 74 times reduces the incidence of anorgasmia after radical prostatectomy.

Policy of full disclosure: None



P-01-048

SERTRALINE IN NON INFECTIOUS URETHRAL DISCHARGE

Köse, O.¹; Salam, H.²; Kumsar, T.²; Budak, S.²; Adsan, O.²¹Sakarya University, Urology, Turkey; ²Sakarya University, Turkey

Objective: Urethritis is a common venereal disease and characterized by urethral discharge. Although rare, noninfectious urethral discharge is also seen and it is not dwelled on its etiology and treatment. Efficacy of sertraline (50 mg) was investigated in the patients with urethral discharge without urethritis.

Methods: In September 2011-June 2013, 55 patients, who had not history for urethritis but defined urethral discharge with valsalva or at the end of micturition or during defecation, were included in the study. Mean age of the patients was 28.5 ± 4.3 years. Sedimentation of the first urine and urethral smear were microscopically analyzed to eliminate infectious urethral discharge. Patients were questioned for frequency of coitus, premature ejaculation and erectile dysfunction. Presence of lower urinary system symptoms was questioned using IPSS. Sertraline 50 mg was given to 55 patients with noninfectious urethral discharge. Patients were called for follow-up visits on the 20th and 45th day of treatment.

Results: None of the patients defined erectile dysfunction. Married and sexually active 47 patients, of whom coitus frequency was 2–3, had the complaint of premature ejaculation in addition to urethral discharge. Urethral discharge disappeared in these patients at the end of treatment; besides, premature ejaculation reduced to a satisfactory level. Eight patients had no regular sexual intercourse. Urethral discharge disappeared in these patients.

Conclusion: Non-infectious urethral discharge may be accompanying symptom of premature ejaculation, which is likely to cause obsession in the patients. Usually masturbation is recommended for these patients. Sertraline is considered as a more scientific therapy method instead of above-mentioned empirical therapy.

Policy of full disclosure: None

P-01-049

ASSOCIATIONS BETWEEN PREMATURE EJACULATION, LOWER URINARY TRACT SYMPTOMS AND ERECTILE DYSFUNCTION IN MIDDLE AGED KOREAN POLICEMEN

Lee, J. H.¹¹National Police Hospital, Department of Urology, Seoul, Republic of Korea

Objective: There is controversy concerning the relationship between premature ejaculation (PE) and erectile dysfunction (ED), as well as the scan data regarding the association between PE and lower urinary tract symptoms (LUTS). We performed this study to evaluate the association between PE and ED or LUTS.

Methods: A total of 2591 policemen aged 40–59 years who had participated in a health examination were included in this study. PE, LUTS and ED were evaluated using the premature ejaculatory diagnostic tool (PEDT), the international prostate symptoms score (IPSS) and the international index of erectile function questionnaire-5 (IIEF), respectively. Males with PEDT scores >10 were classified as having PE. Spearman's correlation test, the multiple linear regression test and logistic regression analyses were used to evaluate the relationship between PE and ED or LUTS.

Results: The median age of the study group was 49.0 years and the median PEDT, IIEF and IPSS was 4, 18 and 9, respectively. By univariate analysis, PEDT showed a significant correlation with IPSS ($r = .310$, $P < .001$) and IIEF ($r = -.413$, $P < .001$). After adjusting for age, components of metabolic syndrome, testosterone and IIEF,

PEDT was significantly correlated with IPSS (Beta = .166, $P < .001$). PEDT was also significantly correlated with IIEF after adjusting for age, components of metabolic syndrome, testosterone and IPSS (Beta = -.274, $P < .001$). Additionally, the severity of LUTS or ED was associated with the PE positive ratio (P trend = .001) (PE; positive ratio (%) according to LUTS severity: mild, 15.6; moderate, 27.5; severe 48.9) (PE; positive ratio (%) according to ED severity: normal, 11.1; mild, 23.1; mild to moderate: 28.5; moderate, 45.6; severe, 51.5). The odds ratio (OR) for PE also significantly increased with the severity of LUTS or ED after adjusting for potential confounding factors.

Conclusion: In this study, ED and LUTS were significantly and independently correlated with PE.

Policy of full disclosure: None

P-01-050

CAN THE PERFORMER OF THE CIRCUMCISION BE A RISK FACTOR IN PREMATURE EJACULATION?

Telli, O.¹; Karakan, T.¹; Kabar, M.¹; Karagöz, M. A.¹; Demirbas, A.¹; Eroglu, M.¹¹Ankara Training and Research H, Turkey

Objective: To determine the relationship between postcircumcisional mucosal cuff length due to performer of circumcision and premature ejaculation (PE).

Methods: 180 circumcised men were enrolled in the study, including 60 men with PE circumcision performed by doctors (Group1), 60 men with PE circumcision performed by except than doctors (Group 2) and 60 men without PE. Age, circumcision age, education, smoking, penile, mucosal cuff, penile skin lengths, Intravaginal Ejaculation Latency Time (IELT) were considered for analysis.

Results: The mean age of study group was 32.7 ± 10.4 (range 24–56). The mean of IELT was 0.6 ± 0.1 minutes (min) in group 1; 0.5 ± 0.1 min in Group 2 and 4.3 ± 0.3 min in healthy group. The mean of penis length was 123.2 ± 12.8 mm in group 1; 124.6 ± 11.7 mm in group 2 and 124.8 ± 13.4 mm in healthy group. The mean of penile mucosa was 11.7 ± 1.7 mm in group 1; 14.8 ± 3.1 mm in group 2 and 12.8 ± 3.1 mm in healthy group. There was no statistically difference between three groups regarding the length of the penile mucosal cuff ($p = 0.89$). Patients circumcised by doctors in group 1 had significantly shorter postcircumcisional mucosal cuff length than group 2 circumcised by except than doctors ($p = 0.42$) but there was no statistically difference in IELT between group 1 and group 2.

Conclusion: The result of this study is circumcisions performed by doctors have shorter mucosal cuff but the length of mucosa is not a risk factor in premature ejaculation.

Policy of full disclosure: None

P-01-051

TWO CLINICAL CASES OF SUCCESSFUL TREATMENT FOR DEBUTANTE FORM OF LIFELONG DELAYED EJACULATION

Marshania, Z.¹¹Georgian Society for Sexual Medicine, Scientific Council, Tbilisi, Georgian

Objective: The purpose of our study is to demonstrate successful results of treatment for two men with one of the rarest and most severe ejaculation disorder which is extremely difficult to treat.

Methods: Two clinical cases of Lifelong Delayed Ejaculation in two married men (47 and 27 years – old) with retarded psycho sexual development were observed. After complete clinical-laboratory examination the patients were diagnosed a debutante form of Lifelong Delayed Ejaculation caused by retardation of psycho sexual development. Both married couples have undergone treatment in the various forms of psychotherapy and sex-therapy with the purpose to #model# relevant psycho-sexual development process, when the patients, under the supervision of sexologist will once again undergo various #missed# stages of psycho-sexual development.

Results: after several months of treatment, for the first time in their life both patients performed sexual intercourse with their wives having vaginal penetration and both patients achieved ejaculation. Today the patients do not have any problems in sexual life.

Conclusion: Debutante form of Lifelong Delayed Ejaculation is an extremely severe form of sexual dysfunction, which often has unreliable prediction of treatment. Men with the above-mentioned sexual dysfunction start sexual life late. Most of them have their sexual attraction stopped at an erotic libido stage. Complex psychological and special sexual examination of the patient is essential for the correct diagnosis. Psychotherapy and sex-therapy are the main methods of treatment. In the process of treatment the decisive factor is existence of a friendly female sexual partner, as well as an adequate output and strengthening of sexual behavior stereotypes, to recover “missed” stages of male’s deformed psycho sexual development. Both above-mentioned clinical cases show that despite great difficulties, it is quite possible to cure successfully men who have debutante forms of lifelong delayed ejaculation.

Policy of full disclosure: None

P-01-052

DELAYED EJACULATION AND SEXUAL CONFLICTS IN A HEALTHY 40 YEARS OLD MAN

Trotta, D.¹; De Maio, G.²; Crudele, A.²; Cleffi, L.²; Di Marco, A.²; Arduino, E.²; Strepetova, T.²¹Associazione di Clinica e, Terapia in Sessuologia, Salerno, Italy; ²ACTS and ISA, Salerno, Italy

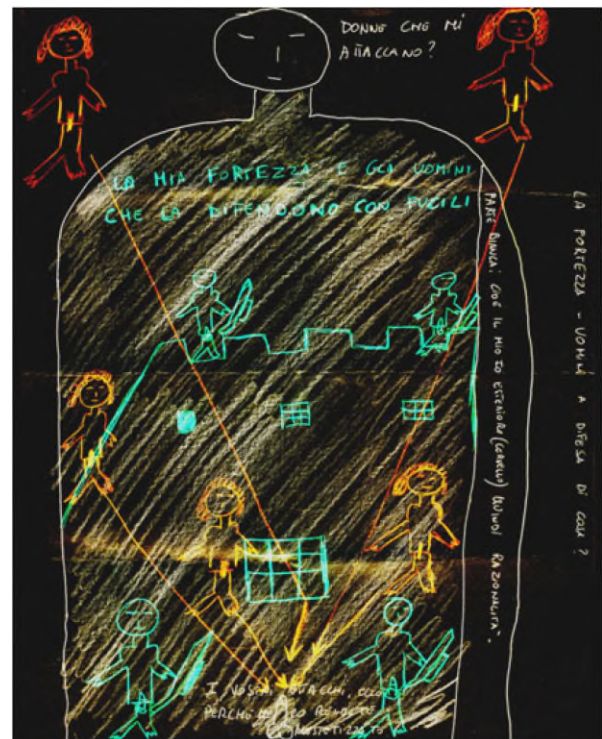
Objective: Delayed ejaculation is not always caused by medical diseases or drug use and abuse. Psychological reasons have also to be taken in consideration in cases with no evidence of a biological condition. Our objective is to present a clinical example of delayed ejaculation and to relate it to a specific sexual conflict.

Methods: The patient is investigated from the biological as well the psychosexual point of view. Hormones profile, genital anatomical and functional investigation are conducted. The history of the sexual behavior of the patient is confronted with his imaginative world as expressed by his sexual fantasies and dreams.

Results: Emotional problems and sexual conflicts that interfere with the ability to ejaculate are expressed in original drawings made by the patient.

Conclusion: The case illustrates a correlation between a condition of delayed ejaculation and a disturbed eroticism.

Policy of full disclosure: None



P-01-053

HOW TO REDUCE EXPOSURE TO RADIATION FOR PATIENT AND MEDICAL STAFF? – PARADIGM SHIFT FROM CYSTOGRAM TO TRANSRECTAL ULTRASOUND IN THE EVALUATION OF THE VESICourethRAL ANASTOMOSIS AFTER RADICAL PROSTATECTOMY

Bannowsky, A.¹; Ückert, S.²; Jünemann, K.-P.³; van Ahlen, H.⁴¹Klinikum Osnabrück, Dept. of Urology, Germany; ²Hannover Medical School, Germany; ³University Hospital Kiel, Germany; ⁴Klinikum Osnabrück, Germany

Objective: Evaluation of the vesicourethral anastomosis after radical prostatectomy (RP) in prostate cancer is usually performed by cystography (CG). The transrectal ultrasound (TRUS) is mainly utilized for anatomical information or local staging. In a prospective, two-institutional study we compared TRUS with CG after RP in the evaluation of the vesicourethral anastomosis.

Methods: In 212 patients the vesicourethral anastomosis was evaluated by TRUS (7 MHz) followed immediately by CG on day 7–14 after RP. Sonographically all patients were evaluated for hematomas, lymphoceles and leakage of the anastomosis, controlled by irrigation (100–120 ml 0.9% saline solution) during real time TRUS examination. All TRUS and “x-ray” findings, duration of the examination and dose of radiation were separately documented and compared.

Results: 52 of the 212 patients (24.5%) showed an extravasation. In 39 cases (18.4%) this was seen by cystography and TRUS. 9 patients (4.2%) with leakage were identified only by TRUS without radiographic correlation. The topographic localisation of the leakage was in 94% the dorsal part of the anastomosis. In 12 cases (5.6%) hematomas were identified only by TRUS without any correlation in the CG, 5 in continuity with the anastomosis were responsible for a persisting hematuria and 2 were the cause for temporary bladder outlet obstruction. The source for bladder impressions due to paravesical lymphoceles could be

identified by TRUS in 10 cases (4.7%). The duration of examination differed significantly with 5.4 minutes for TRUS vs. 8.7 minutes for CG. No significant differences existed between the two institutions.

Conclusion: In the evaluation of the anastomosis after RP the TRUS shows the same efficiency as the CG. The radiation exposition for the medical staff and patient can be reduced by using TRUS. Due to the good results the TRUS replaced the CG at the two institutions participated in this study.

Policy of full disclosure: None

P-01-054

AN ANALYSIS OF THE INFLUENCES OF BIVAP SALINE VAPORIZATION OF THE PROSTATE ON SEXUAL FUNCTION IN PATIENTS WITH BENIGN PROSTATIC OBSTRUCTION

Karaköse, A.¹; Aydogdu, Ö.²; Ateşçi, Y. Z.²

¹Izmir University School of Medicine, Department of Urology, Turkey;

²Izmir University School of Medicine, Turkey

Objective: To evaluate the influences of BiVap saline vaporization of the prostate on sexual function in patients with benign prostatic obstruction (BPO).

Methods: Ninety six patients who underwent TURP with BiVap system for BPO and with available data during the 1 year postoperative follow-up period were included in the study. All patients were evaluated at the postoperative 1st, 3rd, 6th and 12th month and preoperative values of International Index of Erectile Function (IIEF) 15 were compared. Statistical analyses were performed with SPSS version 18. A p value <0.05 was considered significant.

Results: Mean age of the patients was 65.6 ± 7.5 (50–82) years. Although total IIEF, IIEF-EF, and IIEF-OS scores were lower at the postoperative 1st month when compared to preoperative period, this was not statistically significant. A statistically significant decrease was noted for IIEF-IS, IIEF-OF, and IIEF-SD at postoperative 1st month when compared to preoperative values. Total IIEF and subgroup scores improved to their preoperative levels by the postoperative 3rd month. This improvement was maintained at 12 months and was non-significant compared with the preoperative IIEF scores. Preoperative and postoperative follow-up outcomes of patients were summarized table 1.

Conclusion: In our study showed that TURP with BiVap system for BPO did not adversely affect sexual function.

Policy of full disclosure: None

Table 1. Preoperative and postoperative follow-up outcomes of patients

IIEF (Total)	48.16±12.53	42.24±11.32	49.25±14.42	48.76±13.54	47.54±12.42
IIEF-EF	22.18±5.76	18.53±4.91	21.32±4.91	21.89±5.63	22.75±6.18
IIEF-IS	9.85±2.51	4.7±1.31	9.12±1.73	9.48±2.46	9.36±2.03
IIEF-OF	6.46±2.05	3.21±0.80	5.18±1.62	6.01±1.68	6.31±1.47
IIEF-SD	5.79±1.76	3.14±0.72	6.35±2.14	5.87±1.36	6.15±1.93
IIEF-OS	5.23±2.01	4.18±1.73	4.79±2.28	4.94±2.43	5.19±2.17

p>0.05 for IIEF (Total), IIEF-EF, and IIEF-OS.

Independent sample t test: p<0.05 for IIEF-IS, IIEF-OF, and IIEF-SD (when compared between preoperative and postoperative 1st month)

P-01-055

METABOLIC SYNDROME AND PROSTATE ABNORMALITIES IN MALE SUBJECTS OF INFERTILE COUPLES

Lotti, F.¹; Corona, G.²; Vignozzi, L.²; Rossi, M.²; Maseroli, E.²; Cipriani, S.²; Gacci, M.²; Forti, G.²; Maggi, M.²

¹Sexual Medicine and Andrology, Clinical Physiopathology, Florence, Italy;

²Sexual Medicine and Andrology, Florence, Italy

Objective: To systematically evaluate the relationship between metabolic syndrome (MetS) and prostate-related symptoms and signs in young, infertile, men.

Methods: We studied 171 (36.5 ± 8.3 years) males of infertile couples. MetS was defined based on the National Cholesterol Education Program, Third Adult Treatment Panel. All men underwent hormonal (including total testosterone [TT] and insulin), seminal (including interleukin 8, sIL-8), scrotal and transrectal ultrasound evaluations. Because we have previously assessed correlations between MetS and scrotal parameters in a larger cohort of infertile men, here, we focused on transrectal features. Prostate-related symptoms were assessed using the National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) and the International Prostate Symptom Score (IPSS).

Results: 22 subjects fulfilled MetS criteria. In an age-adjusted logistic ordinal model, insulin levels increased as a function of MetS components (Wald = 29.5, $p < 0.0001$) and showed an inverse correlation with TT (adj.r = -0.359, $p < 0.0001$). No association between MetS and NIH-CPSI or IPSS scores was observed. In an age-, TT-, insulin-adjusted logistic ordinal model, an increase in number of MetS components correlated negatively with normal sperm morphology (Wald = 5.59, $p < 0.02$) and positively with sIL-8 levels (Wald = 4.32, $p < 0.05$), which is a marker of prostate inflammation, with prostate total and transitional zone volume assessed using ultrasound (Wald = 17.6 and 12.5, both $p < 0.0001$), with arterial peak systolic velocity (Wald = 9.57, $p = 0.002$), with texture non-homogeneity (HR = 1.87 [1.05–3.33], $p < 0.05$), with calcification size (Wald = 3.11, $p < 0.05$) but not with parameters of seminal vesicle size or function.

Conclusion: In males of infertile couples, MetS is positively associated with prostate enlargement, biochemical (sIL8) and ultrasound-derived signs of prostate inflammation but not with prostate-related symptoms, which suggests that MetS is a trigger for a subclinical, early-onset form of benign prostatic hyperplasia.

Policy of full disclosure: None

P-01-056

EVALUATION OF SHARED RISK FACTORS OF CHRONIC PROSTATITIS/CHRONIC PELVIC PAIN SYNDROME, ERECTILE DYSFUNCTION, LOWER URINARY TRACT SYMPTOMS AND METABOLIC SYNDROME IN SAUDI ARABIA

Abdallab, A.¹; Garaffa, G.²; Williamson, B.³; Muir, G.⁴; Badwan, A.⁵; Habous, M.⁵

¹elaj medical center, Urology, Madinah, Saudi Arabia; ²Whipps Cross University Hospit, London, United Kingdom; ³BSc (Hons) DHMSA Clinical Me, London, UK, United Kingdom; ⁴Consultant Urological Surgeon, Surrey RH4 1NT, UK, United Kingdom; ⁵elaj medical center, Jeda, Saudi Arabia

Objective: Chronic prostatitis/ chronic pelvic pain syndrome (CP/CPPS) may heavily affect patient's quality of life and may pose a diagnostic and treatment challenge. Potential risk factors of CP/CPPS and the possible association of this condition with the metabolic syndrome (MS) in Saudi patients are investigated.

Methods: In a prospective double controlled study a total of 280 patients who were diagnosed with CP/CPPS according to National institute of health NIH category (#) were included. Exclusion criteria included active urinary tract infection or sexually transmitted disease, urinary outlet obstruction, urological malignancy or lithiasis and

perianal fissure or abscess. Due to the high prevalence of MS in Saudi patients, the control group was formed by 83 patients matched by age who presented to the urology/andrology mainly for pre-marital check up. A thorough uro-andrological history as well as a baseline blood

pressure was taken during the assessment. Serum testosterone (TN), uric acid (UA) levels, glycated haemoglobin (HbA1c), Thyroid stimulating hormone (TSH) and lipid profiles were assessed in all patients. **Results:** The results are shown in table 1

hypertension	ED	LUTS	Tn	A1c	HDL	LDL	triglycerides	cholesterol	BMI	age	Group
12%	32%	21%	4,70	6,58	40,94	136,07	134,76	201,82	28,69	42,62	control
25%	48%	63%	4,31	6,95	42,06	127,67	164,65	201,35	31,06	44,92	CP/CPPS

Conclusion: These results suggest that CP/CPPS shares many risk factors with MS. The results of this series also confirms the strong association between ED, LUTS and MS and suggest that actively treating the risk factors of metabolic syndrome might have a beneficial effect in terms of symptoms in this difficult group of patients.

Policy of full disclosure: None

P-01-057

IS THE PRESENCE OF METABOLIC SYNDROME IMPORTANT FOR PREDICTING THE EFFICIENCY OF THE TREATMENTS OF DOKSAZOSIN 4 AND 8 MG

Keten, T.¹; Balci, M.²; Aslan, Y.¹; Guzel, O.¹; Balci, M.¹; Koseoglu, E.¹; Tuncel, A.¹; Atan, A.¹

¹Ankara Numune Hospital, Turkey; ²Ankara Numune Hospital, Urology, Turkey

Objective: To investigate the efficiencies of Doksazosin 4 mg and 8 mg that are used for lower urinary tract symptoms associated with benign prostate hyperplasia and the relationship between the presence of metabolic syndrome.

Methods: One hundred and seven patients with ranging ages between 45 and 83 were included in this study. Patients were divided into 2 groups as Group 1 (n=63) Doksazosin 4 mg and Group2 (n=44) Doksazosin 8 mg. AHA/NHLBI criteria were used for the diagnosis of MS. The first, third and sixth months IPSS, IIEF, Qmax and postvoiding residual volume (PVR) changes and relations with the presence of MS were investigated.

Results: The mean age was 59.7 ± 7.6 (p=0.283). In 35 (32.7%) patients MS was diagnosed. In both groups IPSS and PVR decreases were detected on the first, third and sixth months and an increase in Qmax (p<0.001). The changes in IIEF scores was not statistically significant (pIIEF=0.420). No statistically significant difference between the groups among IPSS, IIEF, Qmax and PVR changes (pIPSS=0.221, pIIEF=0.861, pQmax=0.566, pPVR=0.169). The results of the patients with and without MS were similar (p>0.05).

Conclusion: In the treatment of LUTS associated with BPH, Doksazosin 4 and 8 mg have similar effects. The MS presence does not effect the success of the treatment in these patients.

Policy of full disclosure: None

P-01-058

CLINICAL IMPLICATIONS OF MEASURING PROLACTIN LEVELS IN MALES OF INFERTILE COUPLES

Lotti, F.¹; Corona, G.²; Maseroli, E.²; Rossi, M.²; Silverii, A.²; Degl'Innocenti, S.²; Rastrelli, G.²; Forti, G.²; Maggi, M.²

¹Sexual Medicine and Andrology, Clinical Physiopathology, Florence, Italy; ²Sexual Medicine and Andrology, Florence, Italy

Objective: Although in females of infertile couples abnormal PRL has a definitive role in the medical flow-chart, its role in males is less clear. Animal models suggest that PRL does not play a major role in male reproduction, although its trophic action on male accessory glands was

often observed. Studies in humans are scanty. We systematically evaluated possible clinical and ultrasound correlates of PRL in males of infertile couples.

Methods: Out of 288 consecutive males of infertile couples, 269 (36.6 ± 4.4 years) without genetic abnormalities were studied. All men underwent physical, biochemical, seminal evaluation and scrotal and transrectal ultrasound before and after ejaculation. Ejaculatory and erectile functions were assessed by PEDT and IIEF-15, respectively; prostate-related symptoms by NIH-CPSI and IPSS; psychological symptoms by MHQ.

Results: In a logistic ordinal model, adjusting for the aforementioned confounders and ejaculate volume, PRL was negatively associated with delaying ejaculation according to PEDT#1 score (Wald = 4.65, p<0.05). No significant associations were found between PRL and other clinical parameters. Among semen parameters, only the positive association between PRL and ejaculate volume was significant, even adjusting for age, total testosterone and TSH (adj.r = 0.126, p<0.05). In an age- and ejaculate volume-adjusted, iterative binary logistic model, low PRL was associated with a five-fold risk of any failure in controlling ejaculation (HR = 5.15[1.15–23], p<0.05). Among scrotal and transrectal ultrasound features, we found a significant positive association between PRL and seminal vesicles (SV) volume and inhomogeneity, before and after ejaculation, and with deferential ampullas diameter. Associations with PRL were confirmed in nested 1:1 case-control analysis.

Conclusion: Low PRL is associated with a lessened ability to control ejaculation. For the first time, this study extends the concept of a trophic effect of PRL on male accessory glands from animals to humans. We report a positive association among PRL and ejaculate and SV volume, before and after ejaculation.

Policy of full disclosure: None

P-01-059

IMPACT OF PRENATAL SEX HORMONE ON ADULT LUNG FUNCTION: SECOND TO FOURTH DIGIT RATIO AND THE RELATIONSHIP WITH ADULT LUNG FUNCTION

Kim, T. B.¹; Ob, J. K.²; Kim, K. H.²; Yum, H.-K.³; Park, I.-N.³

¹Gachon University Gil Hospital, Urology, Incheon, Republic of Korea;

²Gachon University Gil Hospital, Incheon, Republic of Korea; ³Inje University Paik Hospital, Seoul, Republic of Korea

Objective: Sex and sex hormones play a major role in lung development and airway physiology. It has been proposed that the ratio of the 2nd to 4th digits (digit ratio) is correlated with fetal sex hormones. We therefore hypothesized that digit ratio might help predict lung function. We investigated the relationship between digit ratio and pulmonary function test (PFT) findings.

Methods: A total of 245 South Korean patients (162 male, 83 female) aged from 34 to 90 years who were hospitalized for urological surgery were prospectively enrolled. Before administering the PFTs, the lengths of the 2nd and 4th digits of the right hand were measured by a single investigator using a digital Vernier caliper.

Results: Age, height, and weight were not significantly correlated with digit ratio in both males and females. In males (N = 162), univariate

and multivariate analysis using linear regression models showed that digit ratio, along with age and height, was a significant predictive factor for forced vital capacity (FVC) and forced expiratory volume in 1 second (FEV1) (FVC: $r = 0.156$, $p = 0.047$; FEV1: $r = 0.160$, $p = 0.042$). In male ever-smokers ($N = 69$), lung functions (FVC and FEV1) were correlated with smoking exposure rather than digit ratio. In female never-smokers ($N = 83$), lung functions (FEV1 and FEV1/FVC ratio) were positively correlated with digit ratio on univariate analysis (FEV1: $r = 0.242$, $p = 0.027$; FEV1/FVC ratio: $r = 0.245$, $p = 0.026$).

Conclusion: Patients with lower digit ratios tend to have decreased lung function. The results suggest that digit ratio, along with smoking and increasing age, is a predictor of airway function and that the in utero milieu might impact adult lung function.

Policy of full disclosure: None

P-01-060

SEXUALITY OF 26-36-YEAR-OLD LITHUANIAN MEN WITH PROVEN EXCELLENT REPRODUCTIVE HEALTH

Matulevicius, V.¹; Ostrauskas, R.²; Preikša, R. T.²; Zilaitiene, B.²; Banisauskaitė, I.³; Matuleviciute, I.³; Jureviciute, J.³; Abramavicius, S.³; Urbanavicius, V.⁴; Verkauskienė, R.²

¹LUHS, Institute of Endocrinology, Kaunas, Lithuania; ²Institute of Endocrinology, Kaunas, Lithuania; ³LUHS, Kaunas, Lithuania; ⁴Center of Endocrinology, Vilnius, Lithuania

Objective: To investigate the sexual function of 26-36-year-old men from the general population of Lithuania, participants in 2003/2004 project “The reproductive function of Estonian, Latvian and Lithuanian Young men” (ELLY) with previously established good reproductive health.

Methods: Eighty 26-36-year-old men were recaptured from the list of participants of the ELLY study. Sexual function was assessed using European Male Ageing Study-Sexual Function Questionnaire, (EMAS-SFQ). 4 domains of sexual function resulted from 22 questions (3 calculated and 1 from a single question (masturbation)) describing the different aspects of sexual function: overall sexual function (OSF), sexual functioning distress (SFD), masturbation (M) and changes of sexual functioning (CSF). The statistical analysis was performed to evaluate the sexual function of ELLY and EMAS participants. Main Outcome Measures. The scores of sexual function of the ELLY men: OSF, SFD, M and CSF together with background sperm quality and hormonal results of 2003/2004 ELLY men.

Results: M (2.29 ± 1.94 , M \pm SD) in ELLY group was statistically significantly higher as compared with EMAS men of all the ages. OSF (21.37 ± 5.87), SFD (1.44 ± 1.94) and CSF (-0.30 ± 1.2) in ELLY men did not differ statistically significantly from the EMAS 40-49-year-old group. OSF was higher and SFD and CSF – lower in ELLY men than in all the other age groups of EMAS (50–59, 60–69, 70+). Sexual function of 26-36-year-old ELLY men were presented together with the sperm quality and hormonal investigation results, performed in 2003/2004 at age 18–25.

Conclusion: The masturbation score and overall sexual functioning of 26-36-year-old men with good reproductive health were high and sexual-function-related distress was low. Changes of sexual functioning during 1 year period were insignificant.

Policy of full disclosure: None

P-01-061

SEXUAL FUNCTION, QUALITY OF LIFE AND METABOLIC SYNDROME PARAMETERS IN 162 OBESE HYPOGONADAL MEN UNDER LONG-TERM TREATMENT WITH TESTOSTERONE UNDECANOATE

Saad, F.¹; Saad, F.¹; Doros, G.²; Traish, A.²; Yassin, A.³

¹Bayer Pharma AG, Global Medical Affairs, Berlin, Germany; ²Boston University, USA; ³Inst. for Urology & Andrology, Norderstedt, Germany

Objective: This study investigated effects of restoring testosterone in obese hypogonadal men.

Methods: 162 obese hypogonadal men (mean age: 59.79 ± 7.93 years) with ED received testosterone undecanoate injections 1000 mg/12 weeks for up to five years.

Results: Weight (kg) decreased from 107.9 ± 11.06 to 96.08 ± 9.51 ($p < 0.0001$). Mean change from baseline was 12.81 ± 0.49 kg. After five years, 95% of men had lost weight. The mean percentage weight loss was $11.57 \pm 0.42\%$. Waist circumference (cm) decreased from 111.86 ± 9.76 to 100.68 ± 9.3 by a mean of 10.49 ± 0.31 cm, BMI from 34.45 ± 3.18 to 30.66 ± 2.72 . These changes were statistically significant vs baseline ($p < 0.0001$). IIEF-EF improved from 7.35 ± 3.28 to 20.06 ± 6.32 . Quality of life measured by AMS improved from 55.54 ± 8.15 to 31.44 ± 5.52 . These increases were statistically significant vs baseline at all time points and for the first four years compared to the previous year. HbA1c decreased from 6.86 ± 1.31 to $5.69 \pm 0.69\%$. Total cholesterol declined from 266.66 ± 50.2 to 214.43 ± 40.25 mg/dl, LDL from 162.21 ± 26.51 to 124.97 ± 32.72 , triglycerides from 265.98 ± 81.78 to 206.64 ± 41.34 mg/dl ($p < 0.0001$ for all). HDL increased from 40.39 ± 13.14 to 56.26 ± 15.76 mg/dl. Systolic blood pressure decreased from 141.95 ± 13.02 to 123.71 ± 5.45 mmHg, diastolic blood pressure from 83.08 ± 10.27 to 78.41 ± 3.89 mmHg ($p < 0.0001$ for all).

Conclusion: TRT in obese hypogonadal progressively improved all components of the metabolic syndrome, erectile function and quality of life.

Policy of full disclosure: Farid Saad is a full-time employee of Bayer Pharma AG. Gheorghe Doros has received compensation for statistical analyses by Bayer Pharma AG. Aksam Yassin has received speakers' honoraria from Bayer Pharma AG, Ferring, and GSK, and travel grants from Teva. Abdulmage Traish declares no conflict of interest.

P-01-062

MALE ANDROGEN DEFICIT AND CHRONIC INFECTIONS AS FACTORS CHRONIC REPLACED UROLITHIASIS

Knigavko, O.¹; Lesovoy, V.²; Arkatov, A.²; Mamedov, M.³

¹Kharkov National Medical University, Urology, Nephrology and Androl, Ukraine; ²Kharkov National Medical unive, Ukraine; ³Donetsk State Medical University, Kharkov, Ukraine

Objective: Target of current research is to investigate the pathogenetic factors of CRU in patients without anatomic-physiological variations of urosexual path depending on their age. Anomalies of urosexual path, infravesical obstruction, damaged exchange of microelements, hormonal disbalans, hypopolyvitaminosis, heritaged problems, hypodynamia, living in endemic areas are the anatomic-physiological factors which traditionally contribute to appear of concretions. But some of European people who suffer from chronic replaced urolithiasis don't have such factors.

Methods: The study carried out on 349 patients with CRU in 2003–2013. All the patients were preceded to urine bacteriological investigation, besides the analysis for bacteria, Ureaplasma Urealitycum and other STI were taken out of urethra. The persons with pathogenic infections were cured with antibiotics according to sensitivity. Patients over 35 years old had sexual hormonal function investigation (testosterone, estradiol) and those who had decreased hormonal function (as

a rule over 50) were treated with hormonal substantive therapy. Correspondingly all patients were divided into two groups. Overall period of observance was 1–7 years.

Results: Among patients who suffered from urolithias without anatomic-physiological variations were found pathogenic infections in 91.6 % from the first group and 52.4% from the second group. *Ureaplasma Urealitycum* (74.3%), *Proteus Mirabilis* (13.4%) were diagnosed as mono and mix infections more commonly. Deleting stones and curing patients from these diseases in 87.5% followed to stop stones formation in future. 94% of second group patients had decreased sexual hormones status. So, in 58% cases hormone therapy prescription led to stop in stones formation.

Conclusion: 1. CRU ethiopathogenesis depends on the patients age 2. Before 50 years chronic infection (*Ureaplasma Urealitycum* in 74.3%) is the main CRU reason 3. After 50 years sexual hormones deficiency is the main CRU reason 4. Chronic infections treatment in the 1st group and substantive hormonal therapy in the 2nd one lead to stop in stones formation in 87.5% and 58% correspondingly.

Policy of full disclosure: None

P-01-063

THE INTEGRITY OF SOMATO-SENSITIVE VIA THROUGHT PUDENDE NERVE EVALUATING BY GENITO SENSORY ANALYZER

Alei, G.¹; Letizia, P.¹; letizia, P.²; Rossi, A.²; Alei, L.²; Conversi, A.²

¹Sapienza University of Rome, Surgery, Italy; ²Sapienza University of Rome, Italy

Objective: The GSA (Genito Sensory Analyzer) a new device for the direct knowledge measurements of autonomic failure in the penis. Neurogenic impotence currently is diagnosed by exclusion. Nerve fibers of similar morphology, that is small fibers, constitute the autonomic peripheral system and temperature sensitive peripheral system.

Methods: We perform the test with the GSA. The GSA is a precise, computer-controlled system capable of generating and recording sensory thresholds to highly repeatable warm, cold, heat-induced pain and cold-induced painful stimuli (for evaluation of small-caliber A delta and C fibers) and vibration (for evaluation of large calibre A – beta fibers). These psycho-physically derived thresholds deviate from normal in cases of disease or injury to the peripheral or central nervous system. We investigated 485 patients with a history of ED. We perform the GSA test, vibratory and thermal (warm and cold) thresholds were recorded at the glans penis, penile shaft and palmar thenar.

Results: The average of warm sensation thresholds on glans penis was 43,98°C, cold sensation 23,8°C, on the right penis shaft the average of the warm sensation was 43,01°C while the cold sensation was 22,65°C; more the left penis shaft had an average of cold sensation 22,82°C, warm sensation 42,6°C; on the left palmar thenar the average of warm sensation was 37,62°C, cold sensation 27,72°C; instead on the right palmar thenar the average of the warm sensation was 37,96°C while the average of the cold sensation was 27,32°C. The glans penis vibratory sensation had an average of 4 #.

Conclusion: Neurogenic male impotence can be evaluated successfully with the GSA as well, assisting in the differential diagnosis of neurogenic vs psychogenic impotence.

Policy of full disclosure: None

P-01-064

THE EFFECT OF INCREASING PATERNAL BODY MASS INDEX ON PREGNANCY AND LIVE BIRTH RATES IN COUPLES UNDERGOING INTRACYTOPLASMIC SPERM INJECTION

Umul, M.¹; Köse, S. A.²; Bilen, E.²; Altuncu, A. G.²; Oksay, T.²; Guney, M.²

¹Süleyman Demirel University, Department of Urology, Isparta, Turkey;

²Süleyman Demirel University, Isparta, Turkey

Objective: Obesity has major impacts on the quality of life, has socio-economic implications and projected to increase because of demographic changes. Our aim was to investigate the possible effect of paternal obesity on intra cytoplasmic sperm injection (ICSI) outcomes on the basis of clinical pregnancy outcomes.

Methods: A total of 177 ICSI cycles evaluated retrospectively. Anthropometric measurements of couples, referred to our infertility clinic and who underwent an ICSI cycle, have been evaluated. The study sample were divided into 3 groups with respect to paternal body mass index (BMI), as normal weight (BMI: 20–24.9), overweight (BMI: 25–29.9) and obese (BMI#30). Results of conventional semen analysis were also analysed. Clinical pregnancy data, including fertilization rate, implantation rate, clinical pregnancy rate and live birth rate, were evaluated. Live birth outcomes including the length of gestation, time of birth, number of infants, weight and gender of the infant were also analysed.

Results: Paternal obesity was a significant negative factor for sperm concentration and sperm motility (p = 0.03 and p = 0.01, respectively). A significant decrease of clinical pregnancy rate and live birth rate was associated with increased paternal BMI (p = 0.04 and p = 0.03, respectively). We have not determined a significant difference among groups in terms of fertilization rate and implantation rate. There was no significant difference between groups in terms of gestation length. Similarly, no significant difference was detected among groups in terms of infant weight and gender.

Conclusion: This study demonstrates that increasing paternal BMI has a negative influence on ICSI success, including clinical pregnancy rate and live birth rate. There is a need for further studies to point the importance of lifestyle changes in order to overcome the negative influence of paternal obesity on couples fertility.

Policy of full disclosure: None

P-01-065

FACTORS EFFECTING THE NECESSITY FOR MEDICAL TREATMENT IN PATIENTS WHO UNDERWENT TRANSURETHRAL RESECTION OF THE PROSTATE

Aydogdu, O.¹; Karakose, A.²; Atesci, Y. Z.²

¹Izmir University, Urology, Turkey; ²Izmir University, Turkey

Objective: To investigate potential factors which effect the need for medical therapy in patients who underwent TURP.

Methods: The data of 97 patients who underwent bipolar TURP for lower urinary tract symptoms (LUTS) due to BPH between May 2012 and June 2013 were reviewed retrospectively. The patients were divided in two groups in terms of postoperative medical treatment for LUTS (gr1, n = 35, medical treatment and gr2, n = 62, no medical treatment). Patients with a history of urethral stricture, previous urethral or prostate surgery and neurogenous bladder were excluded from the study. The two groups were compared in terms of preoperative prostate volume, resected prostate weight, age, maximum and average urinary flow rates (Qmax and Qave) measured with uroflowmetry, chronic systemic disease history, preoperative medical therapy time, tPSA, operation time, international prostate symptom score (IPSS) and quality of life score (QoL). Statistical analyses were performed with chi-square test and a p value of <0.05 was accepted as statistically significant.

Results: Mean follow-up time was 3.8 ± 0.7 months. In group 1, 16 patients used alpha blocker, 6 patients used alpha blocker and 5 alpha reductase inhibitor, 5 patients used PDE-5 inhibitor, 5 patients used alpha blocker and anticholinergic and 3 patients used other drugs. Age, chronic systemic disease rate and preoperative medical treatment time for LUTS were significantly different when two groups were compared.

Conclusion: Older patients with chronic disease and longer preoperative medical treatment time have the higher risk of medical therapy due to LUTS following bipolar TURP.

Policy of full disclosure: None

P-01-066

SPONTANEOUS THROMBOSIS OF LEFT SPERMATIC VEIN: REPORT OF 2 CASES

Belinski, C.¹; Manu, A.²

¹Gerota Emergency Hospital, Urology, Bucharest, Romania; ²Gerota University Hospital, Bucharest, Romania

Objective: Spontaneous thrombosis of the spermatic vein is a particularly rare entity in young men without any other pathology which can be difficult to diagnose.

Methods: We present two cases who address to our clinic for scrotal mass with pain and swelling of the scrotum. The sonographic appearance mimicked an incarcerated left inguinal hernia by demonstrating a tubular, hypochoic, noncompressible, cystic appearing inguinal mass with no flow evident on color Doppler imaging.

Results: The treatment we choosed was anticoagulant, anti-inflammatory and also for pain relief. Both of them had good evolution of the symptoms. We decided to perform the surgical intervention for varicocele second to conservative treatment, after one month. The results of the surgery was good in both cases.

Conclusion: Conservative treatment should be the first option in this case. Surgery comes second to conservative treatment, with good results.

Policy of full disclosure: None

P-01-067

FIRST CASE OF BILATERAL, SYNCHRONOUS ANAPLASTIC VARIANT OF SPERMATOCYTIC SEMINOMA TREATED WITH RADICAL ORCHIFUNICLECTOMY AS SINGLE APPROACH: CASE REPORT AND REVIEW OF THE LITERATURE

Franceschelli, A.¹; Gentile, G.²; Schiavina, R.³; Zukerman, Z.³; Romagnoli, D.³; Colombo, F.⁴

¹Bologna, Italy; ²Department of Urology, Bologna, Italy; ³Urology Department, Bologna, Italy; ⁴Andrology Unit, Bologna, Italy

Objective: present the seventh case of anaplastic variant of spermatocytic seminoma.

Methods: 63-year-old man presented in our Department in October 2010 with an scrotal enlargement due to voluminous, painless bilateral testicular masses. Doppler ultrasonography revealed bilateral hyper-vascularized testicular masses measuring approximately 11 cm and 18 cm on the right and left side respectively. Total Body CT was negative for lymphadenopathies or distant Metastases. Pre-operative markers were normal. The patient underwent bilateral radical orchifuniclectomy.

Results: At gross examination left testis was $20 \times 14 \times 10$ cm and weighed 1515 g, while right testis was $10 \times 7 \times 5$ cm and weighed 375 g. Pathologic analysis showed bilateral spermatocytic seminoma with anaplastic cells. The pathological staging was pT2 Nx Mx. After surgery the patient refused any adjuvant treatment. Disease re-staging was performed six months after surgery through PET with fludeoxyglucose and contrast enhanced whole body CT, resulted negative. Currently the patient is disease-free 36 months after surgery.

Conclusion: Spermatocytic Seminoma is a rare germ cell tumor, characterized by a benign behavior and slow growth; usually this tumor is controlled by radical orchiectomy; over 200 cases of SS have been described with only three cases of clearly established metastasis, while the anaplastic variant of SS is still poorly known, having been described only in six cases. This tumor is the largest one described with the longest period of observation which confirm the low risk of metastatic pattern. In all cases Anaplastic variant of SS described in literature showed a benign behavior and a good prognosis, compared with typical SS. Even if seven cases described are insufficient and further studies with an evidence-based approach are needed, the anaplastic variant of SS could be compared with the typical SS forms. Therefore, a close surveillance after surgery could be considered as a valid option in the management of this kind of tumor.

Policy of full disclosure: None

P-01-068

AWARENESS OF KOREAN MEN ABOUT CIRCUMCISION

Kim, J. Y.¹; Kim, B. M.²

¹Philip and Paul Medical Inst, Urology, Kyunggido, Republic of Korea; ²Philip and Paul Medical Inst, Kyunggido, Republic of Korea

Objective: Since the 1950s in Korea the frequency of circumcision has increased until recent years that it is stagnant or declining. Under the circumstance with the lack of the depth and diversity of data about reality of surgery, the author decided to report awareness of Korean men about circumcision.

Methods: 91 people at the age of 20 to 59 were participated in questionnaire with 16 questions about timing of surgery, medical professionals, motivation, surgical outcome, side effects, changes in sexual function, etc.

Results: The average age was 40.1 years old. The timing of surgery is 20s (46%) and preferred timing is grades 4–6 in elementary school (18.9%). Medical department is urology (42.7%). Surgical motivation is hygienic reason (33.7%), parents' recommendation (30.8%). Side effect is unobserved (86.6%) and complaints about surgery are insignificant (56.5%), not enough skin (19.6%), tightness during erection (7.6%). Sufficiency of skin at flaccid state is full exposure of glans (78.4%). Desired sufficiency of penis skin is fully exposed glans with folded skin (69%). Change in Penile size is unobserved (44.4%). Change in penile sensation is don't know (46%). Expectation after surgery is hygienic improvement (33.1%). Necessity of circumcision is necessary (64.8%), highly necessary (14.8%) and appropriate medical department is urology (96.7%). Changes in sexual function after surgery is not observed (78.4%).

Conclusion: High incidence of circumcision in age 20s is because of the military service, etc. and the top motivation is hygienic reason but many chose to circumcise due to parents' recommendation. This means that most decisions were passive and conventional. From the complaint that there is not enough penile skin and tightness at erection and the fact that many preferred sufficient penile skin, remaining enough skin should be considered. The necessity and positive recognition of circumcision was relatively high and in reality.

Policy of full disclosure: None

P-01-069

IMPACT OF SEXUAL ACTIVITY ON HBA1C LEVELS IN PATIENTS WITH TYPE 2 DIABETES MELLITUS AFTER PENILE PROSTHESIS IMPLANTATION

Talib, R.¹; Canguven, O.²; Al Ansari, A.¹

¹Hamad Medical Corporation, Doha, Qatar; ²Hamad Medical Corporation, Urology, Doha, Qatar

Objective: According to previous studies, average sexual activity ranks as mild to moderate in terms of exercise intensity. Regular exercise that

consists of different types including aerobic and resistance training was found as associated with hemoglobin A1c (HbA1c) reduction in patients with type 2 DM. The purpose of this study was to examine the benefits of sexual activity on HbA1c in penile prosthesis implanted patients with type 2 DM.

Methods: Sixty-seven male subjects who had HbA1c levels of >6.5% before and could perform regular sexual activity after the implantations were enrolled. The contribution of sexual activity on glycemic control assessed by HbA1c level as well as age, duration of DM and frequency of sexual activity were evaluated.

Results: Mean age and mean time from the surgery of the study patients was 59.9 years (range: 30–82) and 22.6 months (range: 10–63), respectively. The average of penile prosthesis usage for sexual activity was 9.9 times per month (range: 2–28). Compared with the pre-implantation, the absolute mean change in HbA1c after penile prosthesis implantation was found as –0.2% ($p > 0.05$). This study also revealed that more sexual activity was associated with more reduction in HbA1c.

Conclusion: The present study demonstrated that sexual activity was associated with HbA1c reduction, which is clinically important in patients with type 2 DM after penile prosthesis implantation.

Policy of full disclosure: None

P-01-070

UROGENITAL FUNCTION IN MORBIDLY OBESE MEN FOLLOWING BARIATRIC SURGERY

Aleidi, M.¹; Celtek, S.²; Muneer, A.³; Hashemi, M.³; George, J.⁴

¹Cranfield University, Translational Medicine, Milton Keynes, United Kingdom; ²Cranfield University, United Kingdom; ³University College Hospital, London, United Kingdom; ⁴University College Hospital, Milton Keynes, United Kingdom

Objective: Bariatric surgery promotes weight loss by changing the digestive system's anatomy, and therefore limiting the amount of food that can be eaten and digested. Obesity is a complex psycho-social and endocrine disorder that may change urinary and erectile function independently. The aim of this study is to understand the effects of bariatric surgery on urogenital function.

Methods: This is a prospective study investigating the urogenital function in obese men aged >30 years with a Body Mass Index (BMI) of >35 kg/m² who undergo bariatric surgery. The assessment of urogenital function is performed using two questionnaires: International Index of Erectile Function (IIEF) and International Prostate Symptom Score (IPSS). The questionnaires are requested to be completed by the patients preoperatively and again four weeks, three months and six months after the surgery. The influence of bariatric surgery on urogenital function and BMI will be analysed using statistical modelling.

Results: We have so far recruited 23 patients and 43.5% of them have reached 3 months post-op follow up. The preliminary results from these patients will be presented.

Conclusion: Successful completion of the study will examine for the first time the short-term effect of bariatric surgery on urogenital function in morbidly obese men and will investigate the relationship between urogenital function, insulin resistance and obesity.

Policy of full disclosure: None

P-01-071

REVERSIBLE BIPOLAR BURNING DISEASE

Dabmani, O.¹; Soboclis, C.²; Kebir, M.²; Demarchi, P.²

¹CH Louis Jaillon, Nephrology, Saint Claude, France; ²CH Louis Jaillon, Saint Claude, France

Objective: Dyspareunia denotes any form of recurrent or chronic urogenital pain that interferes with sexual and non sexual activities in women of any age.

Methods: A 33 year old Turkish lady presented to emergency department complaining of burning mouth to solid and liquid. She has

history of iron deficiency anemia treated for three months and hypothyroidism under levothyroxin substitution. The only sticking symptoms were dysphasia, burning sensation in the mouth and dyspareunia as source of conjugal conflict. Patient was transfused 04 blood units and discharged home on the third day under supplementation of B12 vitamin intramuscularly.

Results: usually burning mouth is the chief complain due to systemic or local pathologies. Our observation is unique, as patient was complaining of bipolar pain evoking a systemic source. Patient was having high level of mean corpuscular volume, in the absence of red cell hemolysis, mandating thyroid function and liver function test. Meanwhile, further investigations confirmed B12 deficiency and positive intrinsic factor and anti parietal cell evoking Biermer's disease. We have been unable further association to classify this entity as part of autoimmune polyendocrinopathy in the absence of poly glandular deficiency. Patient improved spectacularly after blood transfusion and B12 vitamin administration. Retrospectively, we discover that her bipolar burning sensation was the early sign of neurological damage just before the onset of subacute combined degeneration of the spinal cord and/or ataxia. Moreover, we cannot rule out Behçet disease in view of patient's origin and the presence of B51 haplotype.

Conclusion: Vitamin B12 deficiency may trigger reversible burning mouth and dyspareunia whenever replaced promptly.

Policy of full disclosure: None

P-01-072

RESULTS OF MICROSURGICAL VARICOCELECTOMY FOR INFERTILE PATIENTS

Mai Ba Tien, D.¹

¹BINH DAN Hospital, Andrology, Ho Chi Minh City, Viet Nam

Objective: Evaluating the efficacy of microsurgery in treatment for male infertility due to varicocele.

Methods: A prospective study. All infertile male with varicocele admitted at department of Andrology, Binh Dan hospital from Jan 1st 2011 to May 31st 2011.

Results: 216 patients participated in this study with follow-up time is 12 months. Semen analysis improves significantly after 6 months and the natural pregnancy rate is 46,29%. Complication of this procedure is very rare.

Conclusion: Microsurgical varicocelectomy for the treatment of male infertility due to varicocele is effective.

Policy of full disclosure: None

P-02 Female sexual dysfunction

P-02-001

FLACCID PENILE ACCELERATION AS A MARKER OF CARDIOVASCULAR RISK IN MEN WITHOUT CLASSICAL RISK FACTORS

Rastrelli, G.¹; Lotti, F.²; Aversa, A.³; Bartolini, M.²; Mancini, M.²; Mannucci, E.²; Maggi, M.²; Corona, G.³

¹University of Florence, Clinical Biomedical Sciences, Firenze, Italy; ²University of Florence, Firenze, Italy; ³Endocrinology Unit, Bologna, Italy

Objective: Conventional cardiovascular (CV) risk factors identify only half of subjects with incident major adverse CV events (MACE). Hence new markers are needed in high CV risk subjects, as those with erectile dysfunction (ED). A role for dynamic peak systolic velocity (D-PSV) at penile color Doppler ultrasound (PCDU) has been suggested, but it is operator-dependent and time-consuming. Flaccid penile acceleration (FPA) is a PCDU parameter that reflects PSV, the systolic rise time and end diastolic velocity. Our aim was to verify, in a large series of ED patients, whether FPA has a role in predicting MACE.

Methods: A selected series of 1903 patients (aged 54.6 ± 11.7) with a suspected organic component for ED was retrospectively studied from January 2000 until July 2012. A subset of this sample ($n = 622$) was enrolled in a longitudinal study, ended in December 2007.

Results: Decreased FPA levels were associated with worse metabolic profile and sexual symptoms. In addition, FPA was positively associated with both total and calculated free testosterone. In the longitudinal study, unadjusted incidence of MACE was significantly associated with lower baseline FPA. When FPA was introduced in a multivariate model, along with D-PSV, after adjusting for age and Chronic Disease Score, lower FPA, but not D-PSV, was associated with incident MACE in lower-risk – i.e. younger ($HR = 0.48[0.23-0.99]$), non hypertensive ($HR = 0.59[0.38-0.92]$), non obese ($HR = 0.68[0.49-0.96]$) or non diabetic ($HR = 0.67[0.49-0.96]$) subjects; all $p < 0.05$ – but not in higher-risk ones. FPA demonstrated a threshold effect in predicting MACE at a value <1.17 m/s² which showed a 3-fold increase in incidence of MACE in apparently lower-risk individuals.

Conclusion: FPA is an easily obtained PCDU parameter and capable of identifying adverse metabolic and CV profiles, particularly in apparently lower-risk individuals with ED.

Policy of full disclosure: None

P-02-002

IMPACT OF IRON DEFICIENCY ANEMIA ON WOMEN SEXUAL DYSFUNCTION IN SHORT TERM

Akin, Y.¹; Gulmez, H.²; Savas, M.³; Gulum, M.⁴; Ciftci, H.⁴; Yeni, E.⁴; Yalcinkaya, S.³

¹Harran University, Urology, Sanliurfa, Turkey; ²Public Health Institution, Konya, Turkey; ³Antalya Teaching Hospital, Turkey; ⁴Harran University, Sanliurfa, Turkey

Objective: Iron-deficiency anemia (IDA), is the most common micronutrient deficiency worldwide, is a health problem affecting more than 2 billion people, especially women of reproductive age. The IDA may cause to anxiety. Anxiety is the major factor for female sexual dysfunction (FSD). The aim of the present study was to determine the impact of IDA on FSD in short term.

Methods: Totally, 207 women who admitted outpatient clinic of family medicine, with IDA were asked to complete beck anxiety inventory (BAI) and female sexual function index (FSFI) questionnaire. Moreover women were asked to complete quality of life (QoL) index. The forms were completed by women before and after IDA treatments. Blood samples were obtained for measurements of hemoglobin, hematocrit, levels of iron and iron binding capacity. Outcomes of blood samples were used for diagnosing of IDA. BAI, FSFI and QoL indexes were

evaluated by the Statistical Package For Social Sciences (SPSS) for Windows ver. 16.0 (SPSS Inc., Chicago, IL); graphs were plotted using the same software. Statistical significance was considered as $p < 0.05$.

Results: The mean age of women was 33.67 ± 8.4 years. There was statistical significant differences between pre and post treatment in terms of hemoglobin levels, hematocrit levels, serum iron, serum iron-binding capacity. BAI and FSFI scores were statistically significant different between pre and post treatment period (Table 1, Table 2). FSFI scores were statistically significant increased after IDA treatments ($P < 0.001$). When we divided FSFI score in subgroups, there was statistical significant increase in arosal, sexual desire, lubrication, sexual desire and orgasm (Table 1). However QoL scores were developed without statistical significance.

Conclusion: Women with IDA are high risk for anxiety as well as sexual dysfunction during reproductive period. Treatment of IDA can statistical significant improve sexual functions women in short term. However to understand and to comment the FSD is very complicated, further studies are needed on this field.

Policy of full disclosure: None

Table 1. Pre and Post treatment differences in sexual function index, quality of life, and Beck depression index scores in women with iron deficiency anemia.

Parameters	Pre-treatment	Post-treatment	P-value
FSFI	24.09±3.30	29.84±4.34	<0.001*
Sexual desire	4.03±1.05	5.08±0.89	<0.001*
Arosal	3.84±0.91	5.46±0.88	<0.001*
Lubrication	4.55±0.91	5.57±0.96	<0.001*
Orgasm	4.39±0.97	5.46±1.01	<0.001*
Sexual satisfaction	4.53±0.99	5.46±0.91	<0.001*
QoL	2.90±1.28	2.87±1.06	0.737
BAI	19.46±4.45	16.18±3.05	<0.001*
QoL	3.49±1.37	3.63±1.08	0.343

Abbreviations: FSFI: Female sexual function index, BAI: Beck depression index, QoL: Quality of life. * Statistical significant P value.

Table 2. Correlation of Delta hemoglobin with the other parameters.

Parameters	Delta hemoglobin	Post treatment BAI		Post treatment QoL		Post treatment FSFI	
		in women	in men	in women	in men	in women	in men
Delta Hemoglobin	r	1	-0.295	0.093	0.102	0.114	0.046
	P-value		<0.001*	0.384	0.142	0.103	0.513
Post treatment BAI	r		1	-0.350	-0.349	-0.314	-0.176
	P-value			<0.001*	<0.001*	<0.001*	<0.001*
Post treatment QoL	r			1	0.151	0.022	-0.011
	P-value				0.007*	0.749	0.769
Post treatment FSFI	r				1	0.060	0.100
	P-value					0.345	0.153
Post treatment HbF	r					1	0.097
	P-value						0.164
Post treatment FSFI	r						1
	P-value						

Abbreviations: BAI: Beck depression index, HbF: International index of erectile function, FSFI: Female sexual function index, QoL: Quality of life, r: Pearson Correlation.

P-02-003

THE RELATIONSHIP BETWEEN FEMALE SEXUAL DYSFUNCTION AND MYOFASCIAL PAIN SYNDROME AND THE EFFECT OF INTERFERENTIAL CURRENT THERAPY ON FEMALE SEXUAL FUNCTION

Akman, T.¹; Kayacan Akman, M.²; Yildirim-Guzelend, A.³; Huner, B.⁴; Uludag, M.⁵; Tepeler, A.⁶; Akcay, M.⁶; Arrmagan, A.⁶

¹Bezmialem Vakif University, Department of Urology, Istanbul, Turkey; ²Eyup State Hospital, Istanbul, Turkey; ³Nam'k Kemal University, Tekirdag, Turkey; ⁴Okmeydani Training-Research H., Istanbul, Turkey; ⁵Istanbul University, Turkey; ⁶Bezmialem Vakif University, Istanbul, Turkey

Objective: To investigate the relationship between female sexual dysfunction (FSD) and myofascial pain syndrome (MPS) and the effect of interferential current therapy (ICT) for MPS on FSD.

Methods: A total of 37 premenopausal patients aged between 18–50 years who had regular menstrual cycles and sexual relationships and trigger points on their upper trapezius muscles were included in the study. Thirty healthy volunteer participants were selected as the control group. The FSFI, BDI, and VAS scores of both groups were compared. Subsequently, ICT was used to treat MPS patients. In ICT, a current intensity of 4.000 Hz, and 40–100 Hz AMF was delivered; the intensity was adjusted to the bearable sensorial threshold of each patient. Using VAS, BDI, and FSFI scores, the MPS patients were reevaluated 1 and 2 months after completing the therapy.

Results: FSD was detected in 64.9% of the MPS patients with and 30% of the control group; there was a significant intergroup difference ($p = 0.005$). All of the domain scores were significantly lower in the MPS patients than in the healthy control group. After treatment, the VAS, BDI, and FSFI scores improved in the MPS group. Pretreatment

and post-treatment, the 1st and 2nd month mean FSFI scores were 23.20 ± 4.75 , 24.80 ± 4.30 and 25.10 ± 4.90 , respectively ($p < 0.0001$). As for FSFI subscale scores, a statistically significant improvement was detected only in the pain during intercourse, orgasm and sexual arousal scores.

Conclusion: Our results have demonstrated that MPS involving only a restricted anatomical region affects female sexual function adversely. A significant improvement was observed in FSFI scores following the treatment of MPS.

Policy of full disclosure: None

P-02-004

THE EFFECT OF PREGNANCY ON SEXUALITY OF TURKISH WOMEN

Kaygusuz, I. C.¹; Yildirim, M. E.²; Kosger, H.¹; Eser, A.¹; Karatas, O. F.¹; Cimentepe, E.¹; Kafali, H.¹; Yildirim, M. E.²

¹Turgut Ozal University, Ankara, Turkey; ²Turgut Ozal University, Urology, Ankara, Turkey

Policy of full disclosure: None

P-02-005

DEPRESSION AND SEXUAL DYSFUNCTION IN TURKISH WOMEN HAVING PARTNERS WITH AN INFERTILITY DIAGNOSIS

Orban, E.¹; Coskun, E. R.²; Aktas, N.³

¹Acibadem Hospital, Psychology, Istanbul, Turkey; ²Acibadem University, Istanbul, Turkey; ³Acibadem Hospital, Istanbul, Turkey

Objective: Infertility is a stressful life event and diminishes the sexual and marital function of couples as well as causes depression and anxiety. The aim of this study is to search depression levels of the women having partners with an infertility diagnosis and whether it affects their sexual lives.

Methods: 56 women between the ages of 24–45 having partners with an infertility diagnosis were included in this study. The control group was consisted of 48 married women having at least one living child. Data of the research was obtained by using, FSFI and BDI.

Results: The 94.5% of the women in the experimental group and all of the women in the control group had sexual dysfunction in FSFI total. The sexual desire domain scores of the women with infertile partners were found to be significantly higher than the scores of the women with fertile partners (3.4 ± 1.2 vs 2.7 ± 1.2). The rate of sexual dysfunction in the axis of lubrication (fishers exact; $p < 0.001$ vs 26.8%) and pain (78.9% vs 21.1%) were found to be significantly higher in women with infertile partner. Arousal (51.3% vs 48.8%), orgasm (49.3% vs 50.7%), satisfaction (53.9% vs 46.1%) domain scores were also evaluated. Although all the BDI scores were below the cutoff score, the women having partners with an infertility diagnosis were feeling more depressed than controls (9.7 ± 7.3 vs 1.4 ± 2.8 ; $p < 0.001$).

Conclusion: The findings of this study indicate that the sexual dysfunction is common and higher than expected in Turkish women having partners with an infertility diagnosis. Higher sexual desire in the experimental group may be evaluated as an artificial reflection of the conception desire of those women. Finally depression scores of the women with infertile partners were found to be significantly higher than the scores of the women with fertile partners.

Policy of full disclosure: None

P-02-006

THE COMPARISON OF SEXUAL FUNCTIONS IN PREGNANT AND NON-PREGNANT WOMEN

Aydin, M.¹; Cayonu, N.²; Irkilata, L.²; Demirel, H. C.²; Keles, M.²; Atilla, M. K.²; Kendirci, M.²

¹Samsun Training and Research H, Urology, Turkey; ²Samsun Training and Research H, Turkey

Objective: To compare sexual functions of pregnant and non-pregnant women.

Methods: Sexually active 200 pregnant women were included into this cross-sectional controlled study. A total of 199 non-pregnant women were served as control. Both groups were compared with parameters including age, gestational age, and presence of urinary incontinency, body mass index and obstetrical history. Sexual functions of the cases were evaluated with Female Sexual Function Index (FSFI). Data were analyzed using chi-square, Mann-Whitney U, Fisher's Exact, Shapiro Wilk, Kruskal Wallis and Dunnett's tests where appropriate. $p < 0.05$ was considered significant.

Results: Mean age in both groups were comparable ($p < 0.05$). Mean FSFI scores in the pregnant women was significantly lower than those non-pregnant (18.9 vs 22.7 ; $p < 0.05$). Additionally, the subgroup analyses of the FSFI scores were found to be significantly lower in the pregnant compared to non-pregnant ($p < 0.05$). Furthermore, rate for sexual dysfunction in pregnant women was significantly higher than those non-pregnant women (92.0% vs 69.8% $p < 0.05$). However, in pregnant women, no meaningful difference in rate of sexual dysfunction was found according to the trimesters ($p = 0.666$). Lastly, the numbers of gravida and parity exhibited negative impacts on the sexual functions but not the number of abortions.

Conclusion: These data on comparisons demonstrate that pregnancy significantly diminish sexual function in women. We think that, couples need to be counseled regarding the impact pregnancy on sexual functions.

Policy of full disclosure: None

Tablo 1: Gebe ve gebe olmayanlarda demografik özellikler

	GEBE N=200	GEBE OLMAYAN N=199	P DEĞERİ
YAŞ (yıl)	29 (18-49)	33 (18-51)	P=0,060
VKI (kg/m ²)	24 (15-42)	23 (11-41)	P=0,144
ÜRİNER İNKONTİNANS	%48,7	%51,3	P=0,717
Eğitim			
İlkokul	%52	%47,9	
Lise ve üzeri	%49,5	%50,5	P=0,857
ÇALIŞMA DURUMU	%33	%48,2	P=0,001
AYLIK KAZANÇ>1000 TL	%53,5	%64,3	P=0,018

P-02-007

A CASE REPORT OF SUCCESSFUL TEAM APPROACH TREATMENT OF PROVOKED VULVODYNIA

Simetinger, G.¹; Scepanovic, D.²

¹General Hospital Novo mesto, Dep of Gyneacology and Obstet, Ljubljana, Slovenia; ²Department of Obstetrics, Ljubljana, Slovenia

Objective: Vulvodynia has been defined as vulvar discomfort, most often described as burning pain, occurring in the absence of relevant findings or a specific, clinically identifiable, neurologic disorder. Vulvodynia is a genital syndrome of multi-causal origin and requires a team approach. The purpose of the case report of provoked vulvodynia

is to show the efficacy of individualized, multifaceted and multidisciplinary therapeutic team approach used by a gynaecologist with special knowledge of sexology and a physiotherapist specialising in treatment of pelvic floor dysfunction.

Methods: A 35-year old patient presented with a complaint of genital itching and consequently burning pain which first occurred during sexual intercourse one year previously. The treatment with antimycotic locally and orally, corticosteroid ointment and Xylocain gel proved unsuccessful. Afterwards a gynaecologist with special knowledge of sexology performed a biopsychosocial assessment and broader gynaecological examination through which petechiae on perineum were detected. Cotton swab testing of the vestibulum revealed sensitivity and pain, and the biopsy from the painful area a mild non-specific chronic inflammation. The patient and her partner were educated and advised not to have sexual intercourse. She was assessed by the physiotherapist specialising in treatment of pelvic floor dysfunction and treated with TENS (20 treatment sessions on a twice per week basis). Female Sexual Function Index questionnaire and the visual analogue scale were used before and after the team approach treatment.

Results: The baseline score of visual analogue scale was 10 and the post-treatment score was 0. The vaginal itching disappeared after only two consecutive treatment sessions with TENS within a period of one week. Female Sexual Function Index score improved from 32 to 91.

Conclusion: In our case individualized, multifaceted and multidisciplinary therapeutic approach proved to be a good choice for treating genital syndrome of provoked vulvodynia of multi-causal origin.

Policy of full disclosure: None

P-02-008

VALIDATION OF THE PARTNER VERSION OF THE MULTIDIMENSIONAL VAGINAL PENETRATION DISORDER QUESTIONNAIRE (PV-MVPDQ): A TOOL FOR CLINICAL ASSESSMENT OF LIFELONG VAGINISMUS IN IRANIAN POPULATION

Molaei, M.¹; Merghati Khoei, E.²; Salehi, M.³; Yousefi, A.³; Latifnejad Roudsari, R.⁴; Salehi, p.³; Shafiei, K.³

¹Mashhad University of Medical, PhD department-, Islamic Republic of Iran;

²Tehran University of Medical, Islamic Republic of Iran; ³Isfahan University of Medical, Islamic Republic of Iran; ⁴Mashhad University of Medical, Islamic Republic of Iran

Objective: The role of spousal response in woman's experience of pain during vaginal penetration attempts believed to be an important factor; however studies are rather limited in this area. The aim of this study was to develop and investigate the psychometric properties of the partner version of a multidimensional vaginal penetration disorder questionnaire (PV-MVPDQ), hence, the clinical assessment of spousal psychosexual reactions to vaginismus by specialists, will be easier.

Methods: A mixed-methods sequential exploratory design was used, through that the findings from a thematic qualitative research with 20 unconsummated couples, which followed by an extensive literature review used for development of PV-MVPDQ. A consecutive sample of 214 men who their wives' suffered from lifelong vaginismus (LLV) based on DSM-IVTR criteria during a cross-sectional design, completed the questionnaire and additional questions regarding their demographic and sexual history. Validation measures and reliability were conducted by exploratory factor analysis and Cronbach's alpha coefficient via SPSS version 16.

Results: After conducting exploratory factor analysis PV-MVPDQ emerged as having 40 items and 7 dimensions: helplessness, sexual information, vicious cycle of penetration, hypervigilance and solicitous, catastrophic cognitions, sexual and marital adjustment and, optimism. Subscales of PV-MVPDQ showed a significant reliability (0.71–0.85) and results of test-retest were satisfactory.

Conclusion: The present study shows PV-MVPDQ is a multi-dimensional valid and reliable self-report questionnaire for assessment of cognitions, sexual and marital relations related to vaginal

penetrations in spouses of women with LLV. It may assist specialists to base on which clinical judgment and appropriate planning for clinical management.

Policy of full disclosure: None

P-02-009

THE IMPACT OF DIABETES ON FEMALE SEXUAL FUNCTION: A SINGLE CENTER EXPERIENCE

Dimitropoulos, K.¹; Tzortzis, V.²; Karatzas, A.²; Melekos, M.²; Bargiota, A.³

¹Larissa, Greece; ²Department of Urology, Larissa, Greece; ³Department of Endocrinology, Larissa, Greece

Objective: A high prevalence of sexual disorders has been observed in women with type 1 and 2 diabetes mellitus (DM). Here we present a 3-year, single center results of the study of disorders of female sexual functioning in female patients with diabetes.

Methods: During the time period 2011–2013, female DM patients and healthy controls were enrolled according to protocol inclusion criteria. The FSFI, FSDS and GHQ-28 questionnaires were used to evaluate sexual functioning, sexual distress and general health respectively. Comparative and regression tests were used to analyze data.

Results: In total, 196 patients and 201 healthy controls were finally enrolled. Of the 196 patients, 104 (53.06%) had a diagnosis of type 1 diabetes (T1DM) and the remaining 92 (46.94%) had type 2 diabetes (T2DM). Control group was divided to CG-1 and CG-2 (102 and 99 women respectively) subgroups, each one age matched for T1DM and T2DM subgroups. Diabetic patients in general, had significantly lower FSFI and higher FSDS scores compared to the healthy controls ($p < 0.001$). T1DM and T2DM women also had significantly lower FSFI and higher FSDS scores compared to CG-1 and CG-2 controls ($p < 0.001$). Diagnosis of "any" diabetes, was found to be a significant predictor of FSD (OR 2.959, $p < 0.05$). T1DM and T2DM women were 2.841 and 3.094 times more likely to have FSD compared to CG-1 and CG-2 non patients, respectively ($p < 0.05$). Psychosocial factors, mainly depression, were found to be significant determinants for FSD in diabetic and non diabetic women ($p < 0.05$).

Conclusion: The current study findings confirm that FSD is more prevalent in women with diabetes. Both types of diabetes were found to be significant determinants for FSD in the patients of our study. Moreover, the role of psychosocial factors, such as depression, in the pathogenesis of sexual disorders and distress in both diabetic and non diabetic women is highlighted.

Policy of full disclosure: None

P-02-010

EFFECT OF BEING OVERWEIGHT ON FEMALE SEXUAL DYSFUNCTION

Altay, B.¹; Erkurt, B.²

¹Istanbul Medipol University, Urology, Turkey; ²Istanbul Medipol University, Turkey

Objective: To evaluate the impact of obesity on female sexual functions.

Methods: Twenty five women with obesity (BMI > 30) were included into the study and 24 age-matched, healthy women served as control. All cases underwent a detailed medical and sexual history and physical examination. Sexual functions were assessed using Female Sexual Function Index (FSFI). The exclusion criterias were as follows: menopause, spinal cord diseases, hyperprolactinemia, hypothyroidism, malignancy, hysterectomy and/or oophorectomy and pregnancy. Hormonal assessment was performed from mid-cycle fasting blood sample. All parameters in each group were compared statistically using t test and Mann-Whitney U test.

Results: The mean age of both group was similar. BMI of obese group was significantly higher ($p = 0.001$). The mean FSFI score in obese group (17 ± 7.1) was significantly lower than the control group

(24.7 ± 5.7) ($p = 0.001$). When we evaluate the subgroups of FSFI sexual desire, arousal and orgasm scores were lower in obese group ($p = 0.01$), but lubrication and pain scores were not different ($p = 0.12$). Additionally, DHEAS, total and free testosterone levels in obese patients were significantly decreased, whereas estradiol was increased ($p = 0.001$).

Conclusion: This trial suggests that obesity might affect female sexual function. Although psychosocial factors have been commonly accepted as underlying initiators of female sexual dysfunction in obesity, we postulate that hormonal changes might contribute to the presence and severity of female sexual dysfunction in obese women.

Policy of full disclosure: None

P-02-011

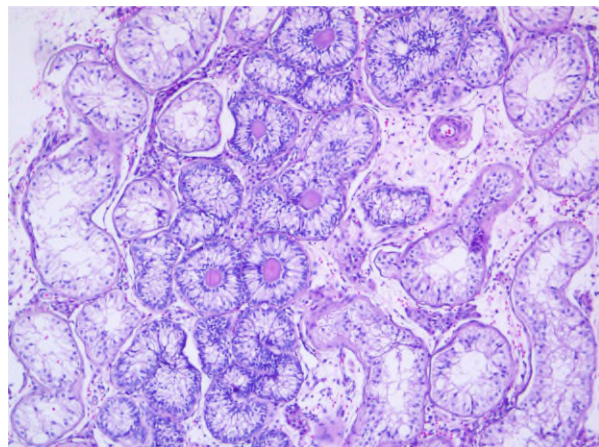
CASE REPORT: INCIDENTAL TESTICULAR TUMOR

Tuglu, D.¹; Bal, F.²; Yuvanc, E.²; Kirdag, M. K.²; Atasoy, P.²; Yilmaz, E.²; Batislam, E.²

¹Kirikkale University, Urology, Turkey; ²Kirikkale University, Turkey

Objective: Stromal tumors of the testis of adult testicular tumors are rare and constitute only 2% to 4 individuals. Non-germ cell tumors of the testis, sex cord / gonadal stromal tumors and includes a variety of non-specific tumors. However, only Leydig cell and Sertoli cell tumors are of clinical importance. Sertoli cell tumors and Sertoli cells originate mostly in adults around the age of 45 are observed. Sertoli cell tumors constitute less than 1% of testicular tumors. The mean age at diagnosis is 45, and rarely seen under the age of 20. These tumors rarely in patients with androgen deficiency syndrome and Peutz-Jeghers syndrome develops. Tumor morphology of Sertoli cells forming fetal, prepubertal and adult can type. Sertoli cell tumors macroscopically round, lobular, well-circumscribed tumors. Diameters range from 1 to 20 cm. Cross-sectional faces of gray-yellow in color. Foci of necrosis can be seen bleeding, but not monitored. Such as microscopic non-specific (NOS), large cell calcifying, sclerosing and malignant subdivided into groups. 10% of malignant tumors – between 22% and less than 50 cases have been reported malignant. Or painless testicular mass refers to the mass of patients randomly determined by ultrasound. In our case, 26 years old admitted to the left undescended testicle, scrotal ultrasound color doppler atrophic testis located in the left inguinal region, left orchiectomy as a result of any macroscopic Sertoli cell nodules present a case of asymptomatic microscopic sizes.

Policy of full disclosure: None



P-02-012

PREMATURE EJECULATION: IS IT REALLY EFFECTS PARTNERS SOCIAL LIFE

Gul, M.¹; Sari, E.²; Goktas, S.²

¹Selcuk University, Urology, Konya, Turkey; ²Selcuk University, Konya, Turkey

Objective: Sexuality is a social phenomenon that develops the relation between couples and provides continuity of species. Premature ejaculation is one of the sexual dysfunctions. The aim of this study to investigate the sexual satisfaction of spouses of patients with premature ejaculation.

Methods: In this cross-sectional study, 90 patients with premature ejaculation and their partners completed questionnaires (The International Index of Erectile Function, The Female Sexual Function Index, Golombok Rust Inventory of Sexual Satisfaction and Rosenberg Self-Esteem Scale). The study population was consisted of spouses of men with premature ejaculation who applied Urology clinic between January 2013 and April 2013. Prior to the study institutional ethics committee approval was taken. Socio-demographic form, IIEF, FSFI and GRISS were used in research. The data evaluated by SPSS 20.0 package program and the percentage, mean, standard deviation, frequency t-test and correlations analysis were used.

Results: Partners who accepted to join the study was between the ages of 26 and 43. In all spouses overall FSFI scores has been found low (included all subgroups: desire, arousal, lubrication, orgasm, satisfaction, and pain). There is also a statistically significant relationship between FSFI and social phobia in women.

Conclusion: Sexual satisfaction affects the social lives of individuals. Premature ejaculation is a common sexual dysfunction in male population. This disease effects not only the person but also effects his partner in the way of sexual and social life. Partners must be included during the treatment process, medical and psychological attention needed for both.

Policy of full disclosure: None

P-02-013

SURGICAL TREATMENT OF PHIMOSIS OF THE CLITORIS IN WOMAN PRESENTING SEXUAL DYSFUNCTION: A CASE REPORT

Alei, G.¹; Letizia, P.¹; Alei, L.²; Rossi, A.²; Conversi, A.²

¹Sapienza University of Rome, Surgery, Italy; ²Sapienza University of Rome, Italy

Objective: sexual dysfunction includes desire, arousal, orgasmic and sex pain disorders (dyspareunia and vaginismus). primary care physicians must assume a proactive role in the diagnosis and treatment of these disorders. patient history and physical examination techniques, normal sexual responses and the factors that influence these responses, and the application of medical and gynecologic treatments to sexual issues are very important.

Methods: physical examination of the genitalia was performed during an evaluation of women with sexual health problems. cephalad displacement of the right and left labia minora enables full retraction of the clitoral prepuce and complete exposure of the glans clitoris, under normal circumstances. we defined clitoral examination as abnormal when the cephalad force resulted in varying degrees of incomplete foreskin retraction and limited exposure of the glans clitoris. we show our technique of circumcision in the case of clitoris phimosis. under local anesthesia we reduce the prepuce with the cut and we have the exposure of clitoris.

Results: no major complications occurs no loss of sensitivity. the patient have a normal intercourse after two weeks.

Conclusion: Clitoral phimosis, a previously undiagnosed physical finding, was identified in 22% of the women. other than its link to sexual pain, the clinical significance of this finding, in particular the relation to diminished sensitivity and impaired orgasmic.

Policy of full disclosure: None

P-02-014

MIND AND BODY IN VAGINISMIC WOMEN

Strepetova, T.¹; Bochicchio, R.¹; Otranto, L.¹; Trotta, D.¹

¹ISA, Salerno, Italy

Objective: Vaginismic women are generally treated with self-finger approach or cognitive-behavioral therapy, behavioral or cognitive approaches. We stress the importance to differentiate vaginismic women and to take into consideration a more global body and mind interpretation of the condition for a successful treatment.

Methods: Our approach is based on a sexodynamic interpretation of sexuality. We relate sexuality to identity, relationship and dynamics between erotic and antierotic forces.

Results: The efficacy of sex therapy in the treatment of vaginism is improved when with our approach.

Conclusion: The comprehension and understanding of the relation between the symptom and the cause is vital in many cases of vaginismus.

Policy of full disclosure: None

P-02-015

POST-PARTUM PERIOD AND SEXUAL FUNCTION: A HUNGARIAN SURVEY

Eros, E.¹

¹NICH, Family Planning and Adolescence, Budapest, Hungary

Objective: Pregnancy, childbirth and caring for a new infant are considered to be a time of great joy. But at the same time childbirth is a really irreversible bio-psychosocial life event, representing a normative crisis of life. Namely previous coping mechanisms become insufficient and new ones have to be worked-out. That's why it's a sensitive period affecting on every field of life of the new parents. Due to this phenomena the couple's sexual life usually change in post-partum.

Methods: 55 couples participating in a family planning program were interviewed about their sexual well-being 6 month after the delivery during January 2012 and June 2013: frequency of intercourse, episiotomy discomfort, fatigue, lack of sexual desire, vaginal bleeding or discharge, dyspareunia, vaginal dryness, fears of awakening of failing to hear the infant, fear of injury, decreased sense of attractiveness, poor body image.

Results: 85% of couples were reported less frequency of intercourse (10% has less than 2 intercourses during the last 6 month). 90% felt that their sexual life is worse, complaining different sexual problems (i.e. lack of sexual desire, dyspareunia, etc.).

Conclusion: New parenthood is a big challenge for the couples, significantly affect their sexual life. Without good preparation for this new role it can be dangerous for the relationship.

Policy of full disclosure: None

P-02-016

THE EFFECT PREGNANCY ON FEMALE SEXUAL FUNCTIONS

Malkoc, O.¹; Resim, S.²; Bulut, B.¹

¹Kabramanmaraş Sütcu Imam University, Turkey; ²Kabramanmaraş Sütcu Imam University, Urology, Turkey

Objective: The goal of this study was to objectively assess the both to bring up true or false attitudes of women of our country about sexuality in pregnancy and, as working people in health, to provide to live of this term of partners without problem in our counseling.

Methods: 207 pregnant women who are pregnant above 8 weeks and pregnancy diagnosis, applying to obstetric polyclinic, Kahramanmaraş Maternity Hospital and Obstetrics polyclinic, Faculty of Medicine, Kahramanmaraş Sütcu Imam University are included in this study. These women were assessed with form of Female Sexual Function Index (FSFI) at the during to survey about socio-demographic factors.

Results: Ratios of being seen Sexual Dysfunction in pregnant women have been evaluated with points of FSF. In data that are acquired, as taking 26 points and above, 13 % of women that have not been SD have been appointed, as taking 26 points and below, 87 % of women who have been SD have been appointed. Besides, sexual functions, which are effected from lots of sociodemographic factors, of women have appeared, too. The most important factor among these factors has been appointed as age, however, it has been appointed that education level, education level of partner, sexual problem of partner have effected sexual functions. It has been found that duration of marriage, parity, parturition type, quantity of child, operations and being used medicine have not effected sexual function of pregnant women.

Conclusion: The gestational period, it is critical period for the emergence of pre-existing sexual problems. In our study, we observed that the women had sexual dysfunction in the pre-pregnancy period, had more sexual dysfunction than the women had not sexual dysfunction in the pre-pregnancy period. This condition may be an indication of the continuity of the problems which are experienced in the pre-pregnancy period. We think that the sexual problems relationship occurred during pregnancy are negatively affect the marriage relationship.

Policy of full disclosure: None

P-02-017

ANALYSIS OF THE SITUATION OF MALE SEX WORKER FOR WOMEN

Bernardo de Paz, A. R.¹; Craviotto, I.²

¹Servicio Andaluz de Salud, Salud Publica, Granada, Spain; ²Servicio Andaluz de Salud, Granada, Spain

Objective: GENERAL PURPOSE -Visibility of the reality of the male sex workers collective and their clients SPECIFIC OBJECTIVES -Delve into the reality of sex workers for women and their biopsychosocial and cultural characteristics – Analyze the profiles of their clients – Research the attitude, prejudice, bias of women and the use of sexual services in exchange for money.

Methods: Participants: Male sex workers The sample for this study consisted of 10 men who serve as sex workers for women. Inclusion criteria is to be a full time sex worker only for women. Exclusion criteria to be a sex worker mailing for man but sometime accepting women as client. Instrument In-depth interview with open questions WOMEN participants: The sample consists of 170 adult women. Instrument: A structured close questionnaire was designed.

Results: There are very few studies evaluating key aspects of sexuality, psychology, social or behavioral collectives of women sex workers. There are no references to analyze the actual situation of this population, the profession or their problems. Moreover, the big taboo about seeking sexual pleasure by women and the stereotypes surrounding this topic today, contributing to the minimization of this problem and the lack of visibility of this option for women.

Conclusion: There are significant differences in the way men and women look for sexual services. Therefore, it seems essential to delve deeper into this subject further on the reality of this group and in the need or not to further develop the sexual services offered to women. The opinion of women about paying for sex is also interesting, we would like to verify the use or not of this resources by women and if they would be willing to use this service The male sexual workers for women have better economic status and cultural level that the female sexual workers. Gender differences exist in the courtship Most of the men choose this work.

Policy of full disclosure: None

P-02-018**EFFECT OF GINGIVITIS, PERIODONTITIS, AND HALITOSIS ON FEMALE SEXUAL DYSFUNCTION: A PRELIMINARY STUDY**

Talo Yildirim, T.¹; Yildirim, K.²; Acun Kaya, F.³; Hatipoglu, N. K.³; Daggulli, M.³; Atar, M.³; Bodakci, M. N.³

¹Mouth and Tooth Health Center, Diyarbakir, Turkey; ²Dicle University, Medical Faculty, Diyarbakir, Turkey; ³Dicle University, Diyarbakir, Turkey

Objective: The aim of this study is to investigate the impact of halitosis and periodontal conditions on female sexual health. To the best of our knowledge, this pilot study is the first investigation of this issue that has been reported in literature.

Methods: The study was conducted on a total of 58 female patients. Their periodontal problems and the severity of halitosis were determined. Next, patients Female Sexual Function Index (FSFI) scale scores were estimated. The oral health status was determined with Community Periodontal Index of Treatment Need (CPITN).

Results: There was a significant difference between code 4 patients and all other subgroups in terms of the FSFI scores ($p = 0.000$, $p = 0.002$, $p = 0.002$, $p = 0.004$). A statistically significant halitosis intergroup difference as for FSFI scores was determined (Chi-square = 23.066; $p = 0.000$). Any statistically significant educational status intergroup difference as for FSFI scores was not determined (Chi-square = 6.618; $p = 0.085$).

Conclusion: Female sexual dysfunction deteriorates (lower FSFI scores) with increasing severity of periodontal disease (CPITN scores). The severity of female sexual dysfunction increases with the degree of halitosis (lower FSFI scores). The severity of periodontal disease (CPITN scores) increases with the degree of halitosis. A statistically significant correlation was determined among educational level, severity of periodontal disease, and degree of halitosis. A statistically insignificant correlation was determined between educational level and FSFI scores.

Policy of full disclosure: None

PODIUM SESSIONS – EFS

Thursday, 30 January 2014

11.30–12.00 Rumeli 2

PS-01 Basic research and sexual rights

PS-01-001

DEMOGRAPHIC AND SEXOLOGICAL CHARACTERISTICS OF AN SAMPLE OF ITALIAN WOMEN SUFFERING FROM LIFELONG VAGINISMUS

Bernorio, R.¹; Mori, G.²; Di Santo, S.²; Prunas, A.²

¹Associazione Italiana Sessuologia, Psicologia Applicata, Milano, Italy;

²A.I.S.P.A., Milano, Italy

Objective: Vaginismus is commonly described as a persistent difficulty in allowing vaginal entry of a penis or other object, despite the woman's expressed wish to do so. Lifelong vaginismus occurs when a woman has never been able to have intercourse starting from her first sexual experiences. The aim of this study is to investigate the sexological characteristics of a sample of women suffering from lifelong vaginismus.

Methods: The author presents some data extrapolated from 135 therapies for lifelong vaginismus. The items investigated are: – Age – Age of partner – Level of education – Work situation – Duration of relationship – Living with partner – Hormonal contraception use – Traumatic sexual events in the past – Kind of education – Kind of sexual experiences performed – Symptom's duration – Previous therapies for the problem.

Results: All this characteristics, with the exception of the symptom's duration and the previous therapies, will be compared with a control group of women without vaginismus.

Policy of full disclosure: None

PS-01-002

ON-LINE QUESTIONNAIRE FOR MULTICENTER STUDY ON DESIRE AND SEXUAL FANTASIES

Simeone, M. P.¹

¹ASL BA, Sexuology, Bari, Italy

Objective: International multicenter study about male and female fantasies and desire for women and men, through self-administered questionnaire, prior contact with : Gynecologist, Urologist and Sexuologist.

Methods: Questionnaire about sexual fantasies and desire for men and women, consist of: 9 questions on the registry, 14 questions on sexual life and relationships. The access to the questionnaire is a link, on internet. Characteristics of the questionnaire: 1- anonymity 2-multilingual: possibility of choosing the language for the application (Italian, French, Spanish, English). Characteristics of the Link: The link is : www.free-tech.org/limesurvey The access in on Internet and the results of the research is on-line, too.

Results: Multicenter network access for physician and psychosexuologist to a first psycho-sexual counselling, using a LINK.

Conclusion: Implementation of the system to date on changes in sexual life of the population and recognition of psycho-biological factors over the life of the people. Given to the diversity of lifestyles in different countries and the growing demand for data on the loss of desire, I tried a diffusible simple system to study the inner world of

people. The pattern may be a privileged access to the Unconscious because the sexual desire is a mental construction that becomes an erotic object.

Policy of full disclosure: None

PS-01-003

CHILDREN'S SEXUAL HEALTH AND RIGHTS IN RELATION TO SEXUAL FUNCTIONING, PARAPHILIA AND DEVELOPMENT OF SEXUAL OFFENSIVE BEHAVIOUR IN ADULTHOOD

Langfeldt, T.¹

¹Institute for Clinical Sexology, Oslo, Norway

Objective: We are all born as sexual beings and everyone working with sex therapy has discovered that childhood is an important factor in many sexual problems in adulthood. Although such knowledge exists, there is almost no research focusing on this important topic. Neither do we focus on sexual rights and health in childhood. Working with paraphilia and sexual offenders reveals that how we are dealing with sexuality childhood, is important. Modern research in neuroscience about mirror neurons and attachment research in psychology both indicate the importance of childhood in adolescent and adult sexual behaviour. Children should have rights not to be brought up to become sexual offenders is only one aspect. The denial of childhood sexuality, which is seen in many western countries, is an important contributor to most sexual problems in adulthood.

Policy of full disclosure: None

PS-01-004

QUALITY OF SEXUAL LIFE OF WOMEN ON ORAL CONTRACEPTIVE CONTINUED-REGIMEN: PILOT STUDY

Caruso, S.¹; Cicero, C.²; Malandrino, C.³; Cianci, A.³; Agnello, C.³

¹Department of Medical Surgical, Specialties, University of Catania, Italy;

²University of Catania, Medical Surgical Specialties, Italy; ³University of Catania, Italy

Objective: To date, women may use flexible oral contraceptive (OC) regimens. The aim of this study was to evaluate the quality of sexual life of healthy women on continued-regimen OCs.

Methods: Fifty women (age range 18–38) were enrolled. The Female Sexual Function Index (FSFI) and the Short Form-36 (SF-36) questionnaires were used to investigate, respectively, sexual behavior and the quality of life (QoL) of women on OC for 72 days with a 4-day hormone-free interval, for two cycles. Both the FSFI and the SF-36 were administered before starting OC intake, at the first (72–82 days) and the second (144–154 days) follow-ups.

Results: The FSFI score obtained at the first follow-up detected a worsening with respect to baseline score ($P < 0.05$). The score obtained at the second follow-up detected an improvement with respect to both the baseline and the first follow-up total scores ($P < 0.05$). QoL improved at the first follow-up only as regards body pain ($P < 0.05$), and at the second follow-up as regards: physical role, body pain, general health, vitality, and social function ($P < 0.05$).

Conclusion: The use of continued-regimen OCs is able to improve the sexual behavior and the QoL of women.

Policy of full disclosure: None

Thursday, 30 January 2014

15.00–15.30 Rumeli 2

PS-02 Psychosexual Issues

PS-02-001

SEXUAL DYSFUNCTIONS AS SEEN THROUGH THE HYPNOTIC AND THE SEXODYNAMIC APPROACH

Otranto, L.¹; Trotta, D.²; Tomasetti, M.²; De Maio, G.²; Strepetova, T.²¹Istituto Italiano Sessuanalisi, ACTS, Clinics and Therapy, Salerno, Italy;²Istituto Italiano Sessuanalisi, Salerno, Italy

Objective: Sexual problems and dysfunctions are common in male and female population. Among others a hypnotic or a sexodynamic approach can be used when a psychological cause is in place.

Methods: Hypnosis through the induction of a relaxation state, a trance and reduction of the conscious resistance, eases the access at the individual inner world, with the intent to modify the cognitive and affective blocks that cause the sexual dysfunction. The sexodynamic approach through the study of the imaginary (observation and analysis of erotic dreams and fantasies) aims at the comprehension of the inner sexual specific dynamics to let the patient find his way out of the problem.

Results: Hypnosis, when applied to sexuality, and sexodynamic share a common interest in solving individual sexual problems.

Conclusion: Theoretical background, evaluation of the causes and modality to relate to them as well as patient's characteristics and indications, clinical settings and procedures, modality and timing of intervention differ.

Policy of full disclosure: None

PS-02-002

DYNAMICS OF FEMALE SEXUALITY: PAST AND PRESENT

Strepetova, T.¹; Otranto, L.¹; Capriolo, A.¹; Langella, C.¹; Tomasetti, M.¹; Boicchio, R.¹; Trotta, D.¹¹ISA, Salerno, Italy

Objective: The aim is to compare psychodynamic theories at the base of the imagination and the sexual behavior of women in the past and at the present. Theory and practice of sexual behavior and imagination evolve with time.

Methods: Analysis of Freud's theory of the development of female sexuality and comparison with the most recent sexodynamic and sexoanalytical theories.

Results: The way of understanding women's sexuality in the light of psychoanalysis and modern sexodynamic approach shows not only the existence of important similarities but also the presence of marked and sometimes radical differences. As in the way to understand and explain female sexual development and maturity, sexual desire and eroticism, female orgasm and female sexual problems.

Conclusion: The understanding of female sexuality is important. The specific sexodynamic approach can help to study better female eroticism and help treat female sexual dysfunctions.

Policy of full disclosure: None

PS-02-003

SEXUAL DIFFICULTIES IN HUNTINGTON'S DISEASE. THE NEED FOR COUNSELING COUPLES

Hulter, B.¹¹Sesam AB – Sexual Health and Well-being Sexology Clinics, Education, Stockholm, Sweden

Objective: Huntington's Disease creates various physical, mental, and social disabling impairments that will most likely affect sexuality and intimate relationships. Up to 85% men and 75% women experience high levels of sexual problems (Schmidt & Bonelli, 2007). Most prevalent is low sexual desire, but increased sexual interest, and disturbing behaviors can also occur. Impaired self-awareness of cognitive, emotional, and functional deficits creates complications in communicating and interacting sexually. Specific brain lesions might be associated with these changes, but also psychosocial factors with a worsening disease might be causative. Depression and anxiety, common symptoms in early stages of HD, are often associated with sexual symptoms. Change in sexual interest and behavior, sexual dysfunction, and socio-psychiatric consequences of HD cause suffering for patients, spouses and children. Behavioral problems may be most distressing and disrupting for family members.

Methods: Bio-psycho-social views can be applied in support and rehabilitation in couples with chronic neurological impairments. Talks follow the basics of the PLISSIT model (Annon, 1976). Acceptance and Commitment Therapy is a treatment option.

Results: Because intimate issues and sexuality in most places are taboo topics, the responsibility, and the initiative for opening up the conversation, lies on the health professional/physician, meeting the couple. A comprehensive management and treatment of sexual issues in HD might be needed. Training and experience in sexology should be mandatory for professionals in counseling and support.

Conclusion: HD brings suffering in connection to sexuality. Sexual problems often reduce life satisfaction in patients and partners. The whole family situation is affected. Professional attention should be given to the sexual symptoms in HD. Sexological rehabilitation requires a broad focus on bodily changes, identity matters, as well as relationship challenges and adjustment. Clinical sexology knowledge and skills should be improved. To promote wellbeing to patient, partner, and children, sincere talks on relational and sexual issues may add great value in the couple.

Policy of full disclosure: None

PS-02-004

THE PHYSIOLOGICAL VARIANT THEORY APPLIED TO SEX AND SEXUAL FUNCTION

Bianco, F.¹¹CIPPSV/III, Medical Sexology, San Bernardino. Caracas, Venezuela**Policy of full disclosure:** None

PS-02-005

PLEASE SPECIFY: WHICH BODY IMAGE RELATED DIMENSIONS IMPACT WOMEN'S SEXUAL RESPONSE? PRELIMINARY RESULTS FROM A COMMUNITY STUDY

Pascoal, P.¹; Alvarez, M. J.²; Nobre, P.³; Laan, E.⁴; Byers, S.⁵; Vicente, L.⁶; Pereira, N. M.²¹Faculty of Psychology, Universities, of Lisbon and Porto, Portugal, Portugal; ²University of Lisbon, Portugal; ³University of Porto, Portugal; ⁴Academisch Medisch Centrum, Amsterdam, Netherlands; ⁵University of New Brunswick, Fredericton, Portugal; ⁶Ministry of Health, Lisbon, Portugal

Objective: It is well established that body image has a strong impact on women's sexual health. However there are no studies that consider the role of specific dimensions of body image and see the differential impact of these dimensions on specific aspects of women's sexual response. This study aims to better understand the specific role that different body image related dimension have on women's self-perception of different components of sexual response.

Methods: This is a correlational study using validated self-report measures, and developed online. Our sample has 177 heterosexual women with an average age of 30.37 years (SD = 9.25), involved in an exclusive relationship in average for 6.18 years (SD = 5.24). The measures used were: the Female Sexual Function Index (Rosen, Brown, Heiman, Leiblum, Meston, Shabsigh, Ferguson, & D'Agostini, 2000) the subscale of Global Body Dissatisfaction of the Body Attitudes Test (Probst, Vandereycken, Van Coppenolle, & Vanderlinden, 1995), the Body Appearance subscale of the Cognitive Distraction Scale (Dove & Wiederman, 2000), the Body Esteem Scale (Franzoi & Shields, 1984) and the Beliefs About Appearance Scale (Spangler & Stice, 2001). All measures showed good validity and reliability. We used descriptive statistics as well as multiple hierarchical regression. After controlling for self-reported health conditions and Body Mass Index, each variable was entered step by step in the equation in order to assess its impact on women's sexual response.

Results: In the final model body attitudes, body esteem and beliefs about appearance had a significant impact in desire ($R^2 = .166$) and satisfaction ($R^2 = .273$). Pain was significantly explained by body esteem and body appearance beliefs ($R^2 = .133$).

Conclusion: Our results indicate that there are specific dimensions of body image affecting specific components of women's sexual response and this should be taken into account both in research and clinical settings.

Policy of full disclosure: Supported by a grant from BIAL Foundation.

Friday, 31 January 2014

14.30–15.00 Rumeli 2

PS-03 Psychiatry and sexual life

PS-03-001

LONGITUDINAL COURSE OF SEXUAL FUNCTIONING IN EATING DISORDERS PATIENTS: THE ROLE OF CHILDHOOD SEXUAL ABUSE

Castellini, G.¹; Lo Sauro, C.²; Lelli, L.²; Godini, L.²; Vignozzi, L.²; Rellini, A. H.³; Faravelli, C.²; Maggi, M.²; Ricca, V.²¹University of Florence, Department of Neuropsychiatric, Firenze, Italy;²University of Florence, Firenze, Italy; ³University of Vermont, Burlington, USA

Objective: To evaluate the longitudinal course of sexual functioning, and how changes in psychopathology and history of childhood abuse interact with sexual functioning in patients with anorexia nervosa (AN) and bulimia nervosa (BN).

Methods: The study was performed at the Outpatient Clinic for Eating Disorders, at the University of Florence. A total of 30 patients with AN and 34 with BN were assessed at baseline and at 1-year follow-up after a standard individual cognitive behavioral therapy (CBT). Subjects were studied by means of the Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders IV, Female Sexual Function Index (FSFI), Eating Disorder Examination Questionnaire, Beck Depression Inventory, Spielberg's State-Trait Anxiety Inventory, Symptom Checklist-90, and Childhood Experience of Care and Abuse Questionnaire.

Results: After treatment, both patients with AN and BN showed a significant improvement in the FSFI total score ($P < 0.01$ for both AN and BN) and all FSFI subscales, without significant between groups differences. Patients reporting childhood sexual abuse did not show a significant improvement in sexual functioning. Reduction in eating disorder severity was directly associated with FSFI improvement, but only in those subjects with no history of sexual abuse ($b = 0.32$; $P < 0.01$).

Conclusion: Eating disorder-specific psychopathology could be considered as a specific maintaining factor for sexual dysfunction in eating disorders subjects. Subjects reporting a history of childhood sexual abuse represent a subpopulation of patients with a profound uneasiness, involving body perception, as well as sexual functioning, which appeared not to be adequately challenged during standard CBT intervention. The results, though original, should be considered as preliminary, given the relatively small sample size.

Policy of full disclosure: None

PS-03-002

EROTIC FANTASIES AND MALE AND FEMALE SEXUALITY AND DYSFUNCTIONS

Streptova, T.¹; Otranto, L.¹; Capriolo, A.¹; Tomasetti, M.¹; De Maio, G.¹; Langella, C.¹; Arduino, E.¹; Bocicchio, R.¹; Trotta, D.¹¹ISA, Salerno, Italy

Objective: Sexual fantasies are a normal part of our imagination and are present in most men and women. We try to individuate the most typical male and female sexual fantasies.

Methods: The erotic and sexual imagery is a pillar of male and female sexuality and has a central role in every man and woman's sexual life. The presence of a correspondence or a contradiction between actual and fantastic world has been carefully considered, especially in cases of a prolonged sexual dysfunctional behavior.

Results: Most typical male fantasies are centered on identity affirmation and consolidation, sexual domination, woman detachment, phallic aggressiveness. Most common female fantasies regard sexual power and erotic fascination, exhibitionism and sex without direct

involvement and consequent sense of guilt. Submission fantasies, competitive as well as degradation fantasies are also common in men and women.

Conclusion: Sexual imagination motivates and moves sexual behavior. There is usually an important correlation between sexual fantasies and behavior. Similarities between a dysfunctional behavior and distorted sexual fantasies have a negative prognostic value. On the other end, incongruities between sexual conducts and mental pictures need to be investigated and clarified.

Policy of full disclosure: None

PS-03-003

PERSONALITY ORGANIZATION, SEXUAL DYSFUNCTIONS AND QUALITY OF SEXUAL LIFE

Prunas, A.¹; Bernorio, R.²; Di Santo, S.²; Mori, G.²

¹University of Milano-Bicocca, Department of Psychology, Italy; ²Aispa, Milano, Italy

Objective: According to Kernberg's model of personality organization (2012), identity integration, defense mechanisms and reality testing allow the classification of personality functioning in three main organizations (neurotic, borderline and psychotic). A specific relation exists between the continuum of personality organization and the spectrum of sexual pathology, ranging from some degree of sexual inhibition (neurotic), to inordinate and chaotic sexual life combined with paraphilic features (borderline). Aim of the present study is to assess the relationship between personality structure, sexual dysfunction and the overall quality of sexual life in a sample of adults from the community.

Methods: We sampled 287 adults voluntarily recruited through ads posted on different websites. Volunteers were invited to participate to a research project on the "relationship between personality characteristics and sexual life". After providing consent, all participants were invited to fill in a set of questionnaires including: – the IPO (Inventory of Personality Organization, Lenzenweger et al., 2001), a self-report, 57-item questionnaire to assess the three main domains of personality structure according to Kernberg's model: defenses, identity and reality testing; – the Italian version of the FSFI (Female Index of Sexual Function; Nappi et al., 2008) for women and the the IIEF (International Index of Erectile Function Questionnaire; Rosen et al., 1997) for men – the Italian version of the Sexual Quality of Life (SQoL, Symonds et al., 2005; Female and Male version) in order to assess overall satisfaction for sexual life.

Results: We found that the presence of each of the markers of borderline personality organization is associated, in a linear fashion, to low quality of sexual life and to the presence of paraphilic features. On the contrary neurotic personality organization is associated with a higher risk for sexual dysfunctions.

Conclusion: Results support the importance of an accurate assessment of sexual life as essential clinical information on personality functioning in clinical settings.

Policy of full disclosure: None

PS-03-004

MORAL DISENGAGEMENT AND PSYCHOPATHY IN DETAINED SEX AND NON-SEX OFFENDERS: A PILOT STUDY

Petrucelli, I.¹; Barbaranelli, C.²; De Risio, A.³; Gherardini, A.⁴; Grilli, S.⁵; Tripodi, F.⁶; Simonelli, C.²

¹Università Kore di Enna, Rm, Italy; ²Sapienza University, Roma, Italy; ³U.O.S. Penitential Psychology, Roma, Italy; ⁴Centre for Forensic Psychology, Roma, Italy; ⁵Roma, Italy; ⁶Institute of Clinical Sexology, Roma, Italy

Objective: Sexual abuse is a heterogenic phenomenon. The literature on sexual offenders (SO) has considered risk factors in the individual or familiar history as well as precursors such as cognitive distortions, defence mechanisms and moral disengagement mechanisms. The literature also has established that offenders with psychopathic features commit more crimes, commit a greater variety of crimes, and are more violent during the commission of their crimes; specifically, given the well-defined relationship between psychopathy and extreme violence, it might be predicted that psychopathy would be associated with a propensity for committing sexual violence. This pilot study investigates moral disengagement mechanisms and psychopathy facets in detained male SO and non-SO, testing if the frequencies of participants with moral disengagement mechanisms and psychopathy are higher in SO group compared to non-SO group. The study also examines the association between anamnestic data regarding eventual abuse (physical, emotional, sexual, neglect) and psychopathy.

Methods: The study sample numbered 35 males: a group of 25 detained SO and a group of 10 detained non-SO. Subjects were administered a socio-demographic data Grid, the Moral Disengagement Scale, and Psychopathy Checklist-Revised- PCL-R.

Results: The results and conclusions are being processed and will be presented at the 12th Congress of the European Federation of Sexology in Istanbul.

Policy of full disclosure: None

Friday, 31 January 2014

15.00–15.30 Rumeli 1

PS-04 Reproductive health and social science

PS-04-001

DECLINING OF THE MALE FERTILITY IN THE CZECH REPUBLIC – A MYTH OR REALITY?

Pobanka, M.¹; Zverina, J.²

¹1th Fac. Med. Charles Univ., Inst. Sexology, Praha 2, Czech Republic; ²1th Fac. Med. Charles Univ., Praha 2, Czech Republic

Objective: Several studies over past tens of years suggested that sperm counts in man are on decline. However, literary data diverge about such a lasting trend.

Methods: In the previous study we have analyzed spermatological findings in 5363 men from infertile couples, first investigated within 1950 to 1984. We were not able to verify any secular trends in sperm concentration.

Results: For illustration of contemporary situation of spermatological findings we present spermatological findings in the sample of 110 men from infertile couples, investigated within a year 2012. Average sperm concentration in these men was 65 x 106/ml.

Conclusion: It is our opinion that spermatological findings by young healthy men remain fully comparable with finding from tens of years ago. Results of some studies with “secular” trends of men’s fertility is possible to clarify with changes in average age of men from infertile couples and some other factors which are discussed in our oral presentation. Our findings and clinical experiences not support theory about secular trends of male fertility during last decades.

Policy of full disclosure: None

PS-04-002

SEXUAL COERCION AND RISK BEHAVIOUR AMONG SWEDISH YOUTH

Stenqvist, K.¹; Tikkanen, R.²; Westerlund, S.³

¹Göteborg, Sweden; ²Department of Social Work, Gothenburg, Sweden; ³Unit of Social Medicine, Gothenburg, Sweden

Objective: To analyze socio-demographic and behavioral factors characterizing Swedish youth reporting sexual coercion during the last 12 months and their contacts with sexual health promoting work.

Methods: In 2009 a self-administered questionnaire on sexuality was conducted among youth in Sweden (UngKAB09) combining a representative sample with a self-selected sample via online communities. 10 817 individuals, 15–24 years of age, who responded to the question on sex against one’s will were included in the study. The association of coercive sex to a range of socio-demographic and behavioral risk factors was studied using Chi-square test. Sexual coercion was defined as being persuaded, pressured or forced to have vaginal, oral or anal sex or having masturbated for someone else.

Results: Experience of coercive sex during the past 12 months was reported by 14.3% of the study population with no major gender difference. The exception was, when analyzing for different sexual practice, that males reported significantly more vaginal and oral sex against their will than females. Coercive sex was associated with several measures on sexual risk behavioral ($p < 0.000$); early sexual initiation, sex at first encounter, last sexual encounter influenced by alcohol or drugs, increasing numbers of partners, STI, receiving or giving reimbursement for sex and Internet activity with sexual focus. Sexual coercion was associated with sexual orientation and low self-esteem and was more often reported by teenagers, respondents living in rural areas, in residential care, youth being unemployed and first generation immigrants. Youth with experience of sexual coercion were less likely to report contact with health promoting work.

Conclusion: Sexual coercion occurs in a substantial proportion of Swedish youth, is associated with risk behavior and STI. The issue of

sexual coercion should be addressed in clinical settings, to identify individuals with risk behavior and enabling further support and health care.

Policy of full disclosure: None

PS-04-003

PSYCHO-SOCIAL DETERMINANTS OF PUBIC HAIR REMOVAL

Di Santo, S. G.¹; Prunas, A.²; Bernorio, R.²; Mori, G.²

¹A.I.S.P.A., Associazione Italiana Sessuolo, Milan, Italy; ²A.I.S.P.A., Milan, Italy

Objective: Women’s body hair removal is strongly normative within Western Countries. Over the last decade, pubic hair removal (PHR) has also become a common grooming practice. Yet, the extent of social influence on this trend is still poorly explored. One purpose of this study was to investigate the variables that firstly influenced the decisions of women for PHR and in what extent they perceived/underwent societal pressure to conform to this practice.

Methods: A sample of Italian women compiled an online survey asking about their PHR practices. Among other variables, (e.g. demographic, relational, hygienic, sexual, frequency of removal, body area involved, shape of pubic hair), reasons for actual removal, age of first removal, adverse events and social concerns about first removal were inquired.

Results: A positive correlation ($p < 0.05$) between current age of participants and age of first PHR was observed, indicating increasing progressive popularity of this practice. Most of the participants reported to have begun PHR after talking about with other women, or after seeing friends/family members with removed hair/discussing about it with others. Influence from the mass media (TV, internet, magazines) was also reported. Explicit social pressure has been observed: participants reported first removal because of explicitly asked or assisted to explicit requests addressed to other women. Surprisingly, around 10% of women reported to have started PHR because they were victims/witnesses of mocking due to the presence of pubic hair. Among the reasons for actual removal, about 30% of the sample answered “because it’s enjoyable”. However, a third of them reported perceived pain or discomfort during/after hair removal, with no significant differences respect other women also regarding other side effects.

Conclusion: Findings suggest that pubic hair removal has become an interiorized strongly normative practice, with sanctions against non-conformity.

Policy of full disclosure: None

PS-04-004

THE ASSESSMENT OF HORMONE REPLACEMENT THERAPY SUCCESS DUE TO HYPOGONADOTROPHIC HYPOGONADISM

Salabas, E.¹; Büyüç, A.²; Bese, C.³; O, M.⁴; Kadioglu, A.³

¹Istanbul Medical Faculty, Urology, İstanbul, Turkey; ²Istanbul Medical Faculty, Turkey; ³Istanbul Medical Faculty, İstanbul, Turkey; ⁴Istanbul Medical Faculty, İstanbul, Turkey

Objective: To analyze the efficacy of hormone replacement therapy on the infertile patients with hypogonadotrophic hypogonadism (HH) diagnosis.

Methods: A total of 140 patients had been diagnosed as HH between years 2002–2012 underwent Cella Pituitary MR imaging to exclude intracranial pathology, genetic and biochemical (hormone) analysis. Patients, who had been diagnosed as HH with low testosterone and FSH levels but without surgical requirement, were administered LH analogues (Recombinant choriogonadotropin) and Recombinant FSH as hormone replacement therapy. Patient followed up was carried out with quarterly semen analysis and hormonal profiles. Detection of sperm in ejaculate and achievement of pregnancy spontaneously or with assisted reproductive techniques were the predetermined primary and secondary endpoints.

Results: The patients with regular follow-ups (80) had been selected out of the HH database with 140 patients and retrospectively investigated. During the treatment period (8–24 months), 51 (70%) patients had sperm appearance in their ejaculate. 34 patients (%42) obtained pregnancy spontaneously; 9 patients (%11) via assisted reproductive techniques. Despite the presence of sperm in their ejaculate, remaining 8 couples (10%) could not achieve pregnancy with neither ICSI/IVF nor natural ways. 29 patients (%36) who had no sperm in their ejaculate yet are under routine control with hormonal treatment.

Conclusion: The medical approach of males, with hypogonadotropic hypogonadism and azoospermia, is a successful treatment modality both in terms of sperm presence in ejaculate and pregnancy rates.

Policy of full disclosure: None

Friday, 31 January 2014

15.00–15.30 Rumeli 2

PS-05 Theory sexuality and culture

PS-05-001

ARE WE READY FOR A MULTICULTURAL SOCIETY? THE CASE FOR MULTICULTURALISM IN SEXUAL AND PARENTING RELATIONSHIPS

Salonia, A.¹; Boeri, L.¹; Capogrosso, P.²; Ventimiglia, E.¹; Colicchia, M.¹; Castagna, G.¹; Camozzi, I.³; Salonia, M.³; Capitanio, U.¹; Damiano, R.⁴; Montorsi, F.¹

¹Ospedale San Raffaele, Milan, Italy; ²Ospedale San Raffaele, Urology, Milan, Italy; ³University of Milan-Bicocca, Italy; ⁴Magna Graecia University, Catanzaro, Italy

Objective: Sociological assessment of people opinion about sensitive issues on multiculturalism in terms of: a) occasional and/or stable sexual relationships; b) natural parenting; c) adoption of children, among Caucasian-European individuals seeking medical help for uroandrologic purposes.

Methods: A cohort of 1033 individuals anonymously completed a 31-item questionnaire with closed questions related to personal attitudes toward multiculturalism. Descriptive statistics was applied to describe the whole cohort.

Results: Complete data collection was available for 297 (28.8%) women (age range: 20–66 yrs) and 736 (71.2%) men (18–73 yrs). Reasons for office evaluation were couple infertility, sexual dysfunction, LUTS, tumors, and other urologic disorders in 56.6%, 16.1%, 8.4%, 1.5%, and 17.4% of participants, respectively. A positive attitude toward a stable [occasional] sexual relationship with a person from a different part of the world was more frequently reported in young patients (18–25 yrs) ($p < 0.01$), male gender ($p < 0.001$), and highly educated participants ($p < 0.001$); conversely, the lower positive response rate was observed in infertile couples and in oncologic participants ($p < 0.001$). A similar behavior was observed for having a stable [and occasional] sexual relationship with a person with a different skin color. Having a child with a person from a different part of the world [and, with a different skin color] is more accepted by participants of intermediate age (36–49 yrs) (all $p = 0.03$), of male gender (all $p = 0.04$), and highly educated (all $p = 0.07$). The least predisposition toward multiculturalism in natural parenting is confirmed for infertile couples and oncologic participants ($p = 0.07$). Of all, intermediate age participants, women, and infertile couples would adopt a child from a different part of the world [and with a different skin color, respectively] (all $p < 0.002$).

Conclusion: The propensity toward the “different” is more pronounced in the area of occasional and/or stable sexual relationships as compared with parenting relationships (biological parenthood and adoption).

Policy of full disclosure: None

PS-05-002

EFFECT OF SELF-EVALUATION AND DIARY KEEPING ON FEMALE SEXUAL FUNCTION IN 30 COUPLES

Bayerle-Eder, M.¹; Wolzt, M.²; Luger, A.²; Muir, D.²; Fuchs, C.²; Sheikh-Rezaei, S.²; Tremmel-Scheinost, M.²

¹Medical University of Vienna, Endocrinology & Clinical Pharm, Austria; ²Medical University of Vienna, Austria

Objective: The aim of the present study was to examine the effect of self-evaluation and diary keeping on female sexual function in 30 couples over 4 weeks.

Methods: Design: open, prospective cohort study Methods: 30 peri/postmenopausal patients diagnosed with Female-Sexual-Dysfunction

and their partners were included. Patients with primary sexual dysfunction, sexual abuse, psychiatric diseases, untreated conditions or receiving medications known to reduce sexual function were excluded. Subjects kept a personal sexual diary and completed questionnaires at baseline and after 4 weeks: Female-Sexual-Function-Index (FSFI), Female-Sexual-Distress-Scale (FSDS), Partner-Performance-Questionnaire (PPQ), Hamilton-Depression-Scale (HDS).

Results: Subjects were 53 ± 6 yrs old and in a partner relationship between 2 to 40 yrs. Total-FSFI score was 18.1 ± 7.4 at baseline and 20.2 ± 6.9 after 4 weeks ($p = \text{n.s. btw. groups}$). Subdomain FSFI-desire increased from 1.9 ± 0.9 to 2.4 ± 0.9 ($p = 0.06$). FSDS score was 22.6 ± 7.4 at baseline and 23.6 ± 6.9 after 4 weeks ($p = \text{n.s. btw. groups}$). PPQ slightly increased from 10.9 ± 2.5 to 11.3 ± 2.9 , whereas HDS ($n = 17$) decreased from 5.9 ± 4 to 4.3 ± 4.1 ($p = \text{n.s., btw. groups}$). In the Personal-Sexual-Diary and at the control visit 17 of 30 patients described an improvement of the communication of sexual problems.

Conclusion: Although objective measurements of female sexual function and depression did not differ before and after 4 weeks of self-evaluation, there was a subjective improvement of sexual life due better a communication of sexual concerns.

Policy of full disclosure: None

PS-05-003

CYBER RULES: WHAT YOU REALLY NEED TO KNOW ABOUT THE INTERNET

Farley Gillispie, J.¹; Gillispie, J.²

¹Berkeley City College, Califor; Multimedia, Menlo Park, Germany;

²Berkeley City College, California, Menlo Park, USA

Policy of full disclosure: None

PS-05-004

ANDROPHASE, A NEW CLINICAL ENTITY: DOES IT EXIST?

Trotta, D.¹; Strepetova, T.²

¹Associazione di Clinica e, Terapia in Sessuologia, Salerno, Italy; ²ACTS and ISA, Salerno, Italy

Objective: Today man lives much more over a long time span. It has opportunity that the man who lived in the millenia before never had. Today man has the possibility of living a new phase of his life and manhood, a new neo andro phase. In short the androphase.

Methods: Clinical analysis and considerations.

Results: Androphase has a different onset and development, different clinical manifestations and impact in different men. Androphase can begin very early (from 40–45), can interest all aspects of sexuality even if men recognize it especially from modification in penile rigidity and capacity to penetrate. There can be important discrepancy between chronological age socio-economic, status and sexual capacity. There are three phases of the androphase. There is a beginning phase, a florid state and a late phase. Late androphase is the most known phase. It is usually confused with andropause as a whole. In late androphase penetration is not possible, desire is gone, sex a vague memory. The florid state is featured by inconstant erections, intermittent potency and ability to penetrate, high sensibility to stressors. The beginning phase is a phase where modifications are not always realized as such and not always are disturbing sexual activity. It is a phase where sexual abilities can overcome fading potency but sexual inability is difficult to comply with. In some people, androphase modifies their sexual desire; in others it shakes their male identity. In other people androphase has repercussions on their erection and penetrative capacity, in some it creates ejaculation problem.

Conclusion: For most men androphase means difficulties in having sex, the way they would like to have, the way they used to have.

Policy of full disclosure: None

Friday, 31 January 2014

17.00–18.00 Rumeli 2

PS-06 Sexuality, health and well-being

PS-06-001

THE PHENOMENON OF VIRGINITY: SOME OF THE ETHNO-PSYCHOLOGICAL CHARACTERISTICS AMONG GEORGIAN WOMAN

Marshania, Z.¹

¹Georgian Society for Sexual Medicine, Scientific Council, Tbilisi, Georgian

Objective: The norms of sexual behavior corresponds to cultural characteristics and style of life of each nation. Clear example of this is the diverse attitudes of societies to the Phenomenon of Virginity. Therefore it was interesting to study some ethno-psychological aspects of the above-mentioned problem in Georgia.

Methods: On the Georgian-language web-site of GSSM # #The Georgian Society for Sexual Medicine# (www.gssm.ge – #The Blog of Medical Doctor#Sexologist#) anonymous on-line consultation for patients, including many women had been provided for past two years. Each person could ask any question to a sexologist and 2599 patients have already received relevant responses.

Results: The analysis of Georgian women's questions shows that majority users of the above-mentioned web-site believe that the most sensitive sexual problem for women in Georgia is virginity. Aspiration to keep virginity and fear to lose it has a mystical tint for Georgian women. In a lot cases young couples do not dare to start sexual life before marriage however instead of vaginal intercourse unmarried couples often use other form of intercourse that allow avoiding damage to the hymen (oral sex, anal sex and petting). Those women who try to hide #lost virginity# usually seek medical help from gynecologists or plastic surgeons in order to restore the integrity of the hymen.

Conclusion: Given the lack of scientific literature on Phenomenon of Virginity in Georgia, on-line consultation on the web-site of GSSM appears to be quite informative and useful. Contrary to expectations it has been established that the number of Georgian women with traditional and conservative values is quite significant. An intact hymen cannot be considered as a defining feature of women's sexual behavior before marriage. However traditions and values regarding respect for the Phenomenon of Virginity in Georgia should not be ignored.

Policy of full disclosure: None

PS-06-002

(SILENCING THE) SELF IN MEDICAL SCHOOL: EFFECTS ON DEPRESSION AND DYADIC/SEXUAL DISSATISFACTION

Shabar, G.¹; Peleg-Sagy, T.²

¹Ben-Gurion University, Beer Sheva, Israel; ²Ben-Gurion University, Psychology, Beer Sheva, Israel

Objective: Background: Female physicians, residents and medical students suffer from depression and dyadic and sexual dissatisfaction. Objective: To identify subjective, or self-related, risk factors for depression and dyadic and sexual dissatisfaction in female medical students in Israel.

Methods: Methods: In study 1, 194 female medical students were assessed twice over a one-year interval. Depressive symptoms, dyadic and sexual dissatisfaction, and three self-concept risk factors (self-criticism, self-concept clarity, and silencing the self) were measured at each time point. In Study 2, fifteen female medical students with elevated levels of depression, assessed in a pilot study (Peleg-Sagy & Shabar, 2012) were interviewed, and their narrative accounts were analyzed quantitatively.

Results: Results: Elevated baseline levels of silencing the self predicted an increase in depressive symptoms over time, as well as an increase in

dyadic and sexual dissatisfaction. The effect of silencing the self on depression was particularly pronounced under low levels of self-concept clarity. All 15 interviewees alluded to the painful tension between their inner, turmoil, self, and their shiny self-presentation.

Conclusion: In female medical students, self-related processes, particularly silencing the self, appear to constitute a risk factor for mental, dyadic, and sexual health.

Policy of full disclosure: None

PS-06-003

ONLINE SEXUAL ACTIVITIES (OSA) AMONG ARABIC SPEAKING MALES IN THE MIDDLE EAST AND THEIR IMPACT ON DAILY NORMAL LIFE

Shamndy, M.¹; Habous, M.²; Elshaer, A.²; Aziz, T.²; Williamson, B.³; Elkboully, M. E.²

¹Alexandria University, Obstetric & Gynecology, Egypt; ²elaj Medical Centers, Jeddah, Saudi Arabia; ³King's College London, United Kingdom

Objective: the internet has changed the way in which we gather or interpret information. cybersex is a subcategory of online sexual activities and it is a growing activity with a significant impact on humans daily life but little research has been done on that issue. our study aimed to declare gender identity, sexual orientation and paraphilias of whom engaged in the online sexual activities among arabic speaking middle eastern males and if it affect their life or not.

Methods: data were collected via an online questionnaire in arabic that included 9 items to be answered by volunteers, those items included: name, age, sex, nationality, marital status, gender identity, if he practices any sexual paraphilias (explained in arabic), sexual orientation and if this practices had impact on his social, occupational or marital life or on his partner. exclusion criteria included female gender and age less than 18 years.

Results: a total of 983 males completed the questioner from 21 middle eastern countries. the mean age was 27. 65% were single, only 2.2 identified themselves as females. 8% described themselves as bisexual and 5% as homosexuals more than half of precipitants reported practice of one or more sexual paraphilis in the last 6 months most practice phone obscene 34%, exhibitionism 18%, voyeurism 7.8%, fetishism 6.5% and many others sexual arousal associated paraphilias. new sexual paraphilias as group sex, sex with more than one and wife exchange were reported. 51% reported that osa had a negative impact and/or distress on their daily life.

Conclusion: sexual arousal associated paraphilias are very common among internet users and frequently and frequently there are more than one coexisting paraphilias and those practices commonly have a negative impact on males daily life and his partner as well. online sexual activities and new sexual paraphilias should be studied thoroughly.

Policy of full disclosure: None

PS-06-004

FEELING “WELL-GROOMED”: PERCEIVED STATUS OF PUBIC HAIR REMOVAL AND BODY IMAGE CONCERNS

Di Santo, S. G.¹; Di Santo, S. G.¹; Prunas, A.²; Bernorio, R.²; Mori, G.³

¹A.I.S.P.A., Associazione Italiana Sesso, Milan, Italy; ²A.I.S.P.A., Milan, Italy; ³Vizzolo Predabissi, Italy

Objective: Pubic hair removal (PHR) appears nowadays to have become an important aspect of expressing women's sexuality and seductiveness. Aim of this study was to investigate the relationship between pubic hair removal behaviors, the direct influence of depilation over aspects of sexuality and sexual quality of life and relationship with women's body image satisfaction.

Methods: A sample of Italian women completed a cross-sectional Internet-based survey. Among other variables, (e.g. demographic, relational, hygienic, sexual, frequency of removal, body area involved,

shape of pubic hair), participants completed questions investigating the effect that the status of their PHR (i.e. to be properly trimmed/depiled) had on aspects of their sexuality (desire, arousal, pleasure, time for orgasm, global effect), the Body Uneasiness Test (BUT) – a self-report questionnaire which measures weight phobia, body image concerns, avoidance, self-monitoring, detachment, depersonalization and worries about particular body parts/functions – the Sexual Quality of Life questionnaire and the F-SFI. Chi-square analyses and analysis of variance were used to examine data.

Results: Results suggest the existence of a relationship between perceived status of PHR over sexuality and body image dissatisfaction.

Conclusion: Though some people are comfortable with their own body, others feel so self-conscious to be significantly affected in their sexuality judgements by body image concerns related to PHR.

Policy of full disclosure: None

PS-06-005

TANGO: A SUOL DESIRE, OR A WIRELESS CONNECTION OF THE HUMAN BRAIN?

Simeone, M. P.¹

¹ASL BA, Sexuology, Bari, Italy

Objective: The Tango, today, has become an extension of psicoanalysis, as a form of physical exploration of oneself and an attempt to define a fragile Identity. Given to the increasing popularity of tango dancing, the study aims to understand the significance of Dance in the process of identification in feminine and masculine rules.

Methods: The entails codes gradually take over the body and render a person more gentle towards the others. The study fields is about : dance, music, place of communications, fanatsies, rules and codes of attractions, perversion, style of life of people who dance Tango.

Results: Tango is a simulation of life, as a cathartic dancing, healing dancing, modern movement claims the medical rite of ancient time. Tango trasmits subtiles intuitions, early recognition signs or, conversely, signs of rejection. It could constitutes a channel of sublime and regenerative communication.

Conclusion: The Tango, not only increases sexual fantasies, also re-educates the body to the harmony and to the contact with the others, according to the ritual codified by the magical place where Tango is danced: the Milonga. Moreover, as with a mania or a therapy, Tango may induce a form of addiction and well-being.

Policy of full disclosure: None

PS-06-006

THE FEMALE SEXUAL PLEASURE: A SURVEY IN A GROUP OF ITALIAN WOMEN AND MEN

Rossi, R.¹; Todaro, E.¹

¹Institute of Clinical Sexology, Rome, Italy

Objective: The main objective of the research is to investigate female sexual pleasure through the responses of women and men in three principal areas: importance of sexuality, orgasm and female ejaculation.

Methods: The research involved 729 subjects (161 M, 568 F) aged between 18–70 years (average 32 years, SD = 8), of which 25% single and 72.3% in a stable couple relationship. The questionnaire, distributed online, collected: socio demographic data, sexual orientation, importance of sexuality, knowledge and experimentation of female ejaculation and sexual practices mostly related to orgasm. Statistics were performed using SPSS for Windows.

Results: Of the 729 subjects, 56% expressed that sexuality was “very important” in their couple relationships (53% M, 47% F) and 53.6% described it as “very important” for the partner (41.48% M, 58.52% F). Among the 568 women, the practices most frequently associated with achieving orgasm are: “always” through self-stimulation of the clitoris (37.32%), “often” through penetrative intercourse (29.3%) and “sometimes” through oral sex. Regarding the female ejaculation, 58.4% of women has never experienced it, nor by self-stimulation (64.4%), or through penetration (60%) or through manual stimulation

of the genitals by the partner (64.4%). Men reported that the female orgasm is more associated with the manual stimulation of the clitoris and that 53.5% of them have heard of female ejaculation, but they never experienced it personally and do not know if the partners ever has.

Conclusion: The data confirms some of the major scientific knowledge on female sexual pleasure (as the importance of clitoris stimulation and the lack of knowledge and experience regarding the ejaculation, both in women and men), highlighting some perspectives worthy of further investigation.

Policy of full disclosure: None

PS-06-007

PERSONALITY AND LOCUS OF CONTROL IN VAGINISMUS: A PILOT STUDY

Nimbi, F. M.¹; Formaggi, P.²; Silvaggi, C.²; Simonelli, C.²

¹ISC (Rome), Perugia, Italy; ²ISC (Rome), Italy

Objective: Clinical work shows that Vaginismus affects women with similar personality. Our aim is to understand which traits are more common in this dysfunction and which role is played by Locus of Control.

Methods: A cohort of women with vaginismus from the Institute of Clinical Sexology of Rome was invited to complete three tests: Female Sexual Function Index, Big Five Questionnaire and Locus of Control of Behavior. Evaluated variables enclose presence of sexual dysfunctions, openness to experiences, conscientiousness, extraversion, agreeableness, neuroticism and Locus of Control.

Results: A total of 18 women complete the tests. The mean age was 29.78 years (ds 4.89) and the 55.56% shows both vaginismus and anorgasm. In a multilinear regression analysis, pain is negatively correlated with dominance ($r = -.77$; $p = .001$) and Locus of Control is negatively associated with orgasm ($r = -.62$; $p = .006$). Neuroticism and openness to experiences are associated with sexual desire. The sexual functioning is correlated with agreeableness ($r = .71$; $p = .001$), with neuroticism ($r = .60$; $p = .009$) and with openness to experiences ($r = .61$; $p = .008$). Results underline that many women give negative false self-profiles (very self-critical and frustrated).

Conclusion: Results describe introverted, submissive, depending, not cooperative and detached women. Too much self-regulation and self-control can affect sexuality. The presence of an external Locus of Control doesn't guarantee a better taking care (women usually don't ask for help). Above all these women report low openness to experiences; in line with bibliography, they are refractory to changes, taboos and news. Clinicians have to consider this closeness during the therapy and they should help them acquiring an internal Locus of Control for a better taking care of the problem.

Policy of full disclosure: None

PS-06-008

TELEPHONE COUNSELING FOR SEXUAL PROBLEMS: 2007–2013 ACTIVITY OF THE INSTITUTE OF CLINICAL SEXOLOGY OF ROME

Tripodi, F.¹; Nimbi, F. M.²; Napoli, E.³; Farnesi, V.³; Rossi, R.⁴

¹University of Rome, La Sapienza Rome, Italy, Roma, Italy; ²ISC (Rome), Perugia, Italy; ³ISC (Rome), Italy; ⁴ISC (Rome), Roma, Italy

Objective: Help-lines are a common counseling services used by who is looking for advice on sexual problems. Despite of this, relatively few peer-reviewed reports on this subject have been published in the last years. Our aim is to analyze the requests presented by users calling the help-line of Institute of Clinical Sexology of Rome for sexual problems. It would be useful to improve the telephone counseling service.

Methods: The study included all valid records of calls received during the 7-years period of 2007–2013 (N = 1018) by a team of about 15

counselor (males and females). Data were collected by specific checklist and examined using descriptive statistics and bivariate analysis.

Results: Users are 66.6% males and 33.4% females and the mean age is 36.27 years (ds 10.71). Most of the calls are about relational problems (42.9%) like unfaithfulness. Users frequently reported difficulties about male sexual dysfunctions (30.7%), in particular on erectile dysfunction, premature ejaculation and low/inhibited desire (21%, 13.5% and 7.1% respectively). Among female sexual dysfunctions' calls (8.8%), the majority reported difficulties such as low/inhibited desire and vaginismus (3.3% and 2.8% respectively). Medical requests were 9.9% of the total. Also many information calls were received (31.7%). The majority of callers (58.5%) had not previously sought consultation for their problem. The role of the counselor is to referral to specific professionals (54.3%), give information (39.6%) and analyze the request (34.3%). The mean time of a standard call is 14.78 minutes.

Conclusion: From a qualitative point of view the service seems to be used in different ways: men usually ask for organic causes and fast treatments; women reflect on psychological and relational aspects. This kind of counseling is an effective resource to elicit requests that otherwise might remain hidden and therefore it could be a useful link with the health-care system.

Policy of full disclosure: None

PS-06-009

THE ROLE OF PHYSIOTHERAPY TO ENHANCE SEXUAL HEALTH IN CHRONIC DISEASE

Areskoug-Josefsson, K.¹

¹Samrehab, Värnamo Sjukhus, Sweden

Objective: To explore the role of the physiotherapist concerning the enhancement of sexual health for persons with chronic disease.

Methods: Literature review.

Results: Sexual health is often considered important for patients with chronic diseases, but it is often unclear within the rehabilitation team how and by whom the issue should be addressed. Physical therapy is often a part of team rehabilitation for patients with chronic diseases, but the role of the physiotherapist concerning improvement of sexual health is rarely described.

Conclusion: Physical therapy provides services to individuals and populations to develop, maintain and restore maximum movement and functional ability throughout the lifespan. This includes providing services when movement and function are limited by disease. Physical therapy is concerned with identifying and maximizing quality of life, thereby including the dimension of sexual health. However, sexual health is not commonly discussed as an aim for physical therapy interventions even if there are indications that physical therapy may enhance sexual health for persons with chronic disease. There is a need for further research concerning the role of physical therapy as a promoter of sexual health in chronic disease.

Policy of full disclosure: None

Saturday, 1 February 2014

10.30–11.00 Rumeli B1

PS-07 Sexuality and education

PS-07-001

INTEGRATING SEXOLOGY EDUCATION INTO PSYCHIATRY RESIDENCY TRAINING: PERSPECTIVES FROM THE USA

Lin, D.¹; Kleinbart, E.²

¹Beth Israel Medical Center, Psychiatry, New York, USA; ²Beth Israel Medical Center, New York, USA

Objective: The presentation will focus on how psychosexual medicine and sexology education can be integrated into psychiatry residency training.

Methods: The Psychosexual Medicine Program currently being implemented at Beth Israel Medical Center, Department of Psychiatry and Behavioral Sciences in New York, NY will be described.

Results: The positive impact on the training program and overwhelming support from faculty and residents of the program will be discussed.

Conclusion: An argument will be made why it is important to teach sexual medicine in psychiatry residency training and how psychiatrists are uniquely positioned to be good sexologists. It will be recommended that sexual medicine education become an integrated part of psychiatry residency training everywhere in the USA.

Policy of full disclosure: None

PS-07-002

ROLE OF SEX EDUCATION IN CONSERVATIVE MUSLIM SOCIETY LIKE PAKISTAN WHERE MASTRUBATION IS A TABOO AND MAIN CAUSE OF SEXUAL DYSFUNCTION

Nasim, M. A. Farooq¹

¹Nasim Fertility Center; Sexual Medicine, Lahore, Pakistan

Objective: OBJECTIVE This study is designed to elaborate the need for sex education in conservative Muslim society where masturbation is a taboo and considered to be the cause of different sexual dysfunctions, and it is not religiously allowed.

Methods: MATERIAL AND METHODS 5620 Patients of sexual dysfunctions were treated at Nasim fertility center, Lahore, Islamabad, & Faisalabad during 2011–2013. The patients suffering from early ejaculation impotence and jaryan (a cultural sexual dysfunction) were 54%, 32% and 10% respectively. All the patients attributed masturbation as the cause of dysfunction. Scientist explanation of masturbation and sex organs and sexual response cycle in humans removed the preconceived idea of masturbation as cause of sexual dysfunction.

Results: RESULTS Sex education in Islamic and scientific context can save the youth from many sexual dysfunctions.

Conclusion: CONCLUSION Guilt feeling to masturbation due to Islamic restrictions and wrong information by quacks and hakims that masturbation destroys the sexual health and muscles of penis leads to sexual neurosis and is underlying major cause of common sexual dysfunction. By providing sex education on masturbation much of sexual dysfunction can be prevented in conservative Muslim society like Pakistan.

Policy of full disclosure: None

PS-07-003

EDUCATION FOR SEXUALLY RESPONSIBLE BEHAVIOR AMONG ADOLESCENTS

Lepusic, D.¹

¹KBCSestre Milosrdnice & Aktiva, Gyn/Ob, Zagreb, Croatia

Objective: HPV is one of the most frequent sexually transmitted diseases in the world. Vaccine to immunise against HPV infection would be a valuable strategy for the primary prevention of cervical cancer. Sexually active adolescents face serious health risks associated with unprotected sexual intercourse.

Methods: We took epidemiological research Epidemiological anamnesis were analysed: contraception methods used, hygiene habits, smoking of cigarettes, number of sexual partners and the period from the first intercourse to the appearance of cervical dysplasia.

Results: We organized multimedia presentations Name of the project “Knowledge is pleasure”. Adolescents joined project active, by making their own web sites, scene performances, poems, posters, lectures. . . all with sexually responsible behaviour themes. Lectures were short (each 20–30 min) accompanied with discussion. By organizing multimedia presentations the interest of that population to attend would be greater. Concerts and other presentations after the lecture was some kind of bait for that population to be present at the lecture. In all given lectures the lecture rooms were too small to accept all audience interested in lecture. Questions they made after the lecture were those usual for that age. They asked about the way of contracting HPV and other STD-s, medical treatment of partners and use of contraceptives and also about vaccina. Booklets explaining in a popular way the sexually transmitted diseases, way of catching infection and protecting methods were distributed.

Conclusion: For systematic prevention it is necessary: introduce an effective sexual education in schools starting from primary school, develop interdisciplinary cooperation between social and medical sciences, including all experts.

Policy of full disclosure: None

PS-07-004

SEX EDUCATION IN A REPRESENTATIVE SAMPLE OF PORTUGUESE SCHOOLS: A MIXED APPROACH

Rocha, A. C.¹; Duarte, C.²

¹University of Porto, Faculty of Psychology, Portugal; ²University of Porto, Portugal

Objective: The main goals of this paper are to characterize the implementation of sex education in Portuguese schools, three years after the newest law, and determine independent predictors of sex education implementation, according a bioecological perspective.

Methods: Using a stratified random sampling method, we collected a representative sample of 296 Portuguese schools. Data about school-based sex-education implementation and school characteristics (e.g. head teacher's sex and age) was obtained with a questionnaire and documents. We used descriptive statistics, analysis of variance to compare groups (e.g. schools that implement sex education and schools that do not implement it), and logistic regression models to determine independent predictors of sex education implementation. The documents were analyzed by two coders.

Results: The majority of schools implements sex education and has a sex education/health education team that develops a project. The most common ways to implement it are teaching across the whole school curriculum and doing extracurricular activities with the support of partnerships. There are differences between schools that implement sex education and schools that do not implement it in microsystem variables (school type, head teacher's training area, and knowledge about sex education law).

Conclusion: The results clarify previous data and highlight not only some predictors of sex education implementation, but also the importance of a bioecological perspective.

Policy of full disclosure: Portuguese Foundation for Sciences and Technology.

Saturday, 1 February 2014
11.30–12.00 Rumeli B1
PS-08 Reproductive health

PS-08-001

COMBINATION THERAPY WITH ANTIESTROGEN AND A NATURAL COMPOSITE CONTAINING TRIBULUS TERRESTRIS, ALGA ECKLONIA BICYCLIS, BIOVIS AND MYO-INOSITOL IN THE TREATMENT OF MALE IDIOPATHIC INFERTILITY

Iacono, F.¹; Ruffo, A.²; Prezioso, D.¹; Illiano, E.¹; Romeo, G.¹; Romis, L.³; Capasso, F.¹; Di Lauro, G.³

¹Federico II University, Napoli, Italy; ²Federico II University, Urology, Napoli, Italy; ³Hospital S.Maria delle grazie, Napoli, Italy

Objective: we treated male idiopathic infertility with a combination of tamoxifen citrate and a natural composite containing Tribulus terrestris, alga Ecklonia bicyclis, Biovis and myo-Inositol.

Methods: In this study, we enrolled ninety infertile men. Mean age was 29.2 ± 7.8 . Inclusion criteria: repeated exhibition of oligoasthenozoospermia without detectable cause. Patients were assigned to three treatment groups: Group A tamoxifene citrate (20 mg/day) and a natural composite with an antioxidant and androgen-mimetic action (150 mg of alga Ecklonia Bicyclis, 396 mg of Tribulus terrestris, 144 mg of Biovis and 1000 mg myo-Inositol); Group B tamoxifene citrate (20 mg/day), Group C placebo. We evaluated the number of spontaneous pregnancies, sperm volume, concentration, sperm total motility, sperm forward progressive motility, normal sperm morphology.

Results: After 6 months the number of spontaneous pregnancies was higher in the Group A (13 pregnancies, 33.3%) then the other two groups: Group B (6 pregnancies, 20%) and Group C (4 pregnancies, 13.3%). Sperm concentration improved: Group A from 8.49×10^6 cells/ml ± 5.57 to 29.1×10^6 cells/ml ± 7.63 ; Group B from 7.98×10^6 to 14.43×10^6 cells/ml ± 3.43 ; Group C from 9.65×10^6 cells/ml ± 6.54 to 10.53×10^6 cells/ml ± 8.5 . In Group A, sperm total motility improved from $31\% \pm 11\%$ at baseline to $40\% \pm 14\%$ whilst the forward progressive motility slightly improved from $5\% \pm 3\%$ to $9\% \pm 4\%$. In the group B and C, there were not reported statistically significant changes of motility.

Conclusion: The combination therapy leads to a higher incidence of pregnancy rates and gives an improvement of semen parameters comparing with the single use of tamoxifen citrate and with the control group.

Policy of full disclosure: None

PS-08-002

PROTEOMIC ANALYSIS OF SEMINAL FLUID FROM INFERTILE PATIENTS WITH OLIGOASTHENOTERATOZOOSPERMIA DUE TO OXIDATIVE STRESS AND COMPARISON TO FERTILE VOLUNTEERS

Herwig, R.¹; Kübbas, F.²; Bennett, K.³; Greilberger, J.⁴

¹Medical University Vienna, Urology, Austria; ²Medical University Vienna, Austria; ³CeMM, MUW, Vienna, Austria; ⁴Medical University Graz, Vienna, Austria

Objective: To compare the expression protein profile of seminal plasma from infertile men with oligoasthenoteratozoospermia (OAT) due to oxidative stress; and healthy, fertile men to determine the proteins indicative of infertility.

Methods: In this experimental study of a University hospital and research institute the semen samples from 11 healthy, fertile (according

to WHO criteria) male volunteers and 11 infertile idiopathic oligoasthenoteratozoospermia (iOAT) patients were measured. Main Outcome Measurements were Proteomic analysis performed by liquid chromatography mass spectrometry (LCMS) on a hybrid LTQ Orbitrap Velos mass spectrometer; carbonylation assay to determine degree of oxidative stress was performed additionally to classical WHO sperm count criteria.

Results: A total of 2,489 proteins were identified from seminal plasma, which represents the highest number of unique proteins identified to date. Twenty four proteins were determined as #1.5-fold upregulated in the infertile iOAT males as compared to the fertile controls; and 27 proteins from iOAT patients only, were identified as common across all analyses. Only 5 of the proteins were shared between these two groups.

Conclusion: A panel of 46 proteins and four pathways were identified in patients with iOAT that are potential candidates in understanding the aetiology and new treatments of OAT due to oxidative stress.

Policy of full disclosure: None

PS-08-003

THE IMPACT OF OBESITY AND TOBACCO SMOKE ON SEMEN PARAMETERS AND HORMONAL PROFILE IN SAUDI MEN

Abdallab, A.¹; Garaffa, G.²; Williamson, B.³; Muir, G.⁴; Shamdy, M.⁵; Badwan, A.⁵; Habous, M.⁵

¹elaj Medical Center, Urology, Madinah, Saudi Arabia; ²Whipps Cross University Hospit, London, UK, Saudi Arabia; ³BSc (Hons) DHMSA Clinical Medi, Surrey RH4 1NT, UK, Saudi Arabia; ⁴King's College Hospital Honora, London, United Kingdom; ⁵elaj Medical Center, Jeddah, Saudi Arabia

Objective: To assess the impact of obesity and tobacco smoke on semen analysis parameters and sexual hormonal profile in Saudi Arabian men.

Methods: A total of 324 men who attended to our clinic for fertility and pre-marital check up between January 2013 and June 2013 were included in this prospective study. Exclusion criteria were azoospermia, atrophic testicles, Klinefelter syndrome and severe hormonal abnormalities. A thorough medical history as well as a baseline blood pressure was taken during the assessment and the body mass index (BMI) was calculated. The parameters evaluated in the semen analysis (SA) included volume (V), total sperm count (C), total motility (TM), progressive motility (PM) and abnormal forms (AB). The hormonal profile included testosterone (T), prolactin (P), luteinizing hormone (LH) and follicle stimulating hormone (FSH).

Results: The mean age of participants was 33 year and the mean BMI was 30. Overall, 43% of patient presented an incidental varicocele and 37% were tobacco smokers. Patients with BMI > 30 had a slightly lower level of testosterone ($r = -0.354$, $P < 0.001$) and sperm count ($r = -0.221$, $P < 0.001$) than patients with a lower BMI. Sperm motility was affected by age and not by increased BMI ($r = -0.226$, $P = 0.002$). There was no correlation between tobacco smoke and impairment of seminal parameters and hormonal profile.

Conclusion: Although larger series will be required to confirm these results, seminal parameters and hormonal profile seem to be marginally affected by BMI > 30 but not by tobacco smoke.

Policy of full disclosure: None

PS-08-004

THE EFFECT OF CELL PHONE USE ON SPERM PARAMETERS

Aydogdu, O.¹; Karakose, A.²; Atesci, Y. Z.²

¹Izmir Univ, Urology, Turkey; ²Izmir Univ, Turkey

Objective: Cell phones which are widely used in recent years may potentially have unwanted effects on several organ systems due to electromagnetic wave (EMW) emission. In the present study we aimed

to investigate the potential negative effect of cell phone use on sperm parameters.

Methods: 214 male patients were included in the study. Patients with a history of previous scrotal surgery, medical treatment for infertility, chronic disease and tobacco and/or alcohol use were excluded. Patients were divided in four groups in terms of cell phone use frequency. In addition patients were divided in 3 groups in terms of the localization of the cell phone that patients carry on themselves. Groups were compared for total sperm count, motility and percentage of normal morphology. Chi-square test was used for statistical analyses and a p value of <0.05 was set as statistically significant.

Results: All sperm parameters were significantly higher in men who use cell phone <1 hours/day. Significant difference was noted between the patients who use cell phone 1–2 hours/day and 2–5 hours/day in terms of total sperm count and motility. All sperm parameters were significantly lower in patients who use cell phone more 5 hours/day compared to other groups. No statistical difference was noted between the groups in terms of cell phone localization.

Conclusion: Cell phone use has a negative effect on sperm parameters. Further trials evaluating the use of other devices that disseminate EMW and frequency of cell phone use more objectively are required to support the results of the recent study.

Policy of full disclosure: None

PS-08-005

COMPARISON OF THE RATIO OF THE LENGTH OF THE SECOND AND FOURTH DIGITS IN SUBGROUPS OF FERTILE AND INFERTILE CASES

Akinal, E. C.¹; Demirtas, A.²; Ekmekcioglu, O.²

¹Erciyes University, Urology, Kayseri, Turkey; ²Erciyes University, Kayseri, Turkey

Objective: The aim of this study was to evaluate whether a relationship exists 2nd and 4th digit ratios in subgroups of fertile and infertile patients.

Methods: 371 male patients who admitted to infertility outpatient clinic were included the study. Physical examination, semen analysis, height and weight measurements were also performed to each case and blood samples were taken to assess hormone levels. Patients were divided into seven sub-groups according to the evaluation results. Hand images of the patients were scanned and 2nd and 4th finger

lengths measured by calliper on the computer screen. 2D : 4D ratios were calculated and recorded.

Results: There is no statistically significant difference between groups when 2D : 4D ratio was evaluated whether there are differences between groups. There is no significant differences between groups were found when the groups were compared according to 2D : 4D ratio was <1 or #1. Statistically significant difference were found in the analysis of the right hand only by combining some similar groups.

Conclusion: According to 2D : 4D ratio, there is no statistically significant differences between the subgroups of fertile and infertile patients. For this reason, 2D : 4D ratio is far from being a reliable diagnostic method in the management of infertile patients.

Policy of full disclosure: None

Group no	Groups	Right 2nd and 4th Digit Ratio *		Left 2nd and 4th Digit Ratio **		Total I
		<1 n.(%)	>1 n.(%)	<1 n.(%)	>1 n.(%)	
1	Sperm count < 5 million/ml	104 (90.4)	11 (9.6)	97 (84.3)	18 (15.7)	115
2	Sperm count ≥ 5 million/ ml	77 (85.6)	13 (14.4)	73 (81.1)	17 (18.9)	90
3	Klinefelter Syndrome	60 (92.3)	5 (7.7)	58 (89.2)	7 (10.8)	65
4	Hypogonadotropi c Hypogonadism	22 (81.5)	5 (18.5)	20 (74.1)	7 (25.9)	27
5	Vasal Agenesis	24 (70.6)	10 (29.4)	25 (73.5)	9 (26.5)	34
6	Control Group	36 (90.0)	4 (10.0)	38 (95.0)	2 (5.0)	40
Total		323 (87.1)	48 (12.9)	38 (95.0)	60 (16.2)	371

* p=0.032; Multi-row Chi Square test ** p=0.071; Multi-row Chi Square test

HIGHLIGHTED POSTER TOURS – EFS

Thursday, 30 January 2014

11.00–11.30 Foyer

HP-01 Basic research in sexology

HP-01-001

VIRGINITY TESTING IMPACT ON WOMEN'S LIFE IN KOSOVO SOCIETY

Fejza, H.¹; Tolaj, I.²; Tolaj, J.²; Blakaj, F.²

¹Prishtina, Albania; ²University Clinical Center, Prishtina, Albania

Objective: The overall objective of the study was to analyze the reasons for virginity test and impact on future women's life.

Methods: Cross-sectional study concerns the analysis of 544 virginity tests covering period from 2000–2010 year. All reports from virginity testing were entered into a database after manual coding and validation to be transferred into SPSS for further processing and analysis.

Results: The main reasons why women undergo virginity test is the doubt of partner with 32% of cases. From overall number of 554 records, in 52.2% of cases hymen was intact, 22.8% had a fresh broken hymen and 22.6% had an old broken hymen. 22.4% have undergone testing only to confirm whether they are virgins or not and 18.9% in their own will.

Conclusion: Virginity testing still determine the future women's life in Kosovo. Is a need for a proper sexual and social education in order to reduce the need for virginity testing as a mean to prove female virginity as a fate for many women in Kosovo society.

Policy of full disclosure: None

HP-01-002

GENDER DIFFERENCES IN THE ASSESSMENT OF SEX PICTURES: TOWARDS THE DEVELOPMENT OF AN ECOLOGICALLY VALID DATABASE

Carvalho, J.¹; Pereira, A. T.²; Nobre, P. J.³; Santos, I. M.²

¹Universidade do Porto, Faculdade de Psicologia, Portugal; ²Universidade de Aveiro, IBILL, Portugal; ³Universidade do Porto, Portugal

Objective: Experimental sex research requires the use of erotica (e.g., images, film-clips) as a mean to induce sexual arousal and other forms of psychophysiological/behavioral responses during laboratorial assessment. Several types of stimuli aimed at inducing some sort of psychophysiological state (e.g., International Affective Picture System) have been developed and extensively used in different types of research. However, current sets of visual stimuli are not suitable for sex research as its pictures have been appraised by participants as old-fashioned and by researchers as lacking ecological validity. Thus, the aim of this study was to develop and validate a database of sex pictures. Such pictures are expected to fit the needs of experimental studies on human sexuality (e.g., eyetracking studies, EEG studies) while considering gender differences in the preference for erotica.

Methods: 180 pictures (retrieved from internet) varying in sexual content (non-sexually explicit, moderately explicit, and sexually explicit) were presented in blocks of 60 pictures and rated by male (n = 45) and female (n = 48) college students, separately. Pictures from each block were randomly presented to participants; the visualization of each picture was followed by its assessment on the following parameters: emotional valence (pleasantness), (general) arousal, subjective sexual arousal, and sexual content. ANOVAs were performed.

Results: Findings revealed a significant main effect of Gender on emotional valence to non-sexually explicit pictures (women rated these pictures as significantly more pleasant than men), and to sexually explicit pictures (women rated such pictures as significantly more unpleasant); further, there was a main effect of Gender on subjective sexual arousal to sexually explicit pictures (men reported significantly more sexual arousal to this set of images).

Conclusion: Findings corroborate previous data on gender preferences for erotica (as measured physiologically and subjectively) thus supporting the ecological validity of the selected sex pictures.

Policy of full disclosure: None

HP-01-003

POWER FROM AN INDIVIDUAL PERSPECTIVE VERSUS SELECTED ASPECTS OF SEXUALITY

Kocur, D.¹

¹University of Silesia, Department of Psychology, Katowice, Poland

Objective: The consequences of power have a profound impact on individuals. As shown by many papers, power leads to experience more positive and less negative emotions, allowing us to enjoy higher self-esteem, better physical health and longevity. One can ask the following question: does the fact of having power affect also our sexuality? The aim of this research was to determine the dependence between the personal sense of power and sexual satisfaction, attitudes towards power in sexual relationships, orientation in close relations as well as biological and psychological gender.

Methods: The research covered a group of 163 persons, including 84 females and 79 males. The mean age for a person in this group was 29.02 (SD = 9.92). Respondents came mainly from towns with a population ranging from 10 to 100K (47%). 58% of respondents completed secondary education, while academic education had 40%. The research process adopted: Sense of Power Scale, Power-Sexuality Questionnaire, Sexual Relationship Test, Psychological Gender Inventory and Likert scale of sexual satisfaction.

Results: 1. Sexual satisfaction significantly correlates with the sense of power in relation with close relationship partner, with femininity and age. 2. The highest sense of power was found in relations between a friend and partner in close relationships, while the lowest sense of power was noted in relations with the manager and fellow workers. 3. The highest correlations for sense of power were found for masculinity. 4. The attitude towards the interconnection between power and sex significantly correlated with masculinity.

Conclusion: It is necessary to go deeper into the problem of interdependence between the sense and possession of power and sexuality-related variables. Potential results can be used in theoretical domains, like social psychology and practical ones, like couple therapy, therapy of sexual disorders or psychotherapy.

Policy of full disclosure: None

HP-01-004

ALTHOUGH WOMEN COME FROM VENUS AND MEN FROM MARS, BOTH DESIRE IN THE SAME DIRECTION: AN ORIGINAL AND EXPLORATORY EYETRACKING STUDY

Bolmont, M.¹; Bianchi-Demicheli, F.²; Pegna, A.²¹University of Geneva, psychology, Switzerland; ²University hospital, Geneva, Switzerland

Objective: Sexual desire can be defined as “an increase in the frequency and intensity of thoughts / fantasies and desire sexual intercourse, desire to interact with each other” (Cacioppo, Bianchi-Demicheli, Frum, Pfaus & Lewis, 2012). It can be triggered by external (visual, tactile, auditory, olfactory) or internal (memories, fantasies) stimuli. Few studies have investigated these components of sexual desire. In our investigation, we focused on visual stimuli with the aim of establishing whether or not there exists a specific pattern of visual exploration linked to sexual desire among male and female subjects.

Methods: To assess this question, we conducted an eyetracking study in which participants made an esthetic judgment of beauty in addition to a judgment of perceived sexual desire.

Results: Regarding the assessment of perceived sexual desire, the main results for male viewers revealed that they explored longer the breast than the abdomen ($p < .001$) and the genital area ($p < .01$). For female viewers, the pattern of exploration showed that the abdomen ($p < .001$) and the breast ($p < .001$) were scanned more extensively than the genital area. Concerning the differences between male and female viewers, the results revealed that males fixated the genital area more frequently than females ($p = .03$), whereas females trend to fixate more frequently and longer the abdomen than males ($p < .001$), whether they were instructed to evaluate their perceived sexual desire. Furthermore the main results for esthetic assessment of beauty were quite similar to the results observed for assessment of perceived sexual desire.

Conclusion: In conclusion, these exploratory results are interesting in that they help open up new perspectives in identifying the visual features that play a part in sexual desire. Further experiments with patients suffering from hypoactive/hyperactive sexual desire disorders will be conducted in order to determine how pathological conditions may affect perception of sexual cues.

Policy of full disclosure: None



HP-01-005

ANTIOXIDANT EFFECTS OF POMEGRANATE EXTRACT AGAINST METHOTREXATE-INDUCED TESTICULAR INJURY IN RATS

Bozkurt, Y.¹; Daggulli, M.²; Bodakçi, M. N.²; Soylemez, H.²; Bozkurt, M.³; Sancaktutar, A. A.²; Penbegul, N.²; Atar, M.²; Ozbay, I.⁴¹Dicle University, Urology, Diyarbakir, Turkey; ²Dicle University, Diyarbakir, Turkey; ³Dicle University, FTR, Diyarbakir, Turkey; ⁴Ataturk University, Erzurum, Turkey

Objective: The aim of this study was to investigate the effect of pomegranate extract (PE) on methotrexate (MTX)-induced testicular damage in rats.

Methods: Twenty-four rats were divided into three groups: group I, control; group II, MTX-treated; group III, MTX+PE-treated. 225 mg/kg PE was administered to the group II through orogastric gavage for seven days. A single dose of 20 mg/kg MTX was administered intraperitoneally to groups II and III on the second day of the experiment. Blood samples and testis tissues were obtained for the measurement of malondialdehyde (MDA), total antioxidant capacity (TAS), total oxidant status (TOS), and oxidative stress index (OSI).

Results: Analysis of serum and testis sampled revealed that MDA, TOS and OSI levels were significantly greater in the group receiving MTX alone, while the TAS level was significantly reduced in the MTX group when compared with the control group. The administration of PE was associated with significantly decreased MDA, TOS, and OSI levels and increased TAS levels relative to the rats treated with MTX alone. Oxidant and antioxidant parameters in rat groups are shown in table 1.

Conclusion: Oxidative stress plays an important role in MTX-induced testis injury, which is partially abrogated by the administration of PE.

Policy of full disclosure: None

Table 1: Oxidant and antioxidant parameters in rat groups (means±SD)

GROUPS	SERUM				TESTIS TISSUE			
	TAS (mmol Trolox Eqv/L)	TOS (mmol H ₂ O ₂ Eqv/L)	OSI	MDA (μM)	TAS (mmol Trolox Eqv/g tissue)	TOS (mmol H ₂ O ₂ Eqv/g tissue)	OSI	MDA (μmol/g tissue)
CONTROL (I)	1.67±0.08	11.40±3.38	6.89±2.30	2.47±0.55	3.12±0.33	115.88±33.20	37.20±10.59	32.69±4.78
MTX (II)	1.34±0.15	35.57±6.45	26.60±19.01	3.55±0.34	2.41±0.92	175.59±53.72	83.50±44.77	40.60±5.78
MTX+PEM (III)	1.65±0.16	16.18±5.95	9.98±4.33	2.47±0.85	3.31±0.49	113.24±22.20	34.74±8.34	33.18±6.71
p value between groups								
I-2	0.002	0.001	0.001	0.002	0.024	0.016	0.016	0.046
I-3	0.599	0.093	0.208	0.753	0.345	0.753	0.674	0.529
2-3	0.005	0.009	0.009	0.021	0.027	0.021	0.009	0.036

TAS: Total antioxidant capacity; TOS: Total oxidant status; MDA: malondialdehyde; MTX: methotrexate; PE: pomegranate extract

HP-01-006

SEXUAL ADDICTION QUESTIONNAIRE (SAQ): PROPOSAL FOR A CUT-OFF SCORE

Quattrini, F.¹; Spaccarotella, M.²; Sarracino, R.²; Palpini, F.²

¹Dep. of Experimental and Clinical, Science “G. D’Annunzio” University, L’Aquila, Italy; ²Ist Ita Sessuologia Scientific, Roma, Italy

Objective: In order to validate the Sexual Addiction Questionnaire (SAQ) # introduced in WAS Goteborg 2009 and presented in EFS Madrid 2012 # as a legitimate instrument to examine sexual addiction, we needed a cut-off score able to discriminate the presence and the absence of a sexual addiction, thus granting the SAQ the status of a diagnostic tool.

Methods: We recruited 1000 subjects through the Italian Institute of Scientific Sexology website (www.iissweb.it) between January 2010 and January 2012. After exclusion of partially missing data, the number of subjects was reduced to 714. We performed a descriptive and categorical statistical analysis using the answers of a key self-evaluative variable of the SAQ.

Results: The answers given to the self-evaluative variable were crossed with the percentile distribution of the sample about possible classes of score and we obtained a theoretical cut-off score. To evaluate this cut-off (not having a control group), we used the results of previous studies (Petrucelli, Notaro, Loffredi 2004; Avenia, Pistuddi 2007) that estimated that sexual addiction has a prevalence of 6% in the Italian population: applying this data to our sample we obtained the same cut-off score as established by the exam of the classes distribution scoring. The definitive cut-off is considered 170. As a further validation, SAQ located 41 subjects with sexual addiction (score > 170), 38 of which (93%) self-evaluated as addicted.

Conclusion: SAQ is a valid diagnostic tool. We obtained a cut-off score for SAQ to distinguish subjects with sexual addiction, with a good theoretical result. The next challenge will be to prove empirical efficacy of the cut-off score testing SAQ on an experimental sample.

Policy of full disclosure: None

Thursday, 30 January 2014

11.00–11.30 Foyer

HP-02 Sexuality, health and well-being

HP-02-001

MORE FREQUENT VAGINAL ORGASM IS ASSOCIATED WITH EXPERIENCING GREATER EXCITEMENT FROM DEEP VAGINAL STIMULATION

Krejčová, L.¹; Klávilová, K.²; Brody, S.³

¹Charles University, General Anthropology, Praha, Czech Republic; ²Charles University, Praha, Czech Republic; ³School of Social Sciences, Paisley, United Kingdom

Objective: Recent research has shown that stimulation of the clitoris, distal vagina, and proximal deep vagina/cervix is conveyed through different peripheral nerves (Komisaruk et al., 2011) to different brain regions (Komisaruk & Whipple, 2005). The orgasm induced by clitoral stimulation and penile-vaginal intercourse differ in important ways (Jannini et al., 2012), vaginal orgasm in women is associated with lower likelihood of developing female sexual arousal disorder (Weiss & Brody, 2009), or greater satisfaction with sex life and other aspects of life (Brody & Weiss, 2011).

Methods: The aim of this study is to examine the association of vaginal orgasm consistency (VOC) with 1.) sexual arousability perceived from deep vaginal stimulation (compared with middle and shallow vaginal stimulation and clitoral stimulation), and 2.) whether vaginal stimulation was present during the woman’s first masturbation. A sample of 75 women (aged 18–36) provided details of recent VOC (from 1 – never to 5–75% to 100%), age, sexual arousability from deep vaginal stimulation, middle vaginal stimulation, shallow vaginal stimulation (vaginal entrance) and clitoral stimulation (rated from 1 – low to 7 – high), and whether their lifetime first masturbation involved only clitoral stimulation, only vaginal opening stimulation, only deep vaginal stimulation, or both clitoral and vaginal stimulation. Pearson correlations were conducted between VOC, age and sexual arousability during stimulation of four genital sites.

Results: VOC was associated with greater sexual arousability from deep vaginal stimulation but not with sexual arousability from other genital sites. VOC was also associated with women’s first incorporating (or being exclusively) vaginal stimulation.

Conclusion: The finding suggest 1.) stimulating the vagina during early life masturbation might indicate individual readiness for developing greater vaginal responsiveness, leading to adult greater VOC and, 2.) current sensitivity of deep vaginal and cervical regions is associated with VOC, which might be due to some combination of different neurophysiological projections of the deep regions and their greater responsiveness to penile stimulation.

Policy of full disclosure: None

HP-02-002

SEXUAL SATISFACTION IN ADULTS HETEROSEXUAL, HOMOSEXUAL AND BISEXUAL

Sierra, J. C.¹; Sierra, J. C.¹; Sánchez-Fuentes, M. d. Mar²; Moyano, N.²; Granados, R.²; Santos-Iglesias, P.²; Vallejo-Medina, P.²

¹Universidad de Granada, Facultad de Psicología, Spain; ²Universidad de Granada, Spain

Objective: Sexual satisfaction is an important element of sexual health, regardless of age, gender and sexual orientation. However, in Spain few studies have assessed the levels of sexual satisfaction, and it is unknown whether there are differences in terms of sexual orientation. Therefore, the goal was to assess sexual satisfaction and to analyze whether there were differences in levels of sexual satisfaction in terms of sexual orientation.

Methods: Ex post facto study. The sample was made up by 112 participants, men (44.9%) and women (55.1%), age range between 18 and 57 years old. As for the sexual orientation, 61 participants reported being heterosexual, 43 homosexual and 14 reported being bisexual. All the participants maintained a relationship for at least 6 months and they had sexual activity. The assessment instruments were: sociodemographic questionnaire and the Spanish adaptation of the Interpersonal Exchange Model of Sexual Satisfaction Questionnaire. The participants were selected through incidental sampling of the general population.

Results: After MANOVA analysis, we find that there is no significant difference in sexual satisfaction, relationship satisfaction, and the four components that comprise the Interpersonal Exchange Model of Sexual Satisfaction (IEMSS): balance of sexual rewards and sexual costs (REW-CST), sexual rewards and costs compare to the expected level of sexual rewards and costs (CLrew-CLcst), the perceived equality of sexual rewards (EQrew) and costs (EQcst).

Conclusion: No significant differences in sexual satisfaction in terms of sexual orientation. Finally, it would be interesting in future research to validate the Interpersonal Exchange Model of Sexual Satisfaction, using samples consisting of participants homosexuals.

Policy of full disclosure: None

HP-02-003

AN EXPLORATORY ANALYSIS ON THE SEXUAL DESIRE INVENTORY IN A SPANISH SAMPLE: A NEW DIMENSION EMERGED

Sierra, J. C.¹; Moyano, N.²; Granados, R.²; Sánchez-Fuentes, M. d. Mar²
¹Universidad de Granada, Facultad de Psicología, Spain; ²Universidad de Granada, Spain

Objective: To explore the structure of the Sexual Desire Inventory (SDI) (Spector, Carey, & Steinberg, 1996) in a Spanish sample of men and women.

Methods: Participants were 789 Spanish individuals (322 men and 467 women) between 18 and 50 years old, who were in a stable heterosexual relationship. We administered the Spanish versions of: the Sexual Cognitions Checklist (SCC) (Moyano & Sierra, 2012) that measures positive/negative sexual cognitions, the Sexual Desire Inventory (SDI) (Ortega, Zubeidat, & Sierra, 2006; Spector et al., 1996), and the Sexual Inhibition/Excitation Scales-Short Form (SIS/SES-SF) (Carpenter, Janssen, Graham, Vorst, & Wicherts, 2011; Moyano & Sierra, in press), which measures the propensity for sexual excitation (SE) and sexual inhibition (SI1 and SI2).

Results: An exploratory analysis was conducted on the 13 items. Varimax rotation method was applied. A three dimension structure was revealed. Factor 1 (#Dyadic desire with partner#) clustered items: 1, 2, 3, 7, 8, 9; Factor 2 (#Solitary desire#): 10, 11, 12, 13, and Factor 3 (#Dyadic desire with someone else#): 4, 5, 6. Reliability and validity: Cronbach's alpha values for #Dyadic desire with partner# was .84, for #Dyadic desire with someone else# was .67 and for #Solitary desire# was .88. #Dyadic desire with partner# was significantly associated with a higher frequency of intimate sexual cognitions, and negatively with SI1 and SI2. #Dyadic desire with someone else# showed significant correlations with intimate and exploratory sexual cognitions, higher SE, and lower SI2. #Solitary desire# was positively associated with intimate and exploratory sexual cognitions, SE and negatively with SI2.

Conclusion: The Sexual Desire Inventory seems to show a reliable and valid three dimension structure. Further studies with other populations are needed.

Policy of full disclosure: None

HP-02-004

SEXUAL AROUSAL, ALCOHOL AND DRUGS IN SEXUAL CONTEXT: A SYSTEMATIC REVIEW

Sierra, J. C.¹; Granados, M. R.²; Santos-Iglesias, P.²; Moyano, N.²; Sánchez-Fuentes, M. d. Mar²

¹Universidad de Granada, Facultad de Psicología, Spain; ²Universidad de Granada, Spain

Objective: The aim of this study was to make a systematic review (Higgins & Green, 2011) about the studies that relate sexual arousal with the use of substances in a sexual context, only looking into those original studies that consider that address the use of substances a sexual risk behaviour.

Methods: Bibliographical research was conducted in scientific databases Scopus, Web of Knowledge, PubMed, ProQuest, Ebsco and PsycInfo, 53 studies were obtained for a depth reading. Finally, 10 studies were selected for analysis and discussion.

Results: In general, sexual arousal is positively related to the use of drugs and alcohol in sexual situations, both men and women, excepting two studies where participants reported sexual inhibition of this sexual response under the influence of ecstasy and alcohol. Only one study found no relationship.

Conclusion: The results are discussed, emphasising the effect of disinhibition, inability of rational judgment and loss of sexual control that these substances produce. Just as the impact of sexual arousal in loss of judgment and increased sexual risk taking. In light of these results, it is proposed the inclusion of sexual arousal variable in intervention and sex education programs as well as the influence of alcohol and drugs have on whole sexual response process, considering that these substances can have facilitators effects, in this particular case, to become sexually aroused but also, on the opposite, the reduction of sexual interaction skills, drowsiness and pain.

Policy of full disclosure: None

HP-02-005

THE IMPACT OF ANKYLOSING SPONDYLITIS ON FEMALE SEXUAL FUNCTIONS

Bozkurt, M.¹; Sariyildiz, M. A.²; Batmaz, I.²; Karakoc, M.²; Cevik, R.²; Bozkurt, Y.²; Penbegul, N.²; Daggulli, M.²; Bodakci, M. N.²

¹Dicle University, Physical Medicine and Rehabil, Diyarbakir, Turkey; ²Dicle University, Diyarbakir, Turkey

Objective: The aim of this study was to explore the impact of ankylosing spondylitis (AS) and the disease-related variables, psychological status and the quality of life on the female patients' sexual function measured according to the Female Sexual Function Index (FSFI).

Methods: Forty-two sexually active female AS patients and 40 healthy controls were enrolled in this study. Their demographic data were evaluated and the generalized pain in patients with AS was assessed according to the visual analogue scale (0–100 mm). Laboratory tests were conducted in order to measure the C-reactive protein (CRP) and erythrocyte sedimentation rates (ESR) of the patients.

Results: In comparison to the healthy control group, patients with AS had significantly lower scores in each of the #ve domains of the FSFI except for the pain domain (P < 0.05). The disease activity, functional status, quality of life, radiological score and CRP levels were negatively correlated with the FSFI (P < 0.05). No significant correlation was observed with the disease duration, smoking status, depression, anxiety, pain and ESR when the total scores and the scores from the domains of the FSFI were compared.

Conclusion: The sexual function is impaired in female patients with AS. This impairment in the sexual function is especially related to the functional status and disease activity among the clinical and laboratory parameters.

Policy of full disclosure: None

Thursday, 30 January 2014

15.30–16.00 Foyer

HP-03 Sexuality, health, well-being and psychotherapy

HP-03-001

RESULTS OF A QUESTIONNAIRE/INTERVIEW ON SEXUAL FANTASIES AND DESIRES ON THE WEBSITE WWW.BABELAND.IT

Tedeschi, C.¹

¹Istituto il Baluardo, Genova, Italy

Objective: – to evaluate the sexual interests and stimulate the curiosity of the web site visitors. – to analyse the trend of visitors sexual interests (series of questionnaires over time).

Methods: We have proposed an anonymous online questionnaire (first of a series) with questions on 23 types of sexual fantasies/games/activities, asking the participants if they were willing (yes/no/maybe) to engage in these activities. We divided the responses by age (20 to 30, 30 to 40, 40 to 50, 50 to 60, >60) and gender.

Results: The use of vibrators is the most common practice (90% and in all age groups), the over 40 practice or would practice “bondage” while “golden rain” and group sex are more prevalent in the under 40. 80% of visitors voted NO to the use of enemas and to the practice of “Bukkake”. Being tied is approved by 89%, shaving the pubic area by 67%, and being bitten in the nipples by 69%.

Conclusion: The questionnaire has provided useful information on the sexual tastes of our visitors and at the same time has stimulated their curiosity to explore new sexual practices. The web site is linked to Facebook and the users can discuss among themselves about the questionnaire and their desires: this is another channel to better understand the results and to interact with the site visitors.

Policy of full disclosure: None

HP-03-002

SEXUALITY AND EROS IN ART

Trotta, D.¹; Strepetova, T.²; Strepetova, T.²

¹Associazione di Clinica e, Terapia in Sessuologia, Salerno, Italy; ²ACTS and ISA, Salerno, Italy

Objective: Artists always deserve a special attention to erotic themes. Sometimes in an explicit way, other times in a more indirect or symbolic way.

Methods: Sexuality touches emotional and irrational forces and art is a privileged way to get in touch with them. We show artwork of Italian contemporary artists who dedicated their energy and efforts to erotic themes.

Results: Emotions and sexual feeling are subjective and based on individual sensitivity. They are more in is in the eye of the beholder than in that of the artists.

Conclusion: Art can help to better understand sex and sexuality.

Policy of full disclosure: None



HP-03-003

SEXUAL INFANCY AND SEXUAL ADULTHOOD

Crudele, A.¹; Trotta, D.²; Strepetova, T.¹; Otranto, L.¹; De Maio, G.¹

¹ACTS and ISA, Salerno, Italy; ²Associazione di Clinica e, Terapia in Sessuologia, Salerno, Italy

Objective: The erotic roots of sexuality in prepubertal boys and girl were first studied by Freud. Contemporary approaches to human sexuality, considering unclear the role of the first years of life, usually pay little attention to this crucial period in the development of the adult sexual life. We stress the importance of infancy in sexual adult life.

Methods: The infant first impressions and sexual experiences are analyzed and discussed in sexually normal and disturbed adults. Memories and emotions are sometimes easy to collect, other times not, especially when the bad memories outnumber the good ones.

Results: In the clinical experience many sexual problems, mainly those resistant to behavioral, cognitive or pharmacological treatment show important ties with first life experiences. Primarily in relation to the acquisition of gender identity, the formation of a good relationship with the other person and the presence of disturbed or traumatic events.

Conclusion: First affective and sexual experiences are important in adult sexual life.

Policy of full disclosure: None

HP-03-004

SEXUAL SATISFACTION IN THE ELDERLY WOMEN

Vilarinho, S.¹; Nobre, P. J.²¹Sexlab, Faculty of Psychology and, Educational Sciences, Porto Uni., Portugal; ²Universidade do Porto, Portugal

Objective: Several myths regarding older women's sexuality seem to be promoted by an emphasis on sexual function over satisfactory sexual experiences. Our aim was to examine predictors of women's sexual satisfaction with ageing, particularly exploring the role of sexual functioning, relationship variables, and sexual beliefs.

Methods: Participants were women from the general population distributed by age into 3 groups: 15–35 (N = 259), 36–45 (N = 103), 46–75 (N = 123). Questionnaires assessed: menopause status; life satisfaction (SWLS); relationship (GRIMS); sexual beliefs (QCSD); affect (PANAS-X); sexual self-esteem (SSEs); sexual functioning (FSFI); and sexual satisfaction (GRISS). Cross-sectional study.

Results: Results revealed relationship satisfaction ($\beta = .27$, $p < .001$), sexual beliefs ($\beta = -.25$, $p < .001$), negative affect ($\beta = -.21$, $p < .001$), and sexual functioning ($\beta = .24$, $p < .05$) as main predictors of sexual satisfaction in the elderly women (ages between 46–75). On the other hand, for younger women (ages between 15–35), sexual functioning ($\beta = .52$, $p < .001$) was the main predictor of sexual satisfaction. Compared to younger women, older women scored lower in sexual satisfaction, scoring significantly higher on sexual beliefs, particularly in the dimensions of sexual conservatism and sexual desire as sin. After controlling for sexual beliefs, religion and education, no significant differences in sexual satisfaction were found between younger or elder women.

Conclusion: Overall, findings supported the important role played by sexual beliefs in older women's sexual satisfaction, together with affect and relationship dimensions. Sexual functioning, although playing a central role in younger women's sexual satisfaction, revealed to be less important in the elderly women.

Policy of full disclosure: None

HP-03-005

THE ROLE OF EROTICISM AND CONTEXT ACTORS IN WOMEN'S SEXUAL SATISFACTION

Vilarinho, S.¹; Nobre, P. J.²¹Sexlab, Faculty of Psychology and, Educational Sciences, Porto Uni., Portugal; ²Universidade do Porto, Portugal

Objective: Although the promotion of an erotic and stimulant context has been frequently suggested as being important for women's sexuality, not much has been investigated. Following this, the aim was to investigate the role of contextual factors and the use of erotic auxiliary activities in women's sexual satisfaction.

Methods: Participants were women from the general population (N = 490), ages between 18 and 75 years, and committed in a relationship for at least 6 months. Questionnaires assessed: age, marital status, educational level, menopause status; life satisfaction; frequency of sexual activity, contextual factors (if appropriate, with privacy, erotic, with time enough, free from stress, tiredness or worries) and use of erotic auxiliary activities (e.g., sexual toys, use of sexual fantasies, self-pleasure, sexy clothes, or others). The study was cross-sectional.

Results: Results revealed that, compared to women who scored lower on sexual satisfaction, women sexually more satisfied reported having sex more frequently, and also more frequently mentioned the use of sex toys, sexual fantasies, sexy clothes and self-pleasure during their sexual encounters, as well as described having sex in an erotic and appropriate context, with privacy and adequate time. Results indicated also a significant model [$F(14, 476) = 12.83$; $p < .001$], accountings for 25% of variance, with erotic context ($\beta = -.275$, $p < .001$), and use of sexual fantasies ($\beta = -.19$, $p < .001$) as main predictors of women's sexual satisfaction.

Conclusion: Findings suggest that promoting an erotic context, and including the use of sexual fantasies during sexual encounters significantly contributes to enhance women's sexual satisfaction.

Policy of full disclosure: None

HP-03-006

THE INTEGRATED APPROACH IN THE PSYCHO-MEDICAL TREATMENT OF DISORDERS OF SEX DEVELOPMENT

Fabrizi, A.¹; Napoli, E.²; Gambino, G.²¹Institute of Clinical Sexology, Roma, Italy; ²Clinical Sexology Institute, Rome, Italy

Objective: The #Disorders of Sex Development# (DSDs) is a group of congenital medical condition in which the development of chromosomal, gonadal and phenotypic components of sex can lead to a framework of ambiguous genitalia at birth or at the time of puberty. The attribution of sex in neonates with ambiguous genitalia represents a delicate bio-ethic and social matter for physicians, surgeons, and parents, which conditions, not infrequently, the structuring of sexual identity. DSDs thus constitute rare and complex clinical conditions and, as such, involve delicate decisions in terms of psycho-medical management.

Methods: This work provides a review of scientific literature on the integrated approach in DSDs treatment.

Results: The scientific literature emphasizes, therefore, the need that short and long term management of patients with disorders of sex development is entrusted to a multidisciplinary team of specialists able to plan the management in terms of diagnosis, sex assignment and treatment options.

Conclusion: An integrated approach to the treatment of DSDs, able to reconcile the medical and psychological expertise in the management of such complex disorders, is very important.

Policy of full disclosure: None

HP-03-007

WOMEN'S KNOWLEDGE CONCERNING KEGEL MUSCLES

Kocur, D.¹; Urzynick, A.²¹University of Silesia, Department of Psychology, Katowice, Poland; ²Tarnowskie Góry, Poland

Objective: Pelvic floor muscles are among the most important muscle groups for women as they can be related to the level of sexual satisfaction, to some degree can facilitate natural childbirth, and later in life their weakening can cause ailments such as urinary and fecal incontinence as well as descensus and prolapse of reproductive organs. Therefore it is crucial to keep the pelvic floor muscles in the right condition by performing appropriate exercises. The purpose of the study was to determine the state of women's knowledge concerning pelvic floor muscles and to analyze the relationship between exercises and the problem of urinary incontinence as well as the frequency of orgasms.

Methods: The group consisted of 726 women with an average age of 28.93. The study utilized an original questionnaire on the knowledge of pelvic floor muscles and experiences of the examined women concerning exercises for these muscle groups.

Results: 80% of the respondents knew the location of the Kegel muscles, 73% knew the function of these muscle groups. Only half of the examined women performed pelvic floor muscle exercises. The conviction of women that interrupting micturition was a good way of training those muscles proved to be a significant problem. The study has also shown that women who trained the Kegel muscles reached orgasms more frequently during intercourse than women who never trained these muscle groups. 7% of women admitted to having problems with urinary incontinence. Women who gave birth naturally experienced urinary incontinence problems more frequently.

Conclusion: It is important to educate women with respect to the structure, function and significance of pelvic floor muscles, and also how to properly perform Kegel muscle exercises. Educating medical personnel in terms of non-invasive treatment of Kegel muscle weakness is also advisable.

Policy of full disclosure: None

Thursday, 30 January 2014

15.30–16.00 Foyer

HP-04 Reproductive health and sexual education

HP-04-001

ADOLESCENT SEXUALITY: A NORMATIVE “PROBLEM”? A CRITICAL ANALYSIS OF RESEARCH WITH IMPLICATIONS FOR SEX EDUCATION

Rocha, A. C.¹; Duarte, C.²; López Sánchez, F.³¹University of Porto, Faculty of Psychology, Portugal; ²University of Porto, Portugal; ³University of Salamanca, Spain

Objective: Adolescent sexuality (AS) has earned a special attention in the social, political and scientific plan. Our goals are to present a critical analysis of the research in this field, propose a normative and bioecological perspective of AS; and analyse the implications of the state of the art on AS for sex education.

Methods: We analysed research on the topic (papers, chapters, books).

Results: Although some authors lately conceptualize the AS as a normative and positive point (eg. Russel, 2005; Welsh et al., 2000), there is a predominance of literature that presents it in a negative and narrow approach (eg. Moilanen et al., 2010). This approach focuses overly on: behavior (particularly, intercourse), negative consequences of intercourse, risk, and individual. It also neglects the complex and ecological nature of AS and overvalues the problematic minorities. Moreover, there is some methodological concerns (Diamond & Savin-Williams, 2009). We suggest a new conceptualization and a wider approach. AS should be conceptualized as a normative process that covers positive and risk aspects, and includes not only the complex nature of sexuality (behaviors, beliefs, emotions), but also the ecological contexts.

Conclusion: The current state of the art has practical implications because the negative and narrow approach of AS has influence in sex education. Specifically, this approach supports sex education focused on risk and intercourse, as proposed in the moral-religious, the risky, and the prescriptive models of sex education (López, 2005, 2011). However, conforming to the biographic and professional model that we advocate, sex education should promote the development of a personal project for sexual and romantic dimensions, and the skills to make responsible and autonomous decisions, according to own beliefs and universal ethics. So, we encourage research that assumes AS as a normative process of development (not a problem) and provides an essential ground to plan and implement sex education.

Policy of full disclosure: Portuguese Foundation for Science and Technology.

HP-04-002

PARENTS' ATTITUDES TOWARD SEXUALITY AND SCHOOL-BASED SEX EDUCATION

Rocha, A. C.¹; Duarte, C.²¹University of Porto, Faculty of Psychology, Portugal; ²University of Porto, Portugal

Objective: The main goals of this paper are to explore the parents' attitudes toward sexuality and school-based sex education, and explore the relationship between demographic variables, religion, vicarious experience and attitudes toward sexuality and school-based sex education of parents.

Methods: Four hundred and eighty (n = 480) adolescents' parents from five Portuguese middle schools completed a questionnaire. Sexual attitudes were measured using an adaptation of the Sexual Opinion Survey (SOS, Fisher, Byrne, White & Kelly, 1988) and the Attitudes Toward Sexuality Scale (ATSS, Fisher & Hall, 1988). Attitudes toward school-based sex education were measured using an adaptation of the Teachers' Attitudes Toward Sex Education (Reis & Vilar, 2006). Demographic variables include, for example, age, sex, job, level of education,

number and age of children. Religion and vicarious experience are dummy variables. We will use analysis of variance to compare groups (e.g. sex), correlation analysis to explore relationship between attitudes, and regression model to determine independent predictors of attitudes toward school-based sex education.

Results: Currently, this study is not finished. However, we hope that results will show a relationship between attitudes toward sexuality and school-based sex education, and point out the importance of school-based sex education include parents and promote their erotophilic attitudes.

Policy of full disclosure: Portuguese Foundation for Sciences and Technology.

HP-04-003

UBECOMEU: A WEB SITE AND A CONSULTATION TEAM TO HELP ADOLESCENTS

Tomasetti, M.¹; De Caro, G.²; Crudele, A.²; Strepetova, T.²; Otranto, L.²; Trotta, D.²; De Maio, G.²

¹ACTS & ISA, Clinics and Sexology, Salern, Italy; ²ACTS & ISA, Salerno, Italy

Objective: The objective is to help young men and women during a period of critical sexual development. Many adolescents have uncertainties and difficulties when facing their sexual issues.

Methods: Development of a website and a team of professionals (physicians, general practitioners, doctors, gynecologists, andrologists, pediatricians, educators, psychologists and sexologists) to answer collective and individual questions and doubts.

Results: Our results are very encouraging. Adolescents have an opportunity to confront themselves on critical issues and participate actively to discussion.

Conclusion: There is a need to help adolescents to confront the challenge of adult sexuality: its joys and fears. We think we can and must help them to find their way to live at their best.

Policy of full disclosure: None

HP-04-004

QUESTIONNAIRES AND SCALES FOR THE EVALUATION OF THE ONLINE SEXUAL ACTIVITIES: A REVIEW OF 20 YEARS OF RESEARCH

Eleuteri, S.¹; Tripodi, F.²; Petruccielli, I.³; Rossi, R.²; Simonelli, C.⁴

¹University of Rome La Sapienza, Rome, Italy; ²Institute of Clinical Sexology, Rome, Italy; ³Kore University of Enna, Italy; ⁴Sapienza University of Rome, Italy

Objective: An increasing number of people use the Internet for Online Sexual Activities (OSA). This new sexual revolution has produced both positive and negative aspects, enriching sexual functioning but also providing other opportunities for criminal, negative and harmful sexual conducts, or Online Sexual Problems (OSP). A deeper understanding of Internet sexuality is therefore important for practitioners who work in the psychological and sexological fields. Current studies on Internet sexuality span a broad spectrum with respect to data collection. The aim of this contribution is to offer the most possible complete overview of these instruments focusing on the strengths and weaknesses of different tools currently available to assess different dimensions of OSA, and to suggest a simple screener for OSP.

Methods: A systematic search of published online sexual activities inventories was performed using PsychInfo and Pubmed (1993 to July 2013). The search was limited to English-language papers in which evaluation of some kind of OSA and/or cybersexual addiction diagnosis were described.

Results: For initial testing and development, most of the inventories have demonstrated positive potential as research tools and assessment instruments, but the true utility of these will only be determined as

they are used and studied more. One possible limitation of the existent instruments is that they are self-report, based on affirmations directly made by subjects.

Conclusion: Our review revealed a serious lack of standardized, internationally (culturally) acceptable tools that are epidemiologically validated in general populations and that can be used to investigate OSA and to assess OSP. The definitions of OSA and OSP continue to change and basic tools are essential to have a broader idea of the phenomenon and of the challenges and possibilities emerging from the double link between the Internet and sexuality. More accurate instruments are also necessary to help advanced clinical diagnosis and treatment for OSP.

Policy of full disclosure: None

HP-04-005

FAMILY PHYSICIAN'S APPROACH OF PATIENT'S SEXUAL ISSUES

Abreu, L.¹; Matsui Santana, O.²

¹Centro Saúde Bom Jesus, Funchal, Portugal; ²Universidade Guadalajara, Cidade Mexico, Mexico

Objective: To describe family physicians assessment of their patient's sexual issues; To detect Sexual Dysfunctional Beliefs in doctors that could influence their practice.

Methods: Research design was a descriptive and transversal study by means of an electronic questionnaire, which entitles three areas: sociodemographic data of physicians, clinical practice for sexual assessment and dysfunctional sexual beliefs. The sample was composed by 140 Family Physicians from several clinical settings around Madeira Island. It was decided to contact all of them by mail or phonecall, explaining the aim of the study. The questionnaire was sent 15 days later. Only 101 completed the questionnaire. Statistical descriptive analysis was done using Statistical Program for Social Sciences (SPSS) version 19.

Results: 69% were females, aged between 26 and 65 yo. Although 94 % recognized the importance of sexology training, they are aware it was minimal or absent from their medical education. Female (37%) and Male Adults (31%) are the ones who look more for help. Also Erectile Dysfunction (42%) and Low sexual desire (30%) are the key complaints. Most stated that they would only touch the subject if the patient does it first (65,3%). Reasons to avoid talking about it: 35% thought they were invading the patient's privacy, 28% said not having the time to in the clinic and 26% declared not having enough instruction to do so. They being comfortable (31,7%), in approaching patient's sexual lives and it was found statistical significance between this variable and the easiness in approaching patients ($p < 0,05$). There was also statistical significance between the confidence in Diagnosing the sexual problem and the easiness in approaching patients ($p < 0,05$). There weren't any dysfunctional sexual beliefs either in the female doctors nor in the male ones.

Conclusion: Family Physicians, being more exposed to their patient's problems still feel unease and unprepared when sexual health is brought up.

Policy of full disclosure: None

HP-04-006

DISCREPANCY BETWEEN TWO DIFFERENT SEMINAL MEASUREMENT AND ITS POTENTIAL CLINICAL EFFECTS

Dincer, M.¹; Salabas, E.²; Aktan, G.³; Kadioglu, A.³; Salabas, E.²¹Bagcilar Training Hospital, Urology, Istanbul, Turkey; ²Istanbul Medical Faculty, Urology, Ystambul, Turkey; ³Medical Faculty of Istanbul, Turkey

Objective: Measurement of seminal fluid amount is an important part of semen analysis. Although semen mass (gravimetric measurement) has been suggested in WHO 2010 laboratory manual, volumetric measurement is still used in many centers. Since the density of semen is between 1.043–1.102 g/ml, a possible discrepancy between these two different methods. The aim of this study was to determine the magnitude of difference between two methods for measuring the amount of semen.

Methods: Between December 2011 and March 2012, semen samples of andrology patients were measured prospectively by using both gravimetric and volumetric systems. The difference between these two measurement methods were analyzed with Mann-Whitney-U test.

Results: A total of 1439 semen analyses were performed to 1055 patients who applied for the evaluation of fertility. Mean mass of the semen samples were 3.58 ± 1.66 gr (range: 0.01–14.25 gr) whereas mean volume was 3.09 ± 1.61 ml (range: 0.01–14.15 ml). A 0.51 ± 0.29 (0.67 # 2.62) unit difference between the mass and the volume of semen measurements was detected. Mean semen density was 1.22 ± 0.20 g/ml (range: 0.75–2.9 gr/ml). The semen volume was greater and lower than the semen mass in 29 (2.2%) and 1378 (% 95,76) of the patients, respectively. Semen volume was equal to semen mass only in 15 (1.04%) of the patient.

Conclusion: There is a discrepancy between the results obtained by measuring mass and volume of the semen. These differences are especially important for patients whose semen amount is close to the lower volume threshold. The measurement method of the semen amount should be chosen carefully in order to assess possible obstructive pathologies in male infertility.

Policy of full disclosure: None

Friday, 31 January 2014

11.00–11.30 Foyer

HP-05 Social science & sexuality

HP-05-001

SEXUAL ART: WHEN EROS IS MIXED WITH ANTEROS

Strepetova, T.¹; Trotta, D.¹; Otranto, L.¹; Cleffi, L.¹¹ISA, Salerno, Italy

Objective: Sexuality is essentially a psychic construct. This means that the strength of the libido and direction it takes depends on its intra-psychic significance. There are three spheres of importance in sexuality. The first one is the erotic function where eroticism is defined by all real or fantasmatic manifestations that create or have a potential to induce erotic excitation and pleasure. Second one is that sexuality refers to gender identity, regarding the degree of masculinity or femininity of the individual. Third one is that sexuality refers to the perceptions and attitudes towards the other person.

Methods: Observation of erotic artworks.

Results: The importance and the relationship that ties sexuality to art is that sexuality gives to sexual behavior (actual sexual activity) as well as to sexual imaginary. Sexuality moves far beyond the manifest and visible behavior. And sexuality acts predominantly behind the scenes and outside the rationality and conscious control of the single person. It is not easy to understand, but it is rich and fascinating.

Conclusion: The sexological world is well expressed in art and symbolism. Where artists create and bring to light desires and fears, wishes and needs that are active inside and push towards fulfillment and discharge.

Policy of full disclosure: None



HP-05-002

GYNAECOLOGISTS' VIEWS AND OPINIONS ON CONTRACEPTION AND COITUS INTERRUPTUS IN SLOVENIA

Simetinger, G.¹; Svab, A.²¹General Hospital Novo mesto, Dep of Gynecology and Obstet, Ljubljana, Slovenia; ²Faculty of Social Sciences, University, Ljubljana, Slovenia

Objective: The aim of the study was to explore gynaecologists' views and opinions on the methods of contraception, with an emphasis on coitus interruptus (CI) and to analyse the main social and cultural discourses in which these views are imbedded.

Methods: Qualitative study included in-depth interviews with gynaecologists regarding contraception in general and CI in particular. A total of 27 semi-structured in-depth interviews with gynaecologists from various geographical parts of Slovenia were carried out between December 2010 and May 2011. Two independent researchers analysed the data by coding the prevalent categories of answers.

Results: In general, gynaecologists do not view CI as a means of contraception although more sophisticated views reveal some justification of it out of practical or subjective reasons. CI is advised only in exceptional situations in which all other means of contraception are not suitable due to health reasons or personal viewpoints of a woman. A majority of gynaecologists mentioned negative influence of CI on sexual intercourse, including psychological pressure on both men and women among other things. The study also revealed various views regarding contraception and sexuality in general that are not based on medical doctrines but reflect broader cultural and social understanding of sexuality including different views on sexuality (male and female sexuality as different) that are characteristic for certain cultural and social construction of sexuality.

Conclusion: CI is not seen as a means of contraception by gynaecologists and the majority do not advise it to patients as it is considered unreliable according to Pearl index. However, views on contraception are also embedded in the existing cultural and social context which should be taken into account when explaining the reasons for CI to be so widely used as a means of contraception among women in Slovenia.

Policy of full disclosure: None

HP-05-003

SOCIAL CONSTRUCTION OF CONTRACEPTION AND SEXUALITY ON THE CASE OF COITUS INTERRUPTUS

Simetinger, G.¹; Leskosek, V.²¹General Hospital Novo mesto, Dep of Gynecology and Obstet, Ljubljana, Slovenia; ²Faculty of Social Work, University, Ljubljana, Slovenia

Objective: The aim of the study was to explore women contraceptive users' views and opinions on contraception and sexuality, focused on coitus interruptus (CI). The main hypothesis was that the attitude to contraception and female sexuality among Slovenian women is strongly influenced by traditional and religious beliefs.

Methods: Qualitative study included in-depth interviews with women contraceptive users regarding contraception and sexuality in general and CI and sexuality in particular. A total of 52 semi-structured in-depth interviews with women contraceptive users from various geographical parts of Slovenia were carried out between December 2010 and May 2011.

Results: Results show that 38 out of 52 interviewees used CI as contraception at a particular time of their life. Of those, 23 interviewees use it on a regular basis and the same number believes that they have no other choice. Eight out of 38 got pregnant using CI. Twenty-seven believe sexual intercourse is better and pleasure is stronger without CI. Despite the fact that they are afraid of getting pregnant and aware that sexual pleasure is limited, they use CI and some of them even want their partner not to pull-out. Although they believe that sexual pleasure is important, they also believe most women would disagree. More than

half of the interviewed users of CI experience difficulties in having orgasm. Most of them think that they cannot influence their sexuality and accordingly they feel powerless.

Conclusion: In traditional society with strong patriarchal cultural patterns and strong role of religion women are considered as carers and mothers. It is generally believed that only men are entitled to sexual pleasure, which results clearly reflect. The learned helplessness and powerlessness is a part of social construction of female sexuality and consequently they cannot see any other option.

Policy of full disclosure: None

HP-05-004

DRIVERS, BARRIERS AND EXPERIENCES IN HELP-SEEKING FOR SEXUAL PROBLEMS: A GENDER-BASED APPROACH

Alarcão, V.¹; Leão Miranda, F.²; Simões, R.²; Mata, S.²; Rocho, L.²; Virgolino, A.²; Carreira, M.²; Galvão Teles, A.²¹Lisbon Faculty of Medicine, Institute Preventive Medicine, Lisboa, Portugal;²Lisbon Faculty of Medicine, Lisboa, Portugal

Objective: This empirical research used a mixed-method approach to investigate both genders attitudes towards, and experiences of, help-seeking for sexual problems (SP).

Methods: Structured interviews with 323 primary healthcare users intended to explain treatment-seeking behaviours and how self-constructions of SP reality are shaped by personal and relational experiences and social-cultural influences. Through method agreement analysis between self-reported SP and sexual function indexes, participants were classified in four groups: Functional; Dissatisfied; Problematic; Contradictory. To assure variation in sexual experiences, a qualitative investigation with 25 in-depth interviews among participants from these groups explored how individuals construct their etiquette of sexual behaviour in the context of SP, including coping strategies, such as seeking treatment.

Results: Most frequent barriers reported by both genders were 'Never having been asked in medical consultations' and 'I have learnt to live this way'; Men reported 'Too old to fix it', 'Other health problems', 'Partner didn't complain', 'Did not considered the doctor prepared to discuss it'; Women reported 'Fear of medical examinations', 'Me and my partner have coped with it', 'I am ashamed to talk about it', 'I don't like to talk about my sexual life'. Two potential related barriers in help-seeking for SP scores were calculated: 1. beliefs and attitudes and 2. medical and medicines; linear regression models were conducted to identify associated factors. Satisfaction with sexual performance, importance given to sexual life, positive treatment beliefs, were found to be protectors of beliefs and attitudes barriers to help-seeking, independently of gender, age and education. Knowing treatments, positive treatment beliefs, satisfaction with sexual performance, higher sexual function scores were protective factors to medical and medicines barriers.

Conclusion: An interpretative analysis on the meanings of sexual function from a lay perspective was undertaken and confirmed the importance given to sexual life and positive treatment beliefs as major help-seeking drivers, enabling a comprehensive approach of help-seeking experiences.

Policy of full disclosure: None

HP-05-005

FROM SEXUALLY OBJECTIFYING MEDIA EXPOSURE TO WOMEN'S SEXUAL FUNCTIONING PROBLEMS

Dakanalis, A.¹; Prunas, A.²; Riva, G.³; Clerici, M.⁴; Zanetti, M. A.¹

¹University of Pavia, Italy; ²University of Milano-Bicocca, Department of Psychology, Italy; ³Catholic University of Milan, Milano, Italy; ⁴University of Milano-Bicocca, Italy

Objective: Women's sexual functioning is complex and clearly not a purely physical phenomenon, but instead is influenced by the psychological, relational, and sociocultural context in which sexual activity occurs. One account that adopts a wider sociocultural perspective on women's sexual functioning problems (SFP) is provided by objectification theory (OT), according to which one important consequence of being a woman in a culture that sexually objectifies the female body (through the mass media and male gaze) is that women gradually internalize an observer's perspective of their self ("self-objectification"). This way of thinking is manifested as habitual constant monitoring of the body's appearance ("self-surveillance") and leads to SFP through body shame and appearance anxiety. Recent research indicated that self-consciousness during sexual activity a) are predicted by body-related feeling and b) strongly predicts SFP, suggesting that the relationships between SFP, body shame and appearance anxiety, would be mediated by the level of self-consciousness that a woman experiences during sexual activity. The current study extends prior research by incorporating self-consciousness during sexual activity into the OT model, and by testing a more comprehensive model of women's SFP (i.e., lacking interest in sex, inability to achieve orgasm, trouble achieving or maintaining an adequate lubrication).

Methods: Data were analysed from 773 sexually active Italian heterosexual college women (M age = 23.9), who completed validated self-report measures using latent variable structural equation modeling approach.

Results: Sexually objectifying media exposure led to self-surveillance, which was related to body shame and appearance anxiety. The latter were related to self-consciousness during sexual activity, which in turn strongly predicts women's SFP (i.e., it accounted for 68% of the variance).

Conclusion: The study highlights the role of body-image attitudes and feeling in SFP, and suggests that OT provides a useful framework to identify predictors of women's SFP.

Policy of full disclosure: None

HP-05-006

ALEXITHYMIA, ANXIETY, AND DEPRESSION IN INFERTILE COUPLES

Bogolyubov, S.¹; Astabova, A.²; Zinkovskiy, K.²

¹Tver State Medical Academy, Urology and Andrology, Russia; ²Tver State Medical Academy, Russia

Objective: Explore the psycho-emotional status (alexithymia, anxiety and depression) in infertile couples.

Methods: The study included 22 couples suffering from infertility. The average age was $27,6 \pm 3,8$, $31,8 \pm 4,2$ men of the year. The control group consisted of 22 married couples of identical age, with no less than one child. To identify problems were used Anxiety and Depression Scale (HADS), the Toronto Alexithymia scale, the creation G.J. Taylor et al. (1985). According to test results, non-alexithymia personality type is gaining 62 points or less, from 62 to 74 points – the "risk group", alexithymia personality type – 74 points and above. Comparison of two independent groups on quantitative characters was performed with a nonparametric method using the Mann-Whitney test.

Results: Do men and women identified high alexithymia ($80,44 \pm 2,9$ and $78,8 \pm 2,4$ points, respectively), this parameter was significantly ($p < 0,05$) different from the control group ($68 \pm 2,1 \pm 2,3$ and 70 points, respectively). Revealed a mean approaching a high level of anxiety in patients suffering from infertility (male – $8,9 \pm 1,2$; women – $9,4 \pm 1,6$ points, $p < 0,05$). The direct strong correlation between high levels of alexithymia and anxiety in patients suffering from infertility. In this case, low levels of depressive symptoms verbalize confirm that the main source of alexithymia cognitive style – the inability to transfer affective signals into symbols for use in communication. Thus, patients with infertility, there is the development of secondary alexithymia, which appears in a particular stressful situation and incorporates the original denial of the disease, its displacement, the elements of obedience to the circumstances with a high degree of anxiety.

Conclusion: The obtained data demonstrate the presence of psychological maladjustment among couples suffering from infertility and the need, in addition to specialized care, psychological adjustment of the patterns identified affective and cognitive destabilization in these patients.

Policy of full disclosure: None

Friday, 31 January 2014

11.00–11.30 Foyer

HP-06 Sexual orientation and couple sexuality

HP-06-001

WOMEN DO NOT CONSTANTLY FOLLOW THE SAME SEXUAL RESPONSE MODEL: A QUALITATIVE STUDY

Ferenidou, F.¹; Nakopoulou, E.²; Athanasiadis, L.³; Hatzicristou, D.³; Kirana, P.-S.⁴¹Kifissia-Athens, Greece; ²AUTH, Kifissia-Athens, Greece; ³AUTH, Thessaloniki, Greece; ⁴Paraskevi-Sofia Kirana, Center for Sexual and Reproductive, Thessaloniki, Greece

Objective: The aim of the present study was to examine the factors that influence women's sexual response and its components, as well as life situations that women describe as crucial regarding their sexual life and function.

Methods: Five focus groups were conducted, involving 22 women in reproductive age (21–39 years old, three groups) who were all employees of the same general hospital and 16 women in menopause (51–69 years old, two groups), who were visiting the outpatient clinic of the same hospital for gynecological check-ups. The place and time of the meetings was convenient for all the participants and the duration of the discussions was 2–2.5 hours. Terms such as sexuality and sexual response were discussed in the beginning of the session. The topics that were discussed in detail referred to the factors that influence women's sexual response #inhibiting or activating sexual drive-, the several changes that take place during the lifespan, as well as differentiations that seem to exist in sexual behavior between men and women. Current theoretical models of sexual response as described by Masters & Johnson, Kaplan and Basson were thoroughly discussed, regarding whether they represent and in which occasions each woman.

Results: Differences as well as similarities regarding the perceptions of the two age groups were revealed. Regardless of age, most women agreed that sexual response models are often entangled and found it difficult to separate between intrinsic desire and sentimental components of desire. Additionally, temperament, phase of life (childbirth, stressful conditions) and the partner seem to affect women's sexual behavior. Older women estimated culture, family upbringing and #spouse duties# as factors that can crucially influence sexual response.

Conclusion: Discussions about how women perceive sexual desire, arousal and satisfaction show the variability of factors that can influence sexuality and may help in further development of models of sexual response.

Policy of full disclosure: None

HP-06-002

A MALE CASE OF SEXUAL DYSFUNCTION

Trotta, D.¹; De Maio, G.²; Strepetova, T.²; Otranto, L.²¹Associazione di Clinica e, Terapia in Sessuologia, Salerno, Italy; ²ACTS and ISA, Salerno, Italy

Objective: It is the case of a man with a beautiful appearance, sociable, with a jovial smile and an ability to tell funny jokes. He likes women and is very successful in seducing them. Anyway his desire doesn't last long. As soon as he subjugate a woman his attraction seems to fade away.

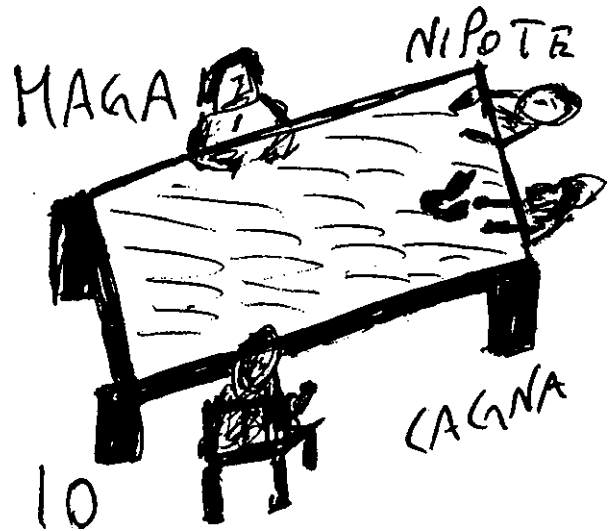
Methods: Sexual history and analysis in conscious and unconscious sexual components.

Results: A masculinity of surface emerge over an inner content is denied and controlled. The story proceeds in a concise, sparse, superficial way and is limited to external aspects, confirmation or exaltation of identity (I was aroused, I masturbated and ejaculated, I easily conquered her, she wanted to have sex but I wasn't constant . . .).

Conclusion: A volcanic, apparently quiet, inner world, with serious consequences on the patient's life and sexuality like is in action when he

tries to have sex. It is important to understand emotional reasons in patients suffering of not better understood prolonged sexual problems.

Policy of full disclosure: None



HP-06-003

FACTORS AFFECTING WOMEN'S SEXUAL AROUSAL: A FOCUS GROUP STUDY IN ITALY

Panzeri, M.¹; Fontanesi, L.²¹University of Padova, Italy; ²Sapienza University of Rome, Social and Developmental Psych, Italy

Objective: The present research aims to outline the components of woman's sexual desire, especially the psychological, emotional and adaptive factors influencing the sexual response in women, in order to create a suitable Italian version of the Sexual Excitation/Sexual Inhibition Inventory for Women (SESII-W).

Methods: 15 focus groups involving 114 women (M age = 30 years; range 18–76 years), were conducted by four trained female moderators (2 leaders and 2 assistants), and the content of the discussions was analyzed for major themes by two independent coders.

Results: Participants described sexual arousal through physical (as vaginal lubrication, hot flashes) emotional (as losing control, isolation) psychological and behavioural factors. The relationship between sexual desire and sexual arousal is complex, according to some women the sexual desire precedes the arousal, but for others there is no difference between sexual desire and arousal. According to the findings, there are a large selection of factors that enhance and inhibit sexual arousal, some of them are connected to the self (as feelings about one's body or feelings of shame), or related to the partner (like the lack of complicity or his appearance), and associated to the situation.

Conclusion: These results as well as improving the understanding of desire, maybe helpful in the development of questionnaire to assess women sexuality, especially in clinical assessment.

Policy of full disclosure: None

HP-06-004

PARENTS' REACTION TO THE COMING OUT OF THEIR SONS: THE ROLE FOR FAMILY FUNCTIONING

Baiocco, R.¹; Fontanesi, L.²; Santamaria, F.¹; Ioverno, S.¹; Baumgartner, E.¹; Cacioppo, M.³; Laghi, F.¹

¹Sapienza University of Rome, Italy; ²Sapienza University of Rome, Social and Developmental Psych, Italy; ³University of Kore, Enna, Italy

Objective: Parental denial to sons disclosure is a negative event which can affect all the aspects of the adolescent life and the family development. The current study aims to identify the differences between mothers and fathers negative responses to the coming out (CO), and the variables which can predict it.

Methods: Participants perception of their parents reaction (evaluated through the Perceived Parental Reactions Scale-PPRS), age at the coming out, parental political orientation and religiosity involvement, the family functioning (assessed through the Family Adaptability and Cohesion Evaluation Scales-FACES IV), were assessed in 108 Italian young gay men (aged from 18 to 26; M = 23.27, SD = 2.28). Pearson correlation coefficients were calculated to assess the relation between family functioning and parental reaction to CO. Paired sample t-test was used to compare mothers and fathers scores on the PPRS. Hierarchical multiple regression was conducted to analyze the relevance of each variable.

Results: No differences were found between mothers and fathers in their reaction to the coming out of their sons ($t_{163} = -.16$, $p = .87$). The correlation between mothers and fathers was high ($r = .38$). The analysis of the mother sample showed that a negative reaction to coming out was predicted by mothers' right-wing political conservatism ($\beta = .46$), and higher score in the scale Rigid ($\beta = .37$) and Satisfaction ($\beta = -.30$). Moreover, in the father sample, a worst reaction to the coming out of the son, was predicted by lower age of the father ($\beta = .21$), a parents' right-wing political conservatism, ($\beta = .42$), and higher score in both scales Enmeshed ($\beta = .33$) and Rigid ($\beta = .25$).

Conclusion: Findings confirm that a negative parental reaction is the result of poor family resources to face a stressful situation and a strong believe in traditional values. These results have important implications in both clinical and social fields.

Policy of full disclosure: None

HP-06-005

RISK AND PROTECTIVE FACTORS FOR SUICIDAL TENDENCY AMONG GAY AND LESBIAN YOUNG ADULTS

Baiocco, R.¹; Fontanesi, L.²; Ioverno, S.¹; Santamaria, F.¹; Lonigro, A.¹; Baumgartner, E.¹; Laghi, F.¹

¹Sapienza University of Rome, Italy; ²Sapienza University of Rome, Social and Developmental Psych, Italy

Objective: Strong consensus in research literature exists that suicide risk is higher among gay and lesbian people. Internalization of societal sexual stigma may contribute to increasing the risk for suicidal ideation for sexual minorities. The purpose of this study was to identify demographic, social and psychological associated risk factors for suicidal ideation in gay and lesbian young adults and to understand the role of internal sexual stigma on the mental health of sexual minorities.

Methods: We conducted a sectional study in Italy (N = 260) using snowball sampling in order to recruit gay and lesbian young adults. We used the Multi-Attitude Suicidal Tendency scale (MAST) to assess the suicidal tendency and the Measure of Internalized Sexual Stigma Scale for Lesbian and Gay men (MISS-LG) to measure three dimensions of internalized homonegativity: identity, social discomfort, and sexuality. The Parental Bonding Instrument (PBI) and Inventory of Parent and Peer Attachment (IPPA) were used to evaluate the quality of the relationship with parents and peer. Disclosure of Sexual Orientation scale

(DSO) provided the level of self-disclosure of sexual orientation with peer and family.

Results: Hierarchical multiple regression analyses identified Sexuality ($\beta = .24$; $p < .001$) and Social Discomfort ($\beta = .13$; $p < .05$) dimensions as the main risk factors for repulsion by life related to the Internalized Sexual Stigma. Good levels of peer ($\beta = -.19$; $p < .001$) and parental attachment ($\beta = .02$; $p < .001$) are protective factors against suicidal tendency. The model explains the 38% of the variance.

Conclusion: We assume that higher prevalence of suicidal ideation among gay and lesbian young adults should be understood in a stigmatizing and discriminating context of belonging that may lead sexual minorities to internalize a pessimistic consideration of intimate homosexual relationships' quality and duration and a negative conception of gay or lesbian sexual behaviors.

Policy of full disclosure: None

HP-06-006

DON JUAN AND CASANOVA: MASCULINITY, RELATIONSHIP AND EROTICA

De Maio, G.¹; Trotta, D.²; Strepetova, T.²; Otranto, L.²; Cleffi, L.²; Crudele, A.²

¹ISA, Salerno, Italy; ²ACTS & ISA, Salerno, Italy

Objective: Don Giovanni and Giacomo Casanova are two myths of the modern age. Two ways to live sex and sexuality, like so many men live today as well as lived yesterday.

Methods: Clinical analysis and considerations.

Results: Don Giovanni is a lecher who spends his time to seduce women and having to then clash with their respective men. 1 Male Identity. In Don Giovanni prevails the will affirm his own identity in a search of a repetitive and obsessive virility. 2 Relationship with the other. In Don Juan masculinity is affirmed through a "continue" and "insane" seduction. 3 The erotic structure. What counts is the conquest. There is no real space for sexual action. The woman is conquered and the abandoned. Conquered women are inserted in a "catalogue" in order to testify Don Juan's manhood. Casanova is a libertine who spends his time to seduce women and having relations with them. 1 Male Identity. Casanova is a handsome man and very cultured. He also affirm his identity seducing women. Relationship with the other. Casanova values intelligence in a woman. He "loves" his women, he helps them, he supports them. And he is loved by his women. 3 The erotic structure. Casanova take care of his women and give them pleasure. He is involved in his serial sexual and romantic relationships.

Conclusion: Don Giovanni and Casanova are two examples of manhood, two ways to live and act sexuality. They are two figures of great seducers, equal in some respects, very different in others. Two characters, one fictitious and another real and authentic. Two inspiration models for men and women of all time. In every time and in every culture.

Policy of full disclosure: None

Friday, 31 January 2014

15.30–16.00 Foyer

HP-07 Paraphilias, gender dysphoria and psychiatry

HP-07-001

SEX ADDICTION: MYTH OR REALITY

Lin, D.¹; Bergel, A.²; Gerz, E.²

¹Beth Israel Medical Center, Psychiatry, New York, USA; ²Beth Israel Medical Center, New York, USA

Objective: To determine whether hypersexual behavior can appropriately be characterized as an addiction, or rather, a symptom or manifestation of a co-existing Axis I or Axis II Disorder.

Methods: A literature review is being conducted to explore these opposing viewpoints. Articles published from the year 2000 to present relating to the topic of sex addiction/ hypersexuality/ sexual compulsivity/ impulsivity are reviewed.

Results: The concept of sexual addiction was introduced in the 1970's. Two schools of thought have. Proponents of sex "addiction" argue that the neurochemical changes associated with hypersexual behavior are quite similar to that of drug addiction. They argued that sex "addicts" can experience a psychological withdrawal as experienced by those addicted to drugs of abuse. Some proponents of sex addiction even advise a 12-step treatment program. Critics of sex addiction argue that increased sexual activity is a way of alleviating affective symptoms, or is reflective of the impulsivity, associated with concomitant Axis I or Axis II pathology. They postulate that treating the underlying psychiatric disorder would ameliorate hypersexual behavior.

Conclusion: Despite standard, and even increasing use of the term "sex addiction" in media and popular culture, mental health professionals remain divided in regards to this subject. The proposed inclusion and subsequent rejection of hypersexual disorder in DSM-V highlights this existing debate. The notion of hypersexual behavior as an addiction warrants further exploration, especially since how it is defined may dictate treatment modality.

Policy of full disclosure: None

HP-07-002

SEXUAL FUNCTION IN SCHIZOPHRENIA

Lin, D.¹; Snyder, C.²; Concepcion, E.²; Colon Vilar, G.²

¹Beth Israel Medical Center, Psychiatry, New York, USA; ²Beth Israel Medical Center, New York, USA

Objective: This study surveys patients with schizophrenia or schizoaffective disorder, to understand the relationship between sexual function and treatment with antipsychotic medication. The study compares patients on single versus multiple antipsychotics as well differences between first and second generation agents.

Methods: Patients diagnosed with schizophrenia or schizoaffective disorder at Beth Israel Medical Center are eligible. Once patients are evaluated to ensure they meet enrollment criteria and are consented, they are administered the Positive and Negative Syndrome Scale (PANSS), Abnormal Involuntary Movement Scale (AIMS), and either the International Index of Erectile Function for men, or the Female Sexual Function Index for women. Inclusion criteria include age 18–65, able to participate in a structured interview, fulfill DSM-IV criteria for Schizophrenia or Schizoaffective disorder, and on stable doses of one or more antipsychotic medications for at least six weeks. Exclusion Criteria include patients taking Selective Serotonin Reuptake Inhibitors (SSRIs), and inability to provide informed consent.

Results: Presently, data suggests sexual function is impaired secondary to antipsychotic use. Further extrapolation of data is pending further enrollment.

Conclusion: Preliminary results point to better sexual function with certain second generation antipsychotics. It also appears that patients on single antipsychotic may have better sexual function than patients on multiple agents.

Policy of full disclosure: None

HP-07-003

THE RELIABILITY OF THE ACCOUNT OF PRESUMABLY SEXUALLY – ABUSED MINORS THROUGHOUT THE HEARING OF THE EXPERT

Petrucelli, I.¹; Iannucci, L.²; Simonelli, C.³; Petrucci, F.⁴; Santilli, M.⁵

¹Università Kore di Enna, Rm, Italy; ²Rm, Italy; ³Università La Sapienza di Roma, Rm, Italy; ⁴Università di Cassino, Rm, Italy; ⁵Università Tor Vergata di Roma, Rm, Italy

Objective: Currently, the testimony of the children is the object of a wide scientific debate; this requires both an inquiry into particular phenomena occurring at different ages and a good knowledge of general memory functioning, as well as an evaluation of the results caused by the trauma. The present study aims at verifying the quality of the interviews that have been carried out by several professional figures on closed hearings of presumably abused minors. The leading hypothesis is that expert interviewers can make significantly more valid interviews than non-expert interviewers.

Methods: Twenty-four closed hearings of supposed sexually-abused minors have been collected; interviews were audio-recorded and transcribed in full. Interviewers have been classified in accordance with their profession in "expert interviewers" (psychologists) and "non-expert interviewers" (judges, magistrates and police officers). Three independent judges have examined the content analysis through CBCA (Criteria-Based Content Analysis), based on Undeutsch's cognitive theory of lie (1989), that explains the difference between narratives deriving from external pressures and narratives of self-experience. The evaluation throughout CBCA can produce more permanent outcomes and a greater agreement among independent judges, when the interviewers are psychologists.

Results: It is proved that the interviews made by the judges have a greater standard deviation and a lower correlation and indices inter-rater's agreement than the psychologists ones.

Conclusion: The results showed that, together with university qualification, an additional and special training on how to conduct such interviews is necessary for those who work in the field.

Policy of full disclosure: None

HP-07-004

DESIRE AND MENSTRUATION: COMPARATIVE STUDY OF PREMENOPAUSAL, POSTMENOPAUSAL WOMEN AND TRANSSEXUALS WOMEN

Cabello Santamaria, F.¹; Del Río, F. J.²; Mansukhani, A.²

¹Instituto Andaluz de Sexología, Sexology, Malaga, Spain; ²Instituto Andaluz de Sexología, Malaga, Spain

Objective: To assess the influence of menstruation and sexual attitudes on sexual desire in women, comparing them to female transsexuals.

Methods: The sample consists of 878 women with a mean age of 29.87 years, 44 were transsexual women. They were selected by cluster sampling in 17 Spanish-speaking countries. The Sexual Desire and Aversion Questionnaire (DESEA), the Sexual Opinion Survey Revised (EROS) and the scale of desire from Changes in Sexual Function Questionnaire (CSFQ) were passed. The sample was grouped into four groups, women who menstruate regularly (MR), those that do so irregularly (MI), those with menopause (MN) and transsexual women (TX).

Results: MR got a higher average score in desire (DESEA = 11.39; CSFQ = 17.36), followed by MI (DESEA = 10.80; CSFQ = 16.93),

MN (DESEA = 10.76; CSFQ = 14.95) and TX (WISH = 10.57; CSFQ = 14.77), with the same trend being observed in Erotophobic attitudes (MR = 87.59; MI = 86, 91, MN = 78.35, TX = 66.70). The Kruskal-Wallis test confirms that the differences are statistically significant. We performed Spearman Rho correlation and found that scores on the desire questionnaires significantly correlated (0.01) with the mean score of sexual attitudes questionnaire (DESEA-EROS = 0.265; CSFQ-EROS = 0.531).

Conclusion: Sexual desire in women can be affected by several variables. In this study we analyzed the relationship between sexual desire, menstruation and sexual attitudes in four groups MR, MI, MN and TX. We concluded that menstruation and sexual attitudes influence on women's sexual desire (statistically significant differences). We also concluded that transsexual women have less sexual desire and more Erotophobic attitudes than the other groups.

Policy of full disclosure: None

HP-07-005

SOCIODEMOGRAPHICS AND SEXOLOGICAL BEHAVIORS OF MEXICAN UNIVERSITY STUDENTS WITH CHILD SEXUAL ABUSE HISTORY

Matsui, O.¹; Flores González, L.²; Villaseñor Fariás, M.²; Ruiz Navarro, D. E.³; Ruiz Navarro, D. E.³; Paz Navarro, L.²

¹Universidad de Guadalajara, Cienicas de la Salud, Zapopan, Jalisco, Mexico; ²Universidad de Guadalajara, Zapopan, Jalisco, Mexico; ³Universidad de Guadalajara, Guadalajara, Jalisco, Mexico

Objective: History of child sexual abuse in university students of the same campus, in Guadalajara, Mexico, seems to have significantly decreased from 22% in 1998 to 13.8% in 2008. This paper examines sociodemographical and sexological characteristics that are statistical different between students with and without history of sexual abuse during their childhood.

Methods: Descriptive study. An online survey was completed by 901 students of the Health Sciences Campus of the University of Guadalajara in Mexico (92% response rate). The instrument included sociodemographic and sexological variables.

Results: It was found that 123 students reported sexual touching before 12 years old by someone older than them and we considered this event as child sexual abuse. Mean age when children were first sexual abused = 7.8 SD = 2.8 and for the abusers was 19.8 SD = 11.2 yo. Sex of the abusers was a man in 81% and women in 19% of the cases. Several sociodemographic characteristics were found to have statistical difference with the event of child sexual abuse, such as studying at a public school, poor sexual education by family, games with other children where genital touching was involved. There were other differences in sexological characteristics of these students during their adolescence: mean age of voluntary sexual intercourse one year younger, pregnancy, and less use of condom at first sexual intercourse. Child sexual abuse was significantly more frequent in bisexuals and homosexuals compared to heterosexuals students.

Conclusion: These results show that more children sexual education including sexual orientation and prevention of sexual abuse is needed. Although child sexual abuse seems to have decreased in this population, further research becomes necessary for a better understanding and prevention.

Policy of full disclosure: None

HP-07-006

THE COMPARATIVE STUDY ON IIEF-EFD SCORES AND BECK DEPRESSION INVENTOR OF MEN WITH POLYGAMY AND MONOGAMY

Resim, S.¹; Bulut, B. B.¹; Efe, E.¹; Benlioglu, C.²; Babar, M. R.¹

¹Kabramanmaraş Sutcu Imam University, Urology, Turkey; ²Adyaman University, Turkey

Objective: The aim of this study was to investigate sociodemographic factors, sexual functions, and the psychological status of men with polygamy and monogamy.

Methods: Twenty-two men with polygamy and forty-two men with monogamy in Kahramanmaraş province, Turkey. Door to door survey was conducted and informations were collected from men with monogamy and polygamy. These men completed survey about sociodemographic factors, and completed Beck Depression Inventory, and IIEF-EFD scores.

Results: There was no statistical difference with respect to sociodemographic factors, job variables, age of the participants, and comorbidity between both men groups. Polygamous men had statistically significant higher point in term of both mean and median IIEF-EFD scores ($p < 0.05$). The mean score of IIEF-EFD was $27,5 \pm 3,3$ in men with polygamy, while the mean score of IIEF-EFD was $24,7 \pm 6,0$ in men with monogamy. When both men groups were compared with regard to Beck Depression Inventory, polygamous men had lower IIEF-EFD scores, but the difference between both men groups was not statistically significant ($p > 0.05$). Polygamous men reported causes of their polygamic marriages, as follows: 1. His wife is not able to satisfy his sexual desires (31.8%), 2. To fall in love with second wife (18.2%), and 3. incompatibility with first wife (18.2%).

Conclusion: Although our results demonstrate that polygamous men are happier than monogamous men, further research determining the effect of polygamous marital structure on behavioral, emotional, and academic adjustments in polygamous men is warranted. Furthermore, studies which are focus scopes on the child lives, and expectations of women's marital life in the polygamous marriages are needed. We believe that our results can give the basic data for future research in this field.

Policy of full disclosure: None