



ISMH
INTERNATIONAL SOCIETY FOR
MEN'S HEALTH & GENDER

men's health
newsletter 09 | 2006



**1ST SEMI-
VIRTUAL
CONGRESS**

**E-LEARNING, E-CME
AND BLENDED
LEARNING**



5TH BIENNIAL

WCMH

WORLD CONGRESS ON
MEN'S HEALTH & GENDER

World Congress on Men's Health 2007 (WCMH'07)

Men's Health in Transition

From Practice to Prevention

A semi-virtual interactive CME conference

September 21st to 23rd, 2007

Vienna, Austria

PRELIMINARY PROGRAM

PRACTICE (Sessions only dealing with clinical issues in Men's Health)	POLICY (Sessions dealing with policy and administrative agendas, e.g. setting up practice, lobbying for reimbursement, etc.)	PREVENTION (Sessions dealing with epidemiological and research issues)
Latest clinical "pearls"		Updates in research
• Depression	• Setting up a "Men's Health" Clinic	• Prostate cancer
• Sexual dysfunction	• Improving reimbursement for Men's Health issues	• LOH
• Diabetes	• Gender bias in Health Policy	• Diabetes
• Cognition	• Working with Consumer Groups	• CVD
• Metabolic syndrome	• Improving Men's Health on the Job	• Gender issues in research
• Vascular disease	• Tackling Obesity	• Infectious disease
• Mental health	• Understanding Health determinants in Men	• HIV
• Beyond STDs: Issues in Gay Men's Health	• Male populations at special risk (homeless, incarcerated)	• Environmental issues in Men's Health
• Peeling the couch potato: motivation men to move	• Cultural barriers in Men's Health	• Declining Fertility
• LOH	• Debate: Men's Health already receives more than its share of resources	• Healthcare Utilization: latest trends
• ED	• Smoking Cessation	• Cosmetic surgery: What's good for the goose....
• Cancer	• Debate: Circumcision in Men is OK, but "genital mutilation" in women is a crime	• It's called "doping" for a reason. Risks of off-label androgen use
• Smoking		• What are the gaps in Men's Health research?
• Prostate		
• Ouch! Sports injuries in the aging athlete		

• LUTS of issues with BPH Management		
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The Journal of Men's Health & Gender (jmhg)

Dear colleagues and friends,

[The journal of men's health and gender](#) is heading for its fourth year!

After the release of eleven issues, we would like to take this opportunity to remind you of our motto for Men's Health and Gender:

From Bench to Bedside and Bedside to Bench

New factors in Men's Health and Gender Medicine are providing fresh challenges for prevention and treatment.



jmhg is dedicated to accelerating the transfer of knowledge from the bench to the bedside and, through our patient and lay readership, from the bedside back to the bench to improve daily health care and the quality of people's lives throughout the world.

Therefore we will need your support and contribution to continue this way!

We look forward to receiving your contributions on the wide variety of topics in Men's Health!

Yours sincerely,

Siegfried Meryn, M.D.

Professor of Medicine

Editor-in-Chief *jmhg*

President International Society for Men's Health & Gender

Feature Article:

Sexual Dysfunction and Testosterone

A satisfactory sexual relationship is important to most men and their partners and therefore, a critical factor in managing men's health in general. A medical history can identify risk factors for serious conditions such as heart disease or diabetes, but it also should include evaluation of sexual function, particularly erectile dysfunction.

Many men remain sexually active into their 70's and even 10% of men after age 80 reported a good or very good sex life in one study. Nearly 30% of men in the 40-70 year age range have at least one complaint about sexual function. In the Massachusetts Male Aging Study (MMAS) the overall preference for ED was 52% on this age range, and again, increases with age.

Age alone, however, does not explain the higher prevalence of ED in older men. Acute and chronic diseases can also lead to a decreased interest in sex and a decline of sexual function.

Testosterone is the main sexual hormone in males and has a profound effect on sexual function. It is well known that suppression of testosterone leads to reduced sexual desire. Hypogonadism is defined as inadequate gonadal function either from deficiencies in gametogenesis or secretion of gonadal hormones. Low testosterone levels may be related to a testicular disorder or to hypothalamic-pituitary disease. Low testosterone can also occur with age or as part of a chronic medical condition such as metabolic syndrome.

As serum testosterone declines there may be associated symptoms of erectile dysfunction. Some literature suggests that ED and hypogonadism are independent and other sources indicate that a certain level of testosterone optimizes sexual function. Nonetheless, testosterone therapy has been shown to increase sexual desire, activity and frequency of erections.

The role of testosterone in the erectile response is not really well understood. Many hypogonadal men continue to have an erectile response. Testosterone levels required for normal sexual function vary from individual to individual and men may continue to have normal sexual function with quite low testosterone levels. Therefore, in men with ED who also have low desire it may be prudent to measure testosterone levels. Testosterone therapy is appropriate when there are clinical symptoms and biochemical evidence of hypogonadism exist.

Men with ED and low testosterone levels may likely have co morbid diseases and may benefit from combination therapy.

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Recommended reading:

[1] "Testosterone Therapy in Erectile Dysfunction and Hypogonadism", Shabsigh. J Sex Med 2005; 2:785-792

[2] "Sexual function in men older than 50 years of age: results from the Health Professionals Follow Up Study", Bacon. Ann Intern Med 2003; 139:161-168

MOST RECENT ISSUES IN MEN'S HEALTH

Influence of male sex on disease phenotype in familial rheumatoid arthritis

To examine sex differences in clinical, demographic, and genetic characteristics among a large cohort of patients with familial rheumatoid arthritis (RA).

The authors studied 1,004 affected members of 467 Caucasian multicase RA families recruited from the North American Rheumatoid Arthritis Consortium. Standardized information about demographic and clinical characteristics was collected from all patients. Sex has an important influence on the disease phenotype in RA, including the age at disease onset and autoantibody production.

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

Gout and hyperuricemia increase risk of MI among men

Gouty arthritis may be an independent risk factor for MI or heart attack, even after adjusting for such variables as obesity; insulin resistance; and use of aspirin, diuretics, and alcohol, according to new research. In fact, "gout may be a harbinger for acute MI in the future," reports Eswar Krishnan, MD, MPH, assistant professor of medicine, University of Pittsburgh School of Medicine. In a study of 12,866 men (mean age 46) enrolled in the Multiple Risk Factor Intervention Trial, gouty arthritis was identified in 1,123 men; average follow up was 6.5 years. Of the men with gout, 118 experienced acute MIs (10.5%), compared with 990 events (8.43%) among men without gout. Hyperuricemia was identified in 5,337 men at baseline, and while it was not associated with a significant risk of acute MI, multivariate logistic regression modeling did show hyperuricemia and gout to be significant predictors of any acute MI (OR 1.11 [95% CI 1.08-1.15] $p < 0.001$ and OR 1.26 [95% CI 1.14-1.4] $p < 0.001$, respectively).

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

Low Testosterone Levels Predict Risk of Falling in Older Men

Older men with lower testosterone levels are at higher risk for falls, with older men falling more frequently than younger men, according to the results of an observational follow-up study reported in the October 23 issue of the Archives of Internal Medicine.

"Gonadal steroid levels decline with age in men," write Eric Orwoll, MD, of the Oregon Health & Science University in Portland, and colleagues. "Whether low testosterone levels affect the development of common age-related disorders, including physical functioning and falling, is unclear."

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

Twenty-Five Years of AIDS: Where Are We Now?

Twenty-five years of AIDS: Where are we now? The 16th International Conference on AIDS highlighted enormous progress that has been observed since the first cases were reported 25 years ago in MMWR.

Our greatest successes in the management of HIV infection are now 10 years old. Highly active antiretroviral therapy, or HAART, has transformed HIV infection into a chronic, manageable condition in the affluent countries in which these drugs are widely available. In contrast, over 20 million HIV-infected individuals in Africa alone will die unless they obtain access to these lifesaving medications.

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

The Evolving Role Of Testosterone In The Treatment Of Erectile Dysfunction

Hypogonadism may play a significant role in the pathophysiology of erectile dysfunction (ED). A threshold level of testosterone may be necessary for normal erectile function. Testosterone replacement therapy is indicated in hypogonadal patients and is beneficial in patients with ED and hypogonadism. Monotherapy with testosterone for ED is of limited effectiveness and may be most promising in young patients with hypogonadism and without vascular risk factors for ED. A number of laboratory and human studies have shown the combination of testosterone and other ED treatments, such as phosphodiesterase type 5 (PDE5) inhibitors, to be beneficial in patients with ED and hypogonadism, who fail PDE5 inhibitor therapy alone.

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

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