



## International Society for Men's Health & Gender (ISMH)

### CME symposia in Shanghai:

The 1st Asian Pacific ISMH Symposium on “GLOBAL PERSPECTIVES IN ED: FROM ADVANCES IN SCIENCE TO COUPLE'S SOLUTIONS” held from 24–26 February in Shanghai was a truly EAST MEETS WEST SCIENTIFIC CONFERENCE, extremely well attended with 280 participants from 10 Asian Countries and a tremendous opportunity for exchange of knowledge and practical experience.

It was one of the first ASIAN CME ACTIVITIES of its kind supported by the Chinese Medical Association/Urological Society. Highlights of the meeting, among many other excellent state-of-the-art lectures, debates and round table discussions, were presentations by **Prof Ji-Chuan Zhu**, Prof. and Director of Male Reproduction & Sexual Health Peoples Hospital, Peking University and President of the Chinese Urological Society, **Prof Yinghao Sun, MD, PhD**, Chairman of Urology Dept Changhai Hospital and **Prof Hui Meng Tan, MD** Subang Jaya Medical Centre, Secretary General, Asia Pacific Society for Sexual Medicine (APSSM) and Asia Pacific Society for Study of the Aging Male (APSSAM).

The next CME-symposia will take place in

Berlin, Germany 17-19 March 2006 at the InterContinental Berlin

Acapulco, Mexico 5-7 May 2006 at the Hyatt Hotel

Following you will read a short feature article of Prof Tan's presentation on the Asian M.A.L.E.S Study:

## Feature Article:

### Asian M.A.L.E.S Study

The Asian Men's Attitudes to Life Events and Sexuality (Asian M.A.L.E.S) study assessed the prevalence of erectile dysfunction (ED) amongst Asian men as well as the attitudes of men towards their health and sexuality as well as exploring factors and/or attitudes that might predict barriers to seeking help amongst men with ED.

Over 10,900 men aged between 20 and 75 years from Korea, Taiwan, Japan, China and Malaysia were included in the survey.

#### Prevalence of ED

- ED is common amongst Asian men ranging from 6% of men in their 40s to 26% of 60 – 75 year olds.
- Prevalence of ED for men over 40 varies significantly in each country that was surveyed, with:
  - 8% of men in their 40s to 24% of 60 – 75 year olds in Korea
  - 4% of men in their 40s to 11% of 60 – 75 year olds in China
  - 4% of men in their 40s to 11% of 60 – 75 year olds in Taiwan
  - 4% of men in their 40s to 24% of 60 – 75 year olds in Malaysia

#### Higher incidence of Comorbidities

- The study found that the self-reported prevalence rates of comorbidities among Asian men is significantly higher for men with ED, with:
  - 37% of men reporting heart problems
  - 35% of men reporting diabetes
  - 24% of men reporting high cholesterol
  - 23% of men reporting hypertension
- 22% of Korean men, 11% of Taiwanese men, 9% of Malaysian men and 8% of Chinese men with ED report heart disease
- A quarter (25%) of Korean men, 9% of Taiwanese men, 6% of Malaysian men and 7% of Chinese men with ED report that they have diabetes

#### Negative Impact on Quality of Life (QoL)

- Asian men exhibit greater dissatisfaction with their quality of life compared to those not affected with ED

- Sex life is an area where ED has the biggest impact on a man's quality of life, with:
  - 31% reporting dissatisfaction in Korea
  - 25% reporting dissatisfaction in Taiwan
  - 24% reporting dissatisfaction in China
  - 5% reporting dissatisfaction in Malaysia
- Results show that men with ED are far less satisfied with their relationships compared to men without ED

## **Seeking Treatment**

- The majority of Asian men who had sought treatment for their ED reported that their spouse or partner influenced their decision to do so
- Treatment seeking was more likely among those men who expressed concern about their partner's sexual experience
- 36% of Asian men reported that they spoke with a western doctor regarding treatment for ED
- Of those men who spoke with a doctor, 58% of Asian men were currently using the PDE5 inhibitors for the treatment of ED

## **Prof. Hui Meng Tan, MD**

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Sincerely,

**Siegfried Meryn, M.D.**

Professor of Medicine  
President International Society for Men's Health & Gender

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

JMHG has been cited explicitly in JAMA which had called for papers for a theme-issue on Men's Health, see facsimile below:

## Theme Issue on Men's Health Call for Papers

Phil B. Fontanarosa, MD, MBA

Helene M. Cole, MD

**G**ENDER-BASED MEDICINE—SPECIFICALLY RECOGNIZING and understanding differences in the health of men and women—drew much attention in the 1990s. The National Institutes of Health's Office of Research on Women's Health was established in 1990.<sup>1</sup> The inclusion of women (and minorities) in clinical trials in sufficient number to allow analysis of differences in intervention effect became public law when Congress made this provision part of the NIH Revitalization Act of 1993 (Pub L No. 103-43).<sup>2</sup> With seemingly similar purpose, the US Food and Drug Administration (FDA) issued a guideline in 1993<sup>3</sup> that emphasized the importance of including both men and women in clinical trials evaluating new medications, and in 1994 the FDA created an Office of Women's Health.<sup>4</sup> Over the past decade, there has been a dramatic increase in the

quantity and quality of research devoted to examining numerous aspects of women's health such that today, women's health research is most definitely mainstream.<sup>5</sup>

With women's health on an increasingly stable base scientifically and politically, a new focus on men's health has emerged. The Men's Health Act of 2005, which would amend the Public Health Service Act to establish an Office of Men's Health within the Department of Health and Human Services, was introduced in both the US House (HR 457) and Senate (S 228) in February 2005.<sup>6</sup> In 2004 a new journal, the *Journal of Men's Health and Gender*, was launched, with editorial goals "to inform, educate, encourage debate and engender innovation in treatment and preventative medical care within the discipline of men's health and gender-specific medicine."<sup>7</sup> Randomized clinical trials<sup>8,9</sup> and prospective studies of men's health continue to elucidate

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### MOST RECENT ISSUES IN MEN'S HEALTH

#### **Aspirin for the Primary Prevention of Cardiovascular Events in Women and Men**

Aspirin therapy reduces the risk of cardiovascular disease in adults who are at increased risk. However, it is unclear if women derive the same benefit as men. To determine if the benefits and risks of aspirin treatment in the primary prevention of cardiovascular disease vary by sex. For women and men, aspirin therapy reduced the risk of a composite of cardiovascular events due to its effect on reducing the risk of ischemic stroke in women and MI in men. Aspirin significantly increased the risk of bleeding to a similar degree among women and men.

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

**Erectile Dysfunction and Premature Ejaculation are the Most Frequently Self-Reported Sexual Concerns: Profiles of 9,536 Men Calling A Helpline Results:** Erectile dysfunction (ED) and premature ejaculation (PE) were the most frequently reported problems (57 and 19.2% respectively). ED-reporting callers were older (OR 0.63 for the ages of 50–59 yrs), with co-morbidities (OR 1.75) and in stable relationship (OR 0.46), while

PE-reporting callers were younger (OR 5.83 for the ages of 20–29 yrs), relatively healthy and more likely single (OR 2.62 and OR 2.92 respectively). Type and duration of sexual concern, age, coexisting health problems and marital status relate significantly ( $p < 0.01$ ) with willingness to seek medical help.

**Conclusions:** The study demonstrates that ED and PE are men's major sexual concerns with personal and interpersonal factors influencing their help-seeking behaviour. Help-lines can serve as a link between health services and callers, while provide useful information for policy formation and improvement of support services.

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

### **The prevalence of erectile dysfunction in men visiting outpatient clinics**

The prevalence of erectile dysfunction (ED) in men visiting outpatient clinics was analyzed using data reported by 1352 randomly chosen physicians who were requested to interview five to 20 consecutive patients aged 40  $\geq$  years about the presence of ED.

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

### **Comparison Between Sildenafil-Treated Subjects with Erectile Dysfunction and Control Subjects on the Self-Esteem And Relationship Questionnaire Results:**

Mean SEAR scores between subjects with ED (N = 93, mean age 55.0 years) at baseline and control subjects without ED (N = 94, mean age 52.5 years) were statistically different from zero and not statistically equivalent. Conversely, mean SEAR scores between ED subjects after treatment and control subjects were statistically equivalent and not statistically different from zero.

**Conclusions:** The results indicate that sildenafil is associated with normalization of relationships, confidence, and self-esteem in men with ED.

[Read more about at The Journal of Sexual Medicine 2006;3:274–282 ->](#)

### **Hypoactive Sexual Desire Disorder in Menopausal Women: A Survey of Western European Women Results:**

A greater proportion of surgically menopausal women had low sexual desire compared with premenopausal or naturally menopausal women (odds ratio [OR] = 1.4; confidence interval [CI] = 1.1, 1.9;  $P = 0.02$ ). Surgically menopausal women were more likely to have HSDD than premenopausal or naturally menopausal women (OR = 2.1; CI = 1.4, 3.4;  $P = 0.001$ ). Sexual desire scores and sexual arousal, orgasm, and sexual pleasure were highly correlated ( $P < 0.001$ ), demonstrating that low sexual desire is frequently associated with decreased functioning in other aspects of sexual response. Women with low sexual desire were less likely to engage in sexual activity and more likely to be dissatisfied with their sex life and partner relationship than women with normal desire ( $P < 0.001$ ).

**Conclusions:** Surgically menopausal women are at increased risk for HSDD. HSDD is associated with diminished sexual and partner relationship satisfaction and negative emotional states.

[Read more about at The Journal of Sexual Medicine 2006;3:212-222 ->](#)

### **Testosterone Restores Diabetes-Induced Erectile Dysfunction and Sildenafil Responsiveness in Two Distinct Animal Models of Chemical Diabetes Results:**

In both models, hypogonadism was observed, characterized by reduced T and atrophy of androgen-dependent accessory glands. T substitution completely reverted hypogonadism and diabetes-induced penile hyposensitivity to "in vitro" (acetylcholine, rabbit) or "in vivo" (ES, rat) relaxant stimuli, along with nNOS expression, which was reduced ( $P < 0.05$ ) in STZ rats. In diabetic animals, T substitution reinstated sildenafil-induced enhancement of both "in vitro" nitric oxide donor (NCX 4040) relaxant effect (rabbit) and "in vivo" ES-induced erection (rat). PDE5 was reduced in diabetic STZ rats ( $P < 0.05$ ) and normalized by T. In STZ rats, sodium nitroprusside (SNP) intracavernous injection induced a more sustained erection than in control rats, which was no further enhanced by sildenafil. T substitution normalized both hyper-responsiveness to SNP and sildenafil efficacy.

**Conclusion:** In two models of diabetes T deficiency underlies biochemical alterations leading to ED. Normalizing T in diabetes restores nNOS and PDE5, and reinstates sensitivity to relaxant stimuli and responsiveness to sildenafil.

[Read more about at The Journal of Sexual Medicine 2006;3:253-266 ->](#)

### **Doxazosin With Finasteride Effective Against BPH**

Combination therapy with doxazosin and finasteride is more effective against benign prostatic hyperplasia (BPH) in men with moderate size or enlarged prostates than is either agent alone, researchers report in the January issue of the Journal of Urology.

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

### **Normative hypogonadism and depression: does 'andropause' exist?**

The progressive decline in testosterone level has been demonstrated in both cross-sectional and longitudinal studies, and overall at least 25% of men over the age of 70 years meet laboratory criteria for hypogonadism (i.e., testosterone deficiency). Such age-associated HPG hypofunctioning, which has been termed 'andropause', is thought to be responsible for a variety of symptoms experienced by elderly men, including sexual dysfunction and depression. Although, it has been difficult to establish correlations between 'andropausal' symptoms and plasma testosterone levels, there is some evidence that testosterone replacement leads to improvement in muscle strength, bone mineral density, and erectile dysfunction.

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

## **Do motorcyclists have erectile dysfunction? A preliminary study**

The aim of the present study was to evaluate the relationship between motorcycling and erectile dysfunction (ED). We investigated the relationship between motorcycling and erectile function using the 5-items version of the International Index of Erectile Function (IIEF5) in 234 motorcyclists (response rate 75%) and 752 healthy controls (response rate 66%). In all, 161 (69%) of 234 motorcyclists were diagnosed as ED based on IIEF5. The prevalence of ED in the motorcycle group increased by age as: 58, 63, 76 and 93%, for motorcyclists in 20–29, 30–39, 40–49 and 50–59 years, respectively. There was a significant difference in the prevalence of ED between the motorcycle group and the control group in all age groups. On stepwise logistic regression analysis, motorcycling was the strongest risk factor for ED. Although the severity of ED in motorcyclists was not so severe, motorcycling may be one of risk factors for ED.

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

## **A Rational Approach to Androgen Therapy for Hypogonadal Men with Prostate Cancer**

With earlier detection and improved survival from early stage prostate cancer, it is likely that the numbers of men presenting with hypogonadal symptoms following curative surgery for their cancer will increase. Although testosterone supplementation is effective in improving symptoms of hypogonadism, traditionally such therapy has been contraindicated in patients who have had prostate cancer. This paper reviews the evidence that testosterone therapy can be safely given to selected men with hypogonadism who have had prostate cancer but currently have no evidence of disease by clinical and prostate-specific antigen (PSA) criteria. Such patients should be treated cautiously and followed closely.

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

## **Age-Adjusted PSA Velocity May Boost Prostate Cancer Detection**

The use of age-adjusted PSA velocity threshold values may improve prostate cancer detection among younger men, according to a study presented at the 2006 Prostate Cancer Symposium in San Francisco.

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

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