nadism compared to men with ED and this is most likely in older men and those men who currently are completely unable to have an orgasm with intercourse

Disclosure: Work supported by industry: no.

041

SERUM ANDROGEN PROFILES IN MEN WITH SECONDARY RETARDED ORGASM

<u>Stember, DS</u>; Logmanieh, N; Heck, M; Mulhall, JP Memorial Sloan-Kettering Cancer Center

Objective(s): Besides the use of SSRI medications, penile hypothesia, chronic penile hyperstimulation and idiosyncratic masturbation, there is some evidence that low serum testosterone (T) levels may contribute to the development of retarded orgasm. This analysis was conducted to evaluate the serum androgen profiles of men presenting with secondary retarded orgasm (SRE).

Material and Method(s): We compared androgen profiles of two groups of men: those with SRE without ED, and a contemporaneous group of age/comorbidity matched men with ED but no SRE. Exclusion criteria included primary RE, diabetes, prior androgen deprivation therapy, chemotherapy, abnormal biothesiometry, prior diagnosis of hypogonadism, history of T supplementation, and lack of partner for at least 12 months. Serum total and free T, SHBG, estradiol and LH levels were obtained.

Result(s): 172 men had SRE and 154 ED. Mean ages were 59 ± 22 and 60 ± 19 years respectively. In the SRE group, 20% indicated that they currently experienced no orgasm during sexual encounters, 10% had an orgasm less than half the time, and 70% had an orgasm more than half the time. Total T levels were <300 ng/dl (P < 0.01) for 26% of the SRE patients and 16% of ED patients. In all age groups, except men \le 50 years, the proportion of men with total T levels < 300 ng/dl was higher in the SRE group compared to the ED group: \le 50 years (n = 36, 10% vs 8%, P = ns), 51–65 years (n = 60, 22 vs 17%, P = 0.03) and \ge 65 years (n = 76, 37% vs 24%, P < 0.01). Age \ge 65 years and never having had an orgasm predicted were predictors of low T in SRE patients on multivariable analysis.

Conclusion(s): These data indicate that one quarter of men with SRE have hypogonadism. They also have a higher prevalence of hypogo-