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G. Maio, S. Saraeb

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Geoffrey Hackett, United Kingdom  
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C. Zhao, J. K. Park

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Hubert Claes, Belgium  
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Jinwook Kim, Republic of Korea  

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Antonio Martin-Morales, Spain  
A. Grazzotti, G. Bou Joudé, F. Debruyne, J. Buvat, M. Bénieke, D. Neuser

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Abdallah Mashal, Israel  
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Won Ki Lee, Republic of Korea
J. J. Kim, D. G. Moon, D. Y. Yang, S.-C. Kim

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
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PO-11-002  Patients affected by premature ejaculation due to a hypersensitivity refuse circumcision as potential definitive treatment for their problem
Luigi Galeo, Italy
R. Giannello, S. Piccirillo

PO-11-003  Evaluation of correlation between premature ejaculation and frequency of sexual intercourse
Su-Yeon Jung, Republic of Korea

PO-11-004  The prevalence of premature ejaculation and clinical characteristics of Korean men as according to different definitions
Sang Won Lee, Republic of Korea

PO-11-005  Phosphodiesterase 5 Inhibitor and SSRI vs. SSRI only in the treatment of premature ejaculation
Emre Akkus, Turkey
H. Özkara, B. Altı, C. Dogan

PO-11-006  Clinical efficacy of paroxetine in the treatment of patients with premature ejaculation caused by chronic prostatitis
Igor Gurychenko, Ukraine
Y. Gurychenko, A. Gurychenko, R. Maksym

PO-11-007  Improving ejaculatory or orgasmic dysfunction after 12 wks as-needed tadalaft 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. Bulaykov, 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 tadalaft treatment: Post-hoc analyses of 17 placebo-controlled studies
Darius Paduch, USA
A. Bulaykov, 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 Molter, Austria
G. M. Plagge, W. Hamberger, A. Jungwirth

PO-12-001  Childhood maltreatment in subjects with male to female gender identity disorder
Elisa Bandini, Italy
A. D. Fishcr, V. Ricca, M. C. Meriggia, E. A. Jannini, C. Marieri, G. Corona, J. Ristori, E. Farni, M. Maggi

PO-12-002  Long-term effects on ferritin and other components of the metabolic syndrome in transsexuals
Antonio Becerra, Spain

PO-12-003  Reproductive wish in female-to-male transsexual persons
Katarzyna Wiercz, Belgium
E. Van Caenegem, E. Elauf, P. de Sutter, G. TSpren
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

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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 (6.9 ± 1.6 years), duration of ED was (3.0 ± 1.4 years), their mean age was (39.47 ± 4.5 years) (group1), 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), prostatin, ADMA, Free and total testoste-erone (FT), (TT) as well as other routine investigations. Informed consent was taken from all participants.

Results: Non-significant 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 atherosclerosis in diabetic men with ED. Therefore ED should alert diabetic men and healthcare gives them the opportunity to develop 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?

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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 visual 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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Unmoderated Poster Presentations

PO-06-003

SERUM C-REACTIVE PROTEIN LEVELS AND RESPONSE RATE TO TADALAFIL 3 MG ONCE DAILY IN ERECTILE DYSFUNCTION PATIENTS WITH DIABETES

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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 tadalaftil 3 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 tadalaftil 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 with erectile controls and in patients responders and non-responders to tadalaftil 3 mg once daily were compared.

Results: The average age was 53.2 ± 7.1 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 (P = 0.000, P = 0.013). While 71 patients (69.6%) achieved sufficient erection for sexual intercourse, 31 patients (30.4%) did not after tadalaftil once daily treatment. The average age was 56.2 ± 7.7 and 51.5 ± 6.5 years, respec-tively, in the tadalaftil 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-respon-sers and responders, respectively, and the difference was significa-nt (P = 0.028).

Conclusion: The serum CRP level may be a marker for evaluating the endothehial stress in ED patients with diabetes. In addition, it can be used to predict the response to tadalaftil 3 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?

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Objective: Vasculogenic 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), haemoglobin (Hb), and fibrinogen. We evaluated the relationship among Complete Blood Count (CBC), blood viscosity and color Doppler ultrasonography in the patients with erectile dysfunc-tion (ED).

Methods: The patients of 56 with ED were included in this study prospectively. CBC, blood chemistry, testosterone, blood viscosity (BIV-VISCO), Jena, Korea), color Doppler ultrasonography (BK, Netherland), and questionnaire of the International Index of Erectile Function (IIEF) were measured after informed consent form. Correla-tion analysis was performed to see interrelationship between variables for Hb, Hct, cholesterol, triglyceride, HDL-cholesterol, testosterone, penile Doppler ultrasonography and blood viscosity.

Policy of full disclosure: None.
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

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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 (Erlingberg, Acquired, Nervous 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 included 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 1,216 recipients, and 441 subjects of mean age 39.1 ± 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 (7.1%), Acquired PE (7.0%), Nervous variable PE (7.0%), Acquired PE (7.1%), Natural variable PE (7.4%), 10.4%), and Premature-like dysfunction (12.9%, 9.0%). PEDT scores were significantly higher in the Lifelong PE group than in other 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, 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

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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, the patients were evaluated by history and physical examination, the filling of 5-item EP diagnostic tool questionnaire and IELT measurement. EP diagnosis was based on ISMS criteria. Glans local application of 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 (58) were considered responders to local treatment. Responders subjects were even considered affected by lifelong PE due glans hyperactivity. 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 112 patients affected by lifelong PE. At baseline, the mean questionnaire score was 15.3 (62.34 DS) and the mean IELT was 1.42 minutes (±1.12 DS). 114 patients among 112 (81.57%) positively responded to anesthetically cream application. We proposed circumcision to such subjects. Only 4 patients among 124 (3.4%) accepted. The remaining 121 (87.6%) 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 (32.7%); 3) costs of the procedure (38%); 4) satisfaction with anesthetic cream (28.9%).

Conclusion: Patients affected by lifelong PE due glans hyperactivity do 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

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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 biological factors. This study aimed to report the importance of frequency of intercourse to regulate ejaculation time.

Methods: This study involved 81 men who have short time ejaculatory problems like within 3 minutes and have low frequency of their sexual intercourse. It was followed up in at least 1 months. The patients’ ages were from 21 to 47 (average 33.8) and the number of married men was 78. Frequency of sexual intercourse was 0-4 per month within the recent 1 month. We recommended more frequent sexual behavior 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, 3 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


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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

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