



The [International Society for Men's Health & Gender \(ISMH\)](#) is proud to announce the following CME symposia:

## **GLOBAL PERSPECTIVES IN ED: FROM ADVANCES IN SCIENCE TO COUPLE'S SOLUTIONS**

Will take place in

Shanghai, China 24-26 February 2006

Berlin, Germany 17-19 March 2006

Cancun, Mexico 5-7 May 2006

These ISMH CME symposia are unique convening over 1300 urologists and primary care clinicians from all over the specific regions (South America, Asia and Europe), who are interested in understanding and treating erectile dysfunction (ED) and other concerns in sexual and men's health. Mixing didactic, interactive and workshop formats, the symposia and their support components are designed to impart the latest data, explore global perspectives, and change the paradigm for the standard of care. The three ISMH CME symposia cover patient-physician communication, premature ejaculation, and sexual health after 60 with a specific focus on testosterone and ED as well as on LOH (late-onset hypogonadism), the role of female partners in sexual health, treatment of ED and the most recent clinical data on PDE5-inhibitors.

The symposia are sponsored by an unrestricted educational grant from BayerHealthCare and supported by OrthoUrology, GSK, Jansen & Cilag and Schering.

Further information can be obtained from the ISMH via Silke Reschenauer [s.reschenauer@ismh.org](mailto:s.reschenauer@ismh.org).

Reports of these symposia will be published in issues of [The Journal of Men's Health & Gender](#).

## **The Journal of Men's Health & Gender / 'Mental Health'**

### **Vol. 3 Issue I (March 2006)**

The first Issue of JMHG 2006 is a theme issue entitled '**Mental Health**' with contents to:

Review: depression in men

Original article: explaining gender longevity gap

Debate: time for a TRT trial?

Challenge 21: challenges for urology in Africa

### **Vol. 3 Issue II (June 2006)**

New practicing medicine series featuring complementary and alternative medicine (CAM) and osteoporosis are planned.

#### **Feature Article:**

This is an abstract of an article which will be published in the first Issue of JMHG

## **Biopsychosocial aspects in understanding and treating depression in men: A clinical perspective**

Depression in men is a frequent and widespread problem and is--like so many other areas of men's health--poorly studied and under funded. Declining work and social performance and suicide are common results. The biopsychosocial model is the best approach to understanding this complex disorder in all its many facets and is also the best way to approach treatment. Each patient is different and unique in all aspects of diagnosis, formulation and treatment. Presenting symptoms frequently mimic medical disorders and are seen first by the primary care physician. Heredity plays a role but is only one of many determinants. A wide range of psychosocial issues as well as medical problems affect men adversely and predispose to depression. There are many medications that can help the patient and are highly effective together with sophisticated psychotherapy. The role of the primary care physician is important. Suggestions are offered as to how the primary care physician can

be more effective in formulating each case as well as in treatment.

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Sincerely,

**Siegfried Meryn, M.D.**

Professor of Medicine

President International Society for Men's Health & Gender

## **MOST RECENT ISSUES IN MEN'S HEALTH**

### **The Second Princeton Consensus on Sexual Dysfunction and Cardiac Risk:**

#### **New Guidelines for Sexual Medicine**

Recent studies have highlighted the relation between erectile dysfunction (ED) and cardiovascular disease. In particular, the role of endothelial dysfunction and nitric oxide in ED and atherosclerotic disease has been elucidated. Given the large number of men receiving medical treatment for ED, concerns regarding the risk for sexual activity triggering acute cardiovascular events and potential risks of adverse or unanticipated drug interactions need to be addressed.

[Read more about at The Journal of Sexual Medicine Volume 3 Page 28 - January 2006](#)

[doi:10.1111/j.1743-6109.2005.00196.x ->](#)

### **Ocular Safety in Patients Using Sildenafil Citrate Therapy for Erectile Dysfunction**

Sildenafil citrate improves erectile function in men with erectile dysfunction (ED) by selectively inhibiting cyclic guanosine monophosphate (cGMP)-specific phosphodiesterase type 5 (PDE5), which is present in all vascular tissue. Sildenafil also has a weaker inhibitory action on PDE6, located in the rod and cone photoreceptors. Modest, transient visual symptoms, typically blue tinge to vision, increased brightness of lights, and blurry vision, have been reported with sildenafil use and occur more frequently at higher doses. Visual function studies in healthy subjects and in patients with eye disease suggest that sildenafil does not affect visual acuity, visual fields, and contrast sensitivity. Transient, mild impairment of color discrimination can occur around the time of peak plasma levels.

[Read more about at The Journal of Sexual Medicine Vol. 3 Issue 1 Page 12 January 2006](#)

[doi:10.1111/j.1743-6109.2005.00194.x ->](#)

## **Erectile dysfunction after transurethral prostatectomy for lower urinary tract symptoms: results from a center with over 500 patients**

Between March 1999 and March 2004, 629 patients underwent TURP in our department for the treatment of symptomatic BPH. All patients underwent transrectal ultrasound examination. In addition, the flow rate, urine residue, International Prostate Symptom Score (IPSS) and quality of life (QOL) were recorded for those who presented without a catheter. Finally, the erectile function of the patient was evaluated according to the International Index of Erectile Function Instrument (IIEF-5) questionnaire.

[Read more about at asiaandro.com ->](#)

## **Comorbid conditions in men with ED before and after ED diagnosis: a retrospective database study**

Although erectile dysfunction (ED) has been considered a complication of other medical conditions, clinicians and researchers suggest that ED may serve as a clinical marker of vascular health. This retrospective claims study examined the prevalence of predefined comorbid conditions in men with ED (N=301 994) in the 12 months before and the 6 months following ED diagnosis. Consistent with previous research, comorbid conditions were prevalent among men with ED. Comorbid conditions were most often diagnosed before an ED diagnosis, although new diagnoses in the 6 months following an ED diagnosis were common and occurred more frequently than new diagnoses in a matched sample of men without ED during the same period.

[Read more about at nature.com ->](#)

## **Erectile Dysfunction and Subsequent Cardiovascular Disease**

Men aged 55 years or older who were randomized to the placebo group (n = 9457) in the Prostate Cancer Prevention Trial at 221 US centers were evaluated every 3 months for cardiovascular disease and erectile dysfunction between 1994 and 2003. Proportional hazards regression models were used to evaluate the association of erectile dysfunction and cardiovascular disease. In an adjusted model, covariates included age, body mass index, blood pressure, serum lipids, diabetes, family history of myocardial infarction, race, smoking history, physical activity, and quality of life.

[Read more about at jama.ama-assn.org ->](#)

## **The Effectiveness of Screening for Prostate Cancer**

Screening for prostate cancer is done commonly in clinical practice, using prostate-specific antigen (PSA) tests or digital rectal examination (DRE). Evidence is lacking, however, to confirm a survival benefit among screened patients. The effectiveness of PSA, with or without DRE, in reducing mortality was evaluated.

[Read more about at archinte.ama-assn.org ->](#)

## **The PSA Conundrum**

In the United States at least, physicians are generally convinced that when the evidence is in, screening for prostate cancer with the prostate-specific antigen (PSA) test will be shown to do more good than harm. Support for that opinion can be found in physicians' personal decisions about PSA testing: as of 2000, 78% of male primary care physicians and 95% of male urologists 50 years and older in a national sample reported having had a PSA test.

[Read more about at archinte.ama-assn.org](http://archinte.ama-assn.org) ->

## **Low Serum Testosterone Levels Associated With Worse Prostate Cancer Outcome**

Low serum testosterone levels are associated with a greater likelihood of positive surgical margins in radical retropubic prostatectomy for prostate cancer, according to a report, subtitled "Hypogonadism Represents Bad Prognosis in Prostate Cancer," in the December issue of The Journal of Urology.

[Read more about at medscape.com](http://medscape.com) ->

## **Contributions of Depressive Mood and Circulating Inflammatory Markers to Coronary Heart Disease in Healthy European Men**

Several observational studies have reported that negative emotions such as major or clinical depression and depressive symptoms are risk factors for coronary heart disease (CHD) in the general population. However, the mechanisms underlying this association are mostly unknown. The contribution of inflammation to the origin of CHD has been investigated, and prospective studies have shown that levels of interleukin-6 (IL-6), C-reactive protein (CRP), fibrinogen, and adhesion cellular molecule (ICAM-1) are predictive of CHD in healthy populations.

[Read more about at circ.ahajournals.org](http://circ.ahajournals.org) ->

## **Dyslipidemia and the Risk of Incident Hypertension in Men**

Evidence suggests that hypertension may share a similar pathophysiology with cardiovascular disease (CVD). Thus, dyslipidemia, a strong predictor of CVD, may also predict incident hypertension. The study analyzed 3110 men free of hypertension, CVD, and cancer from the Physicians' Health Study, who provided baseline blood samples from which we measured total cholesterol (TC) and HDL cholesterol (HDL-C), and calculated non-HDL-C and the TC/HDL-C ratio. The authors categorized each lipid parameter into quintiles and considered National Cholesterol Education Project clinical cut points.

[Read more about at hyper.ahajournals.org](http://hyper.ahajournals.org) ->

## **Syphilis Rates Rise Among Men Trends for Other STDs Mixed**

An increase in high-risk sexual behavior among men who have sex with men may be the cause of a steady rise in syphilis rates among men during the last

4 years, according to a report from the Centers for Disease Control and Prevention (CDC) on national rates of infection with sexually transmitted diseases (STDs) in 2004.

[Read more about at jama.ama-assn.org ->](http://jama.ama-assn.org)

### **Update in Women's Health**

This Update in Women's Health reviews the past year's research publications that have the most relevance to the practice of internal medicine. The update included a summary of new guideline recommendations for the prevention of heart disease in women. The selection process was guided by advice from doctors in general internal medicine, geriatrics, obstetrics and gynaecology, cardiology, and oncology.

[Read more about at medical-journals.com ->](http://medical-journals.com)

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