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COMPARISON OF CORRELATED COMORBIDITIES IN MALE AND FEMALE SEXUAL DYSFUNCTION: FINDINGS FROM THE THIRD NATIONAL SURVEY OF SEXUAL ATTITUDES AND LIFESTYLES (NATSAL-3)

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Objective: Many of the mechanisms involved in the sexual arousal-response system in men exist in women and may be affected by underlying medical conditions. Sexual dysfunction is defined as any difficulty in desire, arousal, orgasm, erection, lubrication or pain experienced during sexual activity. The purpose of this study was to assess if sexual dysfunction (SD) in men and women is correlated with similar comorbidities.

Materials and Methods: This study was a secondary analysis of the prospective third National Survey of Sexual Attitudes and Lifestyles (Natsal-3). We assessed for association between overall and domain-specific sexual function and the following comorbidities: heart attack or disease, hypertension, stroke, diabetes, chronic lung disease, depression, mental health condition, neurologic condition, obesity, menopause, incontinence, smoking status and age. Chi-square test was performed to determine if men or women more commonly sought care for SD and if time experiencing dysfunction was predictive of seeking care. Linear and logistic regression were used to determine if age was predictive of low sexual function.

Results: A total of 6,711 women and 4,872 men responded to the survey and were in a relationship, reporting sexual activity in the past year. The average age of women was 35.44 and men was 36.8. There was an association between sexual function and all variables except for chronic lung disease, heart attack and incontinence in women, as compared to stroke, neurological conditions, incontinence and smoking status in men. On multivariate analysis stratified for gender, diabetes, depression, mental health conditions, and neurological conditions remained significantly correlated with sexual function ($p<0.05$). Comorbidities associated with erectile dysfunction in men included depression, diabetes and heart disease while comorbidities associated with difficulty with lubrication in women included depression and heart disease. Menopause was predictive of SD and occurred at an average age of 58.9. While there is no well-defined symptom complex of andropause, male sexual function appeared to decline after age 45.5. Women sought care for SD less commonly than men and only after symptoms persisted for longer.

Conclusion: Physicians should be aware of correlations between comorbidities and SD in both men and women. This highlights the importance of asking patients about sexual symptoms to assess and address underlying comorbidities. Further research could determine if female SD might be a sentinel of unrecognized comorbidities.

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CONDOM USE AMONG SEXUALLY ACTIVE MEN IN SRI LANKA

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Objective: Sexually transmitted infections are a growing problem in Sri Lanka according to the available statistics at national level. Therefore early identification of risk behaviors and education about the risk prevention are of paramount importance. There are no reported studies to evaluate the sexual risk behaviors among Sri Lankans. The objective of this study is to find out the extent of condom use by the sexually active men in Sri Lanka.

Materials and Methods: 300 people who were on social media web site using fake profiles were inquired regarding their sex behaviors and condom use. This method was used as people are much reluctant to come out in real life due to socio-cultural reasons.

Results: All 300 subjects were revealed by themselves as males between the ages of 17 to 66 years. All are involved in multiple unknown partner sex. Condom use at all times was detected only in 8% of subjects during risk behaviors. Commonest reason for not using condoms was the belief that sexually transmitted infections are extremely rare in Sri Lanka at the moment.

Conclusion: The false belief of Sexually Transmitted Diseases being rare has to be addressed with proper education of sexual health in the community to achieve the compliance with standard risk prevention strategies.

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TESTOSTERONE REPLACEMENT THERAPY CONTRIBUTES TO IMPROVING LOWER URINARY TRACT SYMPTOMS IN MEN WITH TESTOSTERONE DEFICIENCY SYNDROME

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Objectives: There has long been a concern among clinicians that testosterone replacement therapy (TRT) might have an adverse effect on lower urinary tract symptoms (LUTS). We investigated the effect of TRT on LUTS and prostate-specific antigen (PSA) levels in patients with testosterone deficiency syndrome (TDS).

Material and Methods: Fifty two patients with TDS without BPH medication received testosterone (injection with 1000mg testosterone undecanoate) every 3 months. We compared digital rectal examination, serum testosterone levels, PSA levels, International Prostate Symptoms Scores (IPSS), maximal flow rates (Qmax) and post-voiding residual volumes (PVR) at baseline and 12 months after treatment.

Results: Mean follow-up periods were 12.6 months. TRT significantly increased serum testosterone levels ($p<0.05$). IPSS decreased significantly and Qmax increased significantly over the study period ($p<0.05$). PSA levels and PVR showed no

significant changes ($p>0.05$). No patients experienced urinary retention, BPH-related surgery, or admission for urinary tract infection.

Conclusion: A considerable improvement in serum testosterone levels, IPSS and Qmax were found but PSA levels and PVR were not changed significantly after mean 12.6 months follow up periods. TRT improved LUTS in TDS patients with mild BPH.

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SAFETY OF TESTOSTERONE THERAPY IN A LARGE CLINICAL COHORT OF MEN WITH PROSTATE CANCER

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Introduction: There is a limited body of evidence regarding the safety of testosterone (T) therapy (TTh) in men with a history of prostate cancer (PCa). This continues to be a controversial issue in clinical practice. We present here a large single-center experience of TTh in men after a variety of PCa treatments to help guide further clinical decision-making.

Methods: The electronic medical record database at a men's health center affiliated with an academic hospital was queried to identify men who received TTh for testosterone deficiency after diagnosis and/or treatment of PCa over the previous 5y. Testosterone was delivered via transdermal gels/liquids, short- and long-acting injections, and/or pellets. Biochemical recurrence (BCR) was operationally defined as PSA 0.3 ng/ml or higher after radical prostatectomy (RP), and PSA nadir plus 2 ng/ml after primary radiation treatment (external beam, brachytherapy). For men on active surveillance (AS) progression was defined as any biopsy showing higher Gleason score than initial diagnosis.

Results: We identified 320 men with a diagnosis of both PCa and T deficiency. Of these, 222 men received TTh. Men with <3 mo follow-up during TTh were excluded from analysis (n=20). Mean age for the remaining 202 men was 68y (41-88), and mean follow-up was 47.0 months. Forms of PCa treatment were RP 92 men, radiotherapy 50 men, HIFU 3 men, and active surveillance 57 men. Seven men had advanced or metastatic PCa at time of TTh (results presented separately). BCR was observed in 6 men after RP (6.5%), in 1 man after XRT (2.0%), and in 2 after HIFU. Progression was noted in 2 men on AS (3.5%).

Conclusions: To our knowledge, this is the largest series to date of TTh in a group of men with PCa. Recurrence rates were consistent with published recurrence/progression rates for the various forms of PCa treatments and for AS. These results provide valuable and reassuring information for clinicians and patients considering TTh for symptomatic men with testosterone deficiency and a history of PCa.

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MERCY SEX: HOW MUCH IS "NORMAL"

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Objective: Women engage in sexual relations despite the absence of personal interest. Such sexual activity has been termed: duty sex, obligatory sex, or mercy sex. Over the past two decades medical treatments for hypoactive sexual desire disorder (HSDD; DSM-IV-TR) have investigated thousands of women. Women entering these HSDD clinical trials continue to have sexual relations with their partners despite their HSDD. Here we quantify the "normal" frequency of sexual activity (without interest), aka "mercy sex" in these trial participants.

Materials and Methods: Data were analyzed from published clinical trials of the Intrinsa® (transdermal testosterone patch; surgically menopausal women on estrogen therapy [Intimate SM 1, SM 2], not on estrogen therapy [Aphrodite]), Addyi® (flibanserin; premenopausal women [Daisy, Begonia] on or off oral contraceptives, and menopausal [Snowdrop], on or off estrogen or hormone therapy), clinical developments. The number of satisfying sexual events (SSEs) reported at baseline were tabulated and analyzed.

	Placebo		Active	
Study Name	N	Mean (SD)	N	Mean (SD)
DAISY	398	2.7 (2.8)	396	3.0 (2.7)
APHRODITE	277	2.5 (2.7)	267	2.9 (3.9)
BEGONIA	545	2.7 (2.9)	542	2.5 (2.5)
SNOWDROP	480	2.0 (2.4)	467	2.0 (2.2)
INTIMATE (SM 1)	279	2.9 (3.1)	283	2.8 (2.6)
INTIMATE (SM 2)	279	2.8 (2.8)	270	2.6 (2.5)

Results: The mean number of satisfying sexual events (SSEs) per 28 days is reported in the table below.

Conclusion: Monogamous, heterosexual couples engage in sexual activity between two and three times per (28 days) even when the female partner has HSDD. Such "mercy sex" is remarkably consistent in frequency whether premenopausal (on or off oral contraceptives; data not shown) or menopausal (on hormone therapy or not), and spanning the last two decades.

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