

PROGRAMMA

EUROPEAN SOCIETY
FOR SEXUAL MEDICINE

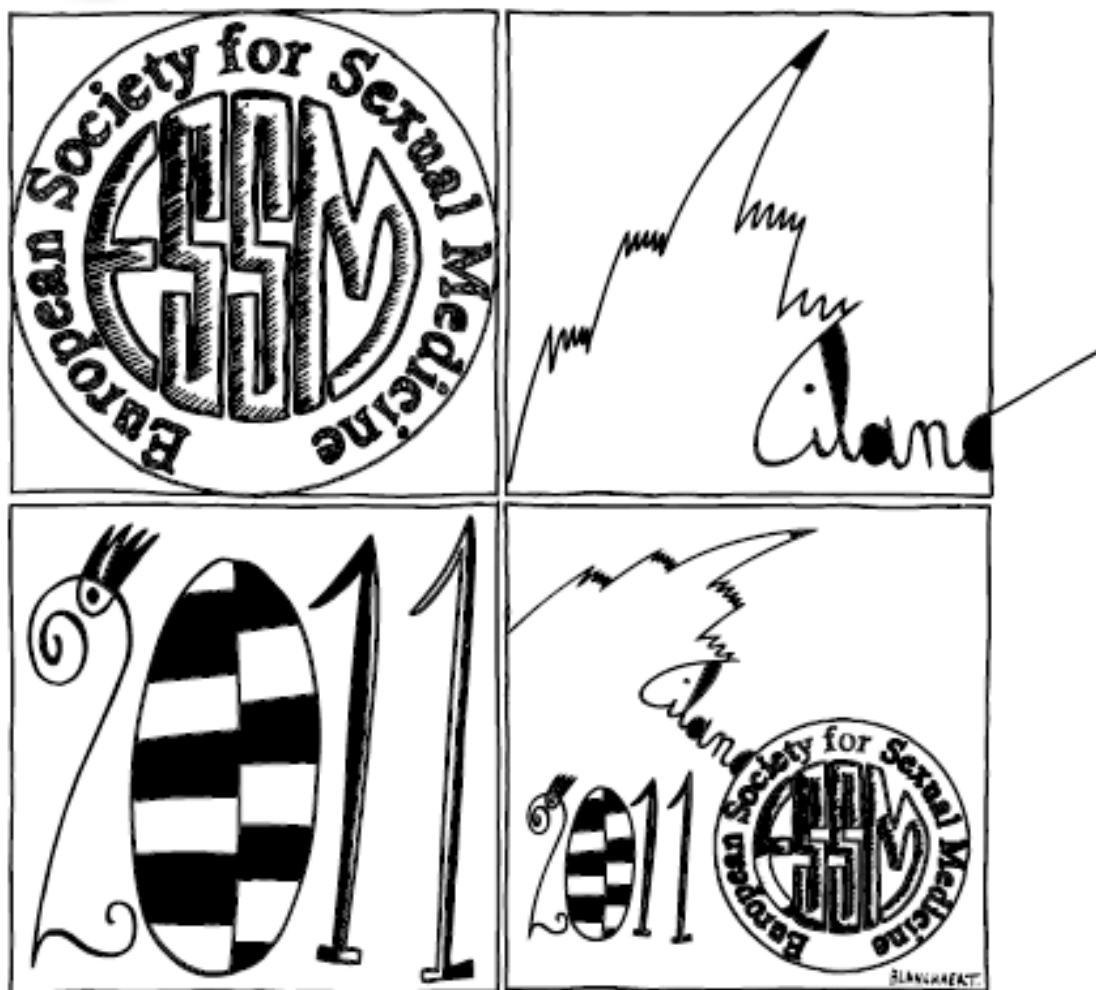


14th CONGRESS OF THE EUROPEAN SOCIETY FOR SEXUAL MEDICINE

1 – 4 December 2011 > Milan Convention Centre, Italy

FINAL
PROGRAM

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Hosted by: SIA - Società Italiana di Andrologia

- PO-05-019** **Varicocelelectomy in middle-aged patients with erectile dysfunction: Serum testosterone and sexual function modifications**
Giuseppe Maio, Italy
G. Maio, S. Saraeb
- PO-05-020** **Sex: The new healthcare inequality**
Odunayo Kalejaiye, United Kingdom
R. Pearcy
- PO-05-021** **Safety of testosterone replacement for hypogonadism associated with sickle cell disease: A pilot report**
Belinda Morrison, Jamaica
M. Reid, W. Madden, A. Burnett
- PO-05-022** **Barriers to knowledge, awareness and diagnosis of erectile dysfunction and low testosterone in men: Survey of 1019 men and 222 general practitioners in the UK**
Geoffrey Hackett, United Kingdom
L. E. Kember

PO-06 POSTERS

ED diagnosis

- PO-06-001** **Serum levels of asymmetric dimethylarginine and testosterone among Egyptian type 2 diabetic men with erectile dysfunction as risk markers for coronary artery disease**
Khaled Gadalla, Egypt
A. Abdel Fattah, H. Kandeel, A. Ali
- PO-06-002** **Is erection hardness score questionnaire a valid tool to evaluate penile rigidity?**
Luigi Gallo, Italy
R. Giannella, S. Pecoraro
- PO-06-003** **Serum C-reactive protein levels and response rate to tadalafil 5 mg once daily in erectile dysfunction patients with diabetes**
Hyun Jun Park, Republic of Korea
N. C. Park, K. Min, S. H. Woo
- PO-06-004** **Is blood viscosity related with other diagnostic tools in the patients with erectile dysfunction?**
Kwangsung Park, Republic of Korea
C. Zhao, J. K. Park

PO-07 POSTERS

ED medical treatment

- PO-07-001** **Safety and efficacy of Tadalafil 5 mg administered once daily in men with erectile dysfunction and lower urinary tract symptoms**
Tai Young Ahn, Republic of Korea
S. Hong
- PO-07-002** **Effects of daily PDE5 inhibitors on endothelial function in men with vascular ED: Results from a preliminary randomized, double-blind, placebo-controlled spontaneous study**
Antonio Aversa, Italy
D. Francomano, R. Bruzziches, A. Lenzi
- PO-07-003** **The use of a combination of a long- and short term PDE-5-Inhibitor in patients with severe ED: Results from an open-label uncontrolled study**
Hubert Claes, Belgium
H. Van Poppel
- PO-07-004** **Vardenafil on demand improves endothelial dysfunction and vascular inflammation markers**
Giovanni Corona, Italy
R. Mansani, G. de Vita, G. Forti, M. Maggi
- PO-07-005** **Effect of daily tadalafil and monthly testosterone enanthate on PDE5-inhibitor nonresponders**
Jinwook Kim, Republic of Korea
B. K. Ham, D. Y. Yang, J. J. Kim, D. G. Moon, M. M. Oh, C. H. Lee, M. Park
- PO-07-006** **Improvement in sexual quality of life of the female partner following vardenafil treatment of men with erectile dysfunction: A randomised, double-blind, placebo-controlled study**
Antonio Martin-Morales, Spain
A. Graziottin, G. Bou Jaoudé, F. Debruyne, J. Buvat, M. Beneke, D. Neuser
- PO-07-007** **Efficacy and safety of Tadalafil (Cialis) in men with erectile dysfunction secondary to radical prostatectomy or hormone-radiotherapy in patients with prostate cancer**
Abdallah Mashal, Israel
W. Mermershtain

Poster Presentations

- PO-10-006** Tolerability and efficacy of newly developed penile injection of cross-linked dextran and polymethylmethacrylate mixture on penile enhancement: 6-months follow-up
Won Ki Lee, Republic of Korea
J. J. Kim, D. G. Moon, D. Y. Yang, S.-C. Kim

PO-11 POSTERS

Ejaculatory disorders

- PO-11-001** Validity of the premature ejaculation diagnostic tool (PEDT) in four subgroups of premature ejaculation syndrome: Data from the Korean Internet Sexuality Survey-part I
Sang Hoon Song, Republic of Korea
W. S. Choi, H. Son (presenter), J.-S. Paick
- PO-11-002** Patients affected by premature ejaculation due glans hypersensitivity refuse circumcision as potential definitive treatment for their problem
Luigi Gallo, Italy
R. Giannella, S. Pecorelli
- PO-11-003** Evaluation of correlation between premature ejaculation and frequency of sexual intercourse
Su-Yeon Jang, Republic of Korea
- PO-11-004** The prevalence of premature ejaculation and clinical characteristics of Korean men as according to different definitions
Sung Won Lee, Republic of Korea
J. H. Lee, H. J. Park, J. K. Park, S. Choi, S. C. Kim
- PO-11-005** PDE 5 inhibitor and SSRI vs. SSRI only in the treatment of premature ejaculation
Emre Akkus, Turkey
H. Ozkara, B. Altı, C. Dogan
- PO-11-006** Clinical efficacy of paroxetine in the treatment of patients with premature ejaculation caused by chronic nonspecific prostatitis
Igor Gorpynchenko, Ukraine
Y. Gurzhenko, A. Gurzhenko, R. Maksym

- PO-11-007** Improving ejaculatory or orgasmic dysfunction after 12 wks as-needed tadalafil treatment significantly improves intercourse and overall sexual satisfaction in men with erectile dysfunction: Post-hoc analyses of 17 placebo-controlled studies
Darius Paduch, USA
A. Bolyakov, P. Polzer, S. Watts

- PO-11-008** 66% of men with severe ejaculatory or orgasmic dysfunction report improved ejaculatory or orgasmic function after 12 wks as-needed tadalafil treatment: Post-hoc analyses of 17 placebo-controlled studies
Darius Paduch, USA
A. Bolyakov, P. Polzer, S. Watts
- PO-11-009** The impact of Visual Internal Urethrotomy (VIU) on sexual function
Ki Hak Moon, Republic of Korea
P. H. Song, H. S. Shin, J. S. Hyun
- PO-11-010** Awareness of premature ejaculation (PE) in Austria: Analyses of >5000 internet based data
Raphael Moller, Austria
G.M. Pinggera, W. Haminger, A. Jungwirth

PO-12 POSTERS

Homosexuality and gender identity disorders

- PO-12-001** Childhood maltreatment in subjects with male to female gender identity disorder
Elisa Bandini, Italy
A. D. Fisher, V. Roca, M. C. Meriggiola, E. A. Jannini, C. Maniet, G. Corona, J. Ristori, E. Fanni, M. Maggi
- PO-12-002** Long-time effects on ferritin and other components of metabolic syndrome of the cross-sex hormone-treatment in transsexuals
Antonio Becerra, Spain
G. Perez-Lopez, M. Miriam, J. M. Del Rey, M. J. Lucio, N. Asenjo, J. M. Rodriguez-Molina
- PO-12-003** Reproductive wish in female-to-male transsexual persons
Katrien Wierckx, Belgium
E. Van Caenegem, E. Elaut, P. de Sutter, G. TSjoen

LIBRO DEGLI ABSTRACT

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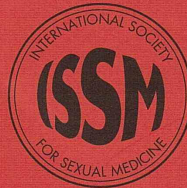
PROCEEDINGS FROM THE 14TH ANNUAL CONGRESS OF
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SEXUAL FUNCTION & DYSFUNCTION

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PO-06 ED diagnosis

PO-06-001

SERUM LEVELS OF ASYMMETRIC DIMETHYLARGININE AND TESTOSTERONE AMONG EGYPTIAN TYPE 2 DIABETIC MEN WITH ERECTILE DYSFUNCTION AS RISK MARKERS FOR CORONARY ARTERY DISEASE

Gadalla, K.¹; Abdel Fattab, A.²; Kandeel, H.³; Ali, A.⁴¹Al-Azhar Faculty of Medicine, Urology, Cairo, Egypt; ²Al-Azhar Faculty of Medicine, Clinical Pathology, Cairo, Egypt; ³Al-Azhar Faculty of Medicine, Endocrinology, Cairo, Egypt; ⁴Al-Azhar Faculty of Medicine, Internal Medicine, Cairo, Egypt**Objective:** Measure serum ADMA and testosterone levels in type II diabetic patients with ED for evaluation of their value as risk markers for Coronary artery diseases.**Methods:** The study was conducted on 50 participants; thirty of them were diabetic with duration (6.97 ± 1.6 years), duration of ED was (3.03 ± 1.43 years), their mean age was (39.47 ± 4.1 years) (group 1). Twenty apparently healthy age matched group as controls (group 2), their mean age was (37.65 ± 2.91 years). Clinical assessment was done for all participants regarding CAD (by Electrocardiogram and Echocardiography) and DM. Penile Doppler for ED patients. Samples were taken from both group for measuring HbA1c, fasting blood sugar, lipid profile (TC, TG, LDL, HDL), prolactin, ADMA, free and total testosterone (FT), (TT) as well as other routine investigations. Informed consent was taken from all participants.**Results:** Nonsignificant difference in serum prolactin level was found between group 1 and group 2. Significantly higher Serum FBS, TC, TG, LDL, ADMA levels and also HbA1c were in group 1 as compared to group 2. However serum levels of FT, TT, HDL were significantly lower in group 1 as compared to group 2.**Conclusion:** Serum ADMA and testosterone levels can be considered as risk markers for endothelial dysfunction and atherogenesis in diabetic men with ED. Therefore ED should alert diabetic men and healthcare givers to the future risk of developing CAD. Testosterone replacement is recommended for diabetic males diagnosed as ED with low testosterone.**Policy of full disclosure:** None.

PO-06-002

IS ERECTION HARDNESS SCORE QUESTIONNAIRE A VALID TOOL TO EVALUATE PENILE RIGIDITY?

Gallo, L.¹; Giannella, R.²; Pecoraro, S.²¹Studio Urologico Gallo, Andrology, Naples, Italy; ²Clinica Malzoni, Department of Andrology, Avellino, Italy**Objective:** To establish in a direct and objective way the effectiveness of EHS (Erection Hardness Score) questionnaire as evaluation tool for penile rigidity.**Methods:** Patients coming to our centers affected by vascular ED were recruited in this prospective double blind study. Subjects referred their grade of penile rigidity using the single-item questionnaire EHS including four different answers: (i) penis does not enlarge; (ii) penis is larger but not hard enough for penetration; (iii) penis is hard enough for penetration but not completely hard; (iv) Penis is completely hard and fully rigid. The rigidity referred by patients was compared with one detected by a blind physician (LG) after administration of 10 micrograms of intracavernous alprostadil and video sexual stimulation.**Results:** Sixty-two patients presenting at least one risk factor for vascular ED were recruited. In 55 cases among 62 (88.7%) the grade of rigidity referred by the patient was exactly the same than one found by the physician. In the other seven cases, the mean difference between the two values was 1.86 (±SD 0.38). The mean time for questionnaire filling was 23.45 seconds (±SD 5.34).

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Conclusion: EHS questionnaire is a valid, easy and reliable diagnostic tool to establish the penile rigidity directly referred by patients**Policy of full disclosure:** None.

PO-06-003

SERUM C-REACTIVE PROTEIN LEVELS AND RESPONSE RATE TO TADALAFIL 5 MG ONCE DAILY IN ERECTILE DYSFUNCTION PATIENTS WITH DIABETES

Park, H. J.¹; Park, N. C.¹; Min, K.²; Woo, S. H.³¹Pusan National University, Urology, Busan, Korea; ²Inje University, Urology, Busan, Korea; ³Eulji University Hospital, Seoul, Korea**Objective:** Erectile dysfunction (ED) in diabetes is related to endothelial dysfunction. We studied the relative importance of the C-reactive protein (CRP) level in ED patients with diabetes and determined whether the CRP level predicts the response to tadalafil 5 mg once daily treatment.**Methods:** The study enrolled 102 men suffering from ED with diabetes who were between 40 and 60 years old. All patients completed the International Index of Erectile Function (IIEF) and were given tadalafil 5 mg daily. Three months later, the IIEF was repeated. A control group contained 88 healthy subjects of similar ages. The IIEF and serum CRP levels in patients and healthy controls and in patient responders and non-responders to tadalafil 5 mg once daily were compared.**Results:** The average age was 53.2 ± 7.5 vs. 55.6 ± 8.1 years in patients and healthy controls, respectively ($P = 0.655$). The mean duration of diabetes was 54.3 ± 17.2 months. The mean IIEF and CRP level was 12.1 ± 6.3 and 0.21 ± 0.17 mg/dL, respectively, in patients and 28.2 ± 2.3 and 0.09 ± 0.07 mg/dL in the controls. The two groups differed significantly based on the compared parameters (PIEF = 0.000, PCR = 0.031). While 71 patients (69.6%) achieved sufficient erection for sexual intercourse, 31 patients (30.4%) did not after tadalafil once daily treatment. The average age was 56.2 ± 7.7 and 51.3 ± 6.5 years, respectively, in the tadalafil non-responders and responders ($P = 0.065$). The mean CRP levels were 0.31 ± 0.15 and 0.14 ± 0.10 mg/dL in non-responders and responders, respectively, and the difference was significant ($P = 0.028$).**Conclusion:** The serum CRP level may be a marker for evaluating the endothelial status in ED patients with diabetes. In addition, it can be used to predict the response to tadalafil 5 mg once daily treatment.**Policy of full disclosure:** None.

PO-06-004

IS BLOOD VISCOSITY RELATED WITH OTHER DIAGNOSTIC TOOLS IN PATIENTS WITH ERECTILE DYSFUNCTION?

Park, K.¹; Zhao, C.²; Park, J. K.²¹Chonnam National University, Urology, Gwangju, Korea; ²Chonbuk National University, Urology, Jeonju, Korea**Objective:** Vascogenic erectile dysfunction is more frequent in the patients with abnormal blood findings than normal men. Blood viscosity also might affect the occurrence of erectile dysfunction and depends on hematocrit (Hct), hemoglobin (Hb), and fibrinogen. We evaluated the relationship among Complete Blood Count (CBC), blood viscosity and color Doppler ultrasonography in the patients with erectile dysfunction (ED).**Methods:** The patients of 56 with ED were included in this study prospectively. CBC, blood chemistry, testosterone, blood viscosity (BIO-VISCO, Jeonju, Korea), color Doppler ultrasonography (B&K, Netherland), and questionnaire of the International Index of Erectile Function (IIEF) were measured after informed consent form. Correlation analysis was performed to see interrelationship between variable for Hb, Hct, cholesterol, triglyceride, HDL-cholesterol, testosterone, penile Doppler ultrasonography and blood viscosity.

PO-11 Ejaculatory disorders

PO-11-001

VALIDITY OF THE PREMATURE EJACULATION DIAGNOSTIC TOOL (PEDT) IN FOUR SUBGROUPS OF PREMATURE EJACULATION SYNDROME: DATA FROM THE KOREAN INTERNET SEXUALITY SURVEY—PART I

Song, S. H.¹; Choi, W. S.¹; Son, H.²; Paick, J.-S.¹

¹Seoul National University, Urology, Korea; ²Seoul National University, Boramae Hospital, Korea

Objective: The premature ejaculation diagnostic tool (PEDT) is a brief, multidimensional validated instrument devised for the diagnosis of PE. However, there is insufficient evidence regarding the clinical validity of this questionnaire or of its ability to differentiate subgroups of PE. The authors employed and compared PEDT scores to Waldinger's 4 subgroups of PE (Lifelong, Acquired, Natural variable, and Premature like dysfunction) to assess the ability of PEDT scores to differentiate subgroups of PE.

Methods: E-mails were sent to a population-based sample of males aged 20–59. Participants were asked to complete a questionnaire requesting detailed medical and sexual histories. The questionnaire including questions from the PEDT and from the Medical Outcome Study Short-form 36-Item Health Survey (SF-36). Self-reported PE and the 4 subgroups were defined and classified by self-assessment. PEDT-PE was defined as a cutoff score of > 11 .

Results: E-mails were opened by 1,206 recipients, and 443 subjects of mean age 39.3 ± 10.1 years were included (a response rate of 36.7%). PEDT-PE prevalence was 14.6%. The proportions of PE subgroups and their mean PEDT scores were: Lifelong PE (2.9%, 15.5), Acquired PE (7.0%, 11.2), Natural variable PE (7.4%, 10.4), and Premature-like dysfunction (3.2%, 9.0). PEDT scores were significantly higher in the Lifelong PE group than in other the subgroups of PE ($P < 0.001$). The Premature-like dysfunction group had the lowest PEDT score, and their physical and mental component scores of SF-36 were similar to those of non-PE subjects. According to ROC curve analysis, the sensitivity and specificity for a diagnosis of Lifelong PE by PEDT were 91.3% and 93.8%, respectively.

Conclusion: This population-based cross-sectional survey shows the validity of the PEDT as a useful diagnostic tool for the diagnosis of self-reported PE, and especially, of Lifelong PE.

Policy of full disclosure: None.

PO-11-002

PATIENTS AFFECTED BY PREMATURE EJACULATION DUE GLANS HYPERSENSITIVITY REFUSE CIRCUMCISION AS POTENTIAL DEFINITIVE TREATMENT FOR THEIR PROBLEM

Gallo, L.¹; Giannella, R.²; Pecoraro, S.³

¹Studio Urologico Gallo, Andrology, Naples, Italy; ²Clinica Malzoni, Department of Andrology, Avellino, Italy; ³Clinica Malzoni, Department of Andrology, Naples, Italy

Objective: Some studies showed that circumcision provides a certain benefit to male sexual health and that this procedure can increase Intravaginal Ejaculation Latency Time (IELT). This prospective study evaluates a progressive therapeutic approach for PE based on reduction of glans sensitivity.

Methods: Patients coming to our centers seeking help for lifelong PE were recruited. At baseline subjects were evaluated by a physical examination, the filling of 5-item EP diagnostic tool questionnaire and IELT measurement. EP diagnosis was based on ISSM criteria. Glans local application of a lidocaine/prilocaine anesthetic cream one hour prior of intercourse was used as first line treatment. Patients whose IELT

increased of at least 1 minute and obtaining a normalization of EP diagnostic tool score (≤ 8) were considered responders to local treatment. Responders subjects were even considered affected by lifelong PE due glans hypersensitivity. We proposed to such patients to undergo circumcision as potential definitive treatment for their problem based on permanent reduction of glans sensitivity. We remarked the irreversibility and the absence of guarantees about the effectiveness of such procedure.

Results: We recruited 152 patients affected by lifelong PE. At baseline, the mean questionnaire score was 15.3 (± 2.34 DS) and the mean IELT was 1.42 minutes (± 1.12 DS). 124 patients among 152 (81.57%) positively responded to anesthetic cream application. We proposed circumcision to such subjects. Only 4 patients among 124 (3.4%) accepted. The remaining 121 (97.6%) refused for the following reasons: 1) irreversibility of the procedure creating a permanent body alteration (90.9%); 2) absence of guarantees about the effectiveness of such procedure (53.7%); 3) costs of the procedure (38%); 4) satisfaction with anesthetic cream (28.9%).

Conclusion: Patients affected by lifelong PE due glans hypersensitivity did not accept circumcision as potential definitive treatment for their problem

Policy of full disclosure: None.

PO-11-003

EVALUATION OF CORRELATION BETWEEN PREMATURE EJACULATION AND FREQUENCY OF SEXUAL INTERCOURSE

Jang, S.-Y.

Lj Genitourinary Surgery, Seoul, Korea

Objective: Premature ejaculation is the major factor that causes low satisfaction of sexual intercourse. Ejaculation time is determined by various factors including such as psychological, habitual and physical factors. This study aimed to report the importance of frequency of intercourse to regulate ejaculatory time.

Methods: This study involved 81 men who have short time ejaculatory problems like within 3 minutes and have low frequency of their sexual intercourses. It was followed up in at least 3 months. The patients' ages were from 21 to 47 (on average 33.8) and the number of married men was 38. Frequency of sexual intercourse was 0–4 per month within the recent 1 month. We recommended more frequent sexual behaviors of at least two times per week.

Results: At the 3 months' follow-up, 58 patients answered that their ejaculatory time was delayed by only raising their frequency of sexual intercourse. Among the rest of them, 5 men answered that there was no effects despite of 2 more times a week of intercourse. And 18 men could not comply with our instruction. 58 patients who had improved had sexual intercourse 7–12 times per month, and their ejaculatory time was delayed from 1 minute to 18 minutes (6 minutes on average).

Conclusion: Premature ejaculation that accompanies a very low frequency of sexual intercourse can be improved by raising the frequency of sexual intercourse.

Policy of full disclosure: None.

PO-11-004

THE PREVALENCE OF PREMATURE EJACULATION AND CLINICAL CHARACTERISTICS OF KOREAN MEN AS ACCORDING TO DIFFERENT DEFINITIONS

Lee, S. W.¹; Lee, J. H.¹; Park, H. J.²; Park, J. K.³; Choi, S.⁴; Kam, S. C.⁵

¹Samsung Medical Center, Urology, Seoul, Korea; ²Pusan National University, School of Medicine, Busan, Korea; ³Chonbuk National University, Medical School, Jeonju, Korea; ⁴Janssen Korea, Seoul, Korea; ⁵Gyeongang National University, Urology, Jinju-si, Korea

Objective: This study investigated and compared the prevalence of premature ejaculation (PE) diagnosed by premature ejaculation diagnostic tool (PEDT) score, self-reporting and stopwatch-recorded